***This guidance has been developed in conjunction with Central Iowa EMS Directors and the Polk County Health Department Medical Coordination Center***

**General Information**

Because of the varied presentations of symptoms in patients testing positive with COVID-19, CIEMSD and Polk County Public Health are recommending all EMS providers to use universal precautions for all patients. Following CDC guidelines, this includes the use of eye protection, N-95 mask and exam gloves for any and all patient contacts. Facemasks are an acceptable alternative until the supply chain is restored. N-95 masks should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

**COVID-19 Criteria:**

The criteria below should be utilized by EMS providers as part of their assessment for **all patients** for the signs and symptoms of a potential COVID-19 infection. Consider potential COVID-19 presence for any of the following criteria:

1. The patient has a fever OR signs and symptoms of a lower respiratory illness
2. Has had close contact (including healthcare workers) with a laboratory confirmed COVID-19 patient within 14 days of symptom onset.
3. Has a history of travel from any area that has confirmed cases reported for COVID-19.

**EMS RESPONSE INFORMATION:**

1. All EMS responses need to be considered to have the potential for a COVID-19 Exposure. EMS Agencies need to take appropriate steps to reduce the number of responders who make patient contact.
2. If multiple apparatus are dispatched to a EMS response (EMS, Fire, Police, etc)
   1. If an immediate life threatening situation (i.e. cardiac arrest) don appropriate PPE as time allows as applicable to severity of the situation: Gown, eye protection, gloves and face mask quickly and begin treatment as needed.
   2. If not an immediate life threatening situation, initial contact should be made by one member of the EMS transport agency and make an initial assessment for COVID-19 signs or symptoms.
      1. If a non-transport apparatus is first to arrive, **ONE** EMS provider should make initial contact and observe for COVID-19 signs or symptoms.
   3. Initial contact should be made from a distance of six feet. If signs/symptoms are present the EMS provider should do the following prior to initiating patient contact:
      1. Provide the patient with a face mask to wear.
      2. Don appropriate protective gear including gloves, gown, face mask and eye protection.
   4. Unless an immediately life threatening situation exists (ie: Cardiac Arrest) all other personnel should remain in their apparatus unless assistance is requested by the EMS transport agency. **THE GOAL IS TO LIMIT EXPOSURE POTENTIAL.**
   5. EMS students or observers should not make contact with the patient or take part in the transport.

**Transport of a Potentially Infected Patient**

1. Family members and other contacts of patients with possible COVID-19 infection should not ride in the transport vehicle unless they are the parent or caregiver of a minor child.
2. Prior to patient entry into the ambulance, the following should be done:
   1. Window divider between the front cab and rear patient compartment should be closed if present.
   2. The rear exhaust fan should be turned on.
   3. Ventilation system in cab should be on non-recirculation mode.
   4. Window on side door should be opened if present.
   5. If able, the patient should self-extricate themselves and walk to the ambulance.
   6. One medic should attend to the patient in the back of the ambulance, unless patient care dictates otherwise.
   7. The second, non-patient care medic (driver) should notify the receiving hospital of the COVID-19 PUI.
   8. 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. PPE will be placed in the back of the ambulance for transport to the hospital for disposal.
   9. 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 face mask should continue to be used during transport.
   10. EMS providers should 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.
       1. Providers should wear respiratory protection (i.e., N-95 or higher-level respirator) when conducting these type of procedures.
       2. Use BVMs and other ventilatory equipment, equipped with HEPA filtration to filter expired air if possible.
       3. Consult ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
       4. 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.

**Documentation of Patient Care**

* Documentation of patient care should be completed only after removing PPE and performing hand hygiene.
* Documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care etc.) This documentation may need to be shared with local public health authorities.

**Transport Vehicle and Equipment** **Decontamination**

* Leave all doors open to allow for air exchange.
* Wear PPE while cleaning the vehicle to include gown, gloves, face mask and eye protection. N95 is not required.
* Routine cleaning and disinfection procedures are appropriate for the COVID-19 virus.
* Cleaners should be allowed to stay on the surface for a time period indicated by the manufacturer to kill viruses.
* It is important to allow this wet time on surfaces before wiping.
* Follow normal guidelines for disposal of waste at the receiving facility.
* All contaminated disposable items should be disposed of at the hospital
* Laundry such as cot linens should be disposed of at the hospitals. Any exposed items such as towels, blankets, pillow cases etc. should be disposed of at the hospital, even if not used with the patient.
* Once the ambulance has returned to its base of operation, Turbo-UV Ultraviolet Light systems will be used on the ambulance if available.
  + This is not a CDC recommended action, therefore the ambulance will remain in service and this should be completed as soon as the call volume allows.
  + The UV system will be placed in the center of the cot and turned on and activated for 60 minutes.
  + The Danger placard included with the systems will be placed on the rear doors of the ambulance while the UV system is active.
* While not required by the CDC, it is recommended that you change and launder your uniform when time allows.

**Follow-Up and/or Reporting Measures**

Follow Guidance for EMS Providers with Potential COVID-19 Exposure, from Polk County Health Department.

**REFERENCE DOCUMENTS:**

# Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>