

**Summary of Interim Guidance for Emergency Medical Care and Transport
of Suspected / Confirmed COVID-19 Patients**

The following Bulletin provides an action plan for emergency medical services (EMS) leaders and responders that has been derived from the Centers for Disease Control and Prevention's (CDC) *Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States*, dated March 10, 2020. A copy of the full Guidance document is attached for your reference.

- Work with your Medical Director and 9-1-1 call center dispatchers to determine the need for modified caller queries about COVID-19. Emergency Medical Dispatch centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. When COVID-19 is suspected in a patient needing an emergency response, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.
- If EMS Dispatch advises that the patient is suspected of having COVID-19, EMS should put on appropriate personal protective equipment (PPE) as described below before entering the scene.
- If information about potential for COVID-19 has not been provided by the dispatch center, EMS providers should exercise appropriate precautions when responding to patients with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, PPE as described below should be used.
- A facemask should be donned by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated.
- EMS who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard Precautions and use the PPE as described below:
 - N-95 or higher-level respirator or facemask (if a respirator is not available),
 - Eye protection (i.e., goggles, tight-fitting wrap-around safety glasses, or disposable face shield that fully covers the front and sides of the face).
 - Examination gloves
 - Isolation gown for those involved in patient care with splashes or sprays can be anticipated or high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS (e.g., moving patient onto a stretcher).
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering the driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid cross-contaminating the compartment. If the transport vehicle does not have an isolated driver's compartment, the driver should continue to wear a respirator or facemask during transport.
- All personnel should avoid touching their face while working.

This bulletin is intended for general information purposes only. It should not be construed as legal advice or legal opinion regarding any specific or factual situation. Always follow your organization's policies and procedures as presented by your manager or supervisor. For further information regarding this bulletin, contact your Safety Director at 877.398.3046.

- On arrival, after the patient is released to the facility, EMS should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility:
 - EMS should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
 - Keep the patient separated from other people as much as possible.
 - Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle. If riding in the transport vehicle, they should wear a facemask.
 - Keep pass-through doors and windows tightly shut.
 - When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
- EMS documentation should include a listing of EMS and public safety responders involved in the response and their level of contact with the patient (for example, no contact with patient, provided direct patient care).
- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, personnel should wear a disposable gown, safety glasses or goggles, and gloves.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to [List Nexternal icon](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect reusable patient-care equipment before use on another patient.
- Follow standard operating procedures for containing and laundering used linen.
- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.
- EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 in coordination with state or local public health authorities.

EMS Employer Responsibilities

- This interim guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.
- EMS agencies should have infection control policies and procedures in place.
- Provide all EMS with task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that EMS providers are educated, trained, and have practiced the appropriate use of PPE, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

- Ensure EMS providers are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering face piece respirators).
- EMS units should have an adequate supply of PPE, EPA-registered hospital grade disinfectants for decontamination of EMS transport vehicles and equipment.
- EMS personnel are educated, trained, and have practiced the process according to the manufacturer's recommendations or the agency's standard operating procedures.
- EMS agencies should develop sick-leave policies for EMS personnel that are non-punitive, flexible, and consistent with public health guidance. Ensure all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.
- EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.

The Safety Director will provide additional information as conditions warrant.