

## COVID-19 Update and EMS Guidance (last updated 4/8/20)

### Public Health Communication

**Do not call Public Health to report suspected COVID-19 cases.** Healthcare providers will contact Public Health to report when they request COVID-19 testing.

Call Public Health with questions that **cannot be answered by your medical director** or your agency's EMS division or for clarification on this policy: 602-506-6767.

Public Health will notify your agency about positive cases that you transported. **EMS does not need to quarantine staff that treated or transported patients suspected to have COVID-19 or COVID-19 cases.** EMS does not need to report exposures to Public Health. See the section "EMS responsibilities" for more information.

### Recommended Personal Protective Equipment (PPE)

- EMS providers who will directly care for a patient with **possible COVID-19 infection** (e.g., fever and respiratory symptoms) or who will be in the compartment with the patient should follow **Standard, Contact, and Droplet Precautions, including the use of eye protection.**
- **Recommended PPE includes:**
  - **A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,**
  - **Disposable isolation gown,**
  - **Surgical mask (or N95 respirator if no surgical mask is available), and**
  - **Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).**
- 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 an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
- If the transport vehicle does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A mask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS providers should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

## Considerations for Aerosol-Generating Procedures

- If possible, consult with agency medical control before performing aerosol-generating procedures for specific guidance. **Exception:** If the patient is critically deteriorating rapidly, or is in arrest or impending arrest situation.

- In addition to the PPE described above, **EMS clinicians should wear a N95 respirator and exercise caution if an aerosol-generating procedure** (e.g., bag valve mask [BVM] ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure [CPAP], bi-phasic positive airway pressure [BiPAP], or resuscitation involving emergency intubation or cardiopulmonary resuscitation [CPR]) is necessary.
  - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
  - EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

## Transporting Patients

If a patient with an **exposure history or respiratory signs and symptoms suggestive of COVID-19 (e.g., fever and respiratory symptoms)** requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- **EMS providers 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 possible. If riding in the transport vehicle, they should wear a facemask.**
- Isolate the ambulance driver from the patient compartment and 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.
  - Close the door/window between these compartments before bringing the patient on board.
  - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
  - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
  - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf>pdf icon).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.

## Cleaning EMS Equipment

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a person suspected to have COVID-19:

- When cleaning the vehicle, EMS providers should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- 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.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:
  - “[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
  - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.
  - See [additional information about EPA-approved emerging viral pathogens claims](#)<sup>external icon</sup>.
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

## EMS Agency Responsibilities

The responsibilities described in this section are not specific for the care and transport of patients suspected to have COVID-19 or patients with confirmed COVID-19. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS providers with job- or 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 prior to caring for a patient, 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 facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of [respiratory training videos](#) [external icon](#).
- EMS units should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS providers and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

### EMS agencies should:

- **Develop a system** to regularly monitor all employees symptoms that could be consistent with COVID-19 like **fever (>100.4 °F) and any respiratory symptoms that are not known to be part of a chronic condition (i.e., asthma, allergies)**. (e.g., employees could be expected to monitor their temperature and any symptoms twice a day or before working a shift.)
  - **Respiratory symptoms include: cough, shortness of breath, sore throat, runny or stuffy nose, sneezing, full body/muscle aches**
- Reinforce that **employees should not report to work when ill**.

### If employees develop any symptoms consistent with COVID-19 (fever or respiratory symptoms) while at work, they must:

- **Cease contact** with patients.
- **Put on a facemask** immediately (if not already wearing).
- **Notify** their supervisor or occupational health services prior to leaving work.
- Public Health does **not** need to be notified of ill employees.
- Employees should stay home until 72 hours after fever and symptoms of acute infection (not allergies or asthma) are gone, without the use of fever-reducing medication. This recommendation applies **regardless** of whether the individual has been tested for COVID-19 and is advised to reduce overall risk of transmission of flu-like symptoms before returning to work.

**What to do if employees have had a known exposure to COVID-19:**

- Allow **asymptomatic** employees to continue to work after consultation with their occupational health program. Use your monitoring system to **ensure exposed employees are monitored daily** for the 14 days after the last exposure.
- If the EMS agency has a sufficient supply, EMS providers **who were not wearing recommended PPE during the COVID-19 exposure** could be asked to wear a facemask while at work for the 14 days after the exposure.

**Maricopa County Department of Public Health Recommendations:**

- **DO NOT** require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or return to work, as healthcare provider offices and medical facilities are extremely busy and not able to provide such documentation in a timely manner.
- **DO NOT** require a negative COVID-19 test for employee to return to work. Testing requires the use of personal protective equipment (PPE), which is in short supply and should be reserved for those who require medical care for their symptoms.