EMS GUIDANCE FOR COVID-19:

What is Novel Coronavirus?

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

Signs and Symptoms

- Fever
- Cough
- Shortness of breath

Incubation period

Ranges from 2-14 days

Contagious Period and Spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby and inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

There is not enough information about the transmission of the virus to completely understand when a patient can spread the virus to others.

Treatment

There is no specific antiviral treatment recommended for COVID-19. People with COVID-19 should treat symptoms symptomatically with appropriate medications. For severe cases, individuals should call their provider and/or seek medical care.

Control Measures of Spread:

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus.
EMS GUIDELINES:

Emergency dispatch agencies should contact their EMS system’s medical control authority (medical director) and local public health agency for direction on implementing enhanced screening of emergency medical callers and providing response crews with early notification of symptomatic patients so proper personal protective equipment (PPE) can be used by providers with close contact to patient(s).

The modified query process should never supersede the provision of pre-arrival instructions to a caller when LIFESAVING interventions are indicated.

If PSAP call takers advise that the patient is suspected of having COVID-19, EMS personnel should don all necessary PPE and doff as appropriate.

If PSAP call takers do not advise that the patient is suspected of having COVID-19, but the patient is exhibiting signs and symptoms consistent with COVID-19, EMS personnel should exercise appropriate precautions when handling the patient.

Patients with confirmed or possible 2019 nCoV infection should wear a mask when being evaluated medically. If a nasal cannula is in place the facemask should be worn over the cannula. Alternatively, an oxygen mask can be used if it is clinically indicated and a facemask does not need to be placed over it. If the patient requires intubation use precautions for aerosol-generating procedures:

- Consult with medical control before performing an aerosol-generating procedure,
- Exercise caution if performing an aerosol-generating procedure,
- If possible, open the rear doors of the transport vehicle and activate the HVAC system during the aerosol-generating procedure (do this away from pedestrian traffic).

During transport limit the number of EMS personnel in the patient compartment to minimize exposures.

Aerosol-generating procedures include:

- Bag valve mask (BVM) ventilation,
  - BVMs, and other ventilator 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.
- Oropharyngeal suctioning,
- Endotracheal intubation,
• Nebulizer treatment,
• Continuous positive airway pressure (CPAP),
• Bi-phasic positive airway pressure (biPAP),
• Resuscitation involving emergency intubation,
• Cardiopulmonary resuscitation (CPR),
• Recommended Personal Protective Equipment (PPE),

EMS personnel who will directly care for a patient with possible COVID-19 OR who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including eye protection. PPE recommendations are:

• Single pair of disposable patient examination gloves (change gloves if they become torn or heavily contaminated),
• Disposable isolation gown,
• Respiratory protection (N-95 or higher-level respirator),
• Eye protection (goggles or disposable face shield that fully covers the front and sides of the face).

For Drivers, if they provide direct patient care (moving patients onto stretchers)

• Same as above.

After completing patient care, and before entering an isolated driver’s compartment, the Driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. 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 BUT a respirator should continue to be used during transport.

Please note:

• All personnel should avoid touching their face while working,
• On arrival, after the patient is released to the facility, EMS personnel should remove and discard PPE appropriately and perform hand hygiene.

EMS TRANSPORT OF A PUI OR PATIENT WITH CONFIRMED COVID-19 TO A HEALTHCARE FACILITY (including interfacility transfer):

Follow the steps below:

1. EMS should notify the receiving healthcare facility that the patient has an exposure history and/or signs and symptoms suggestive of COVID-19 infection so appropriate infection control precautions may be taken prior to arrival,
2. Keep patient separated from other people as much as possible,
3. Family members and other contacts of possible COVID-19 patients should NOT ride with in the transport vehicle, if possible,
   a. If they must ride in the transport vehicle they should wear a facemask.
4. Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut,
5. Use transports with isolated driver and patient compartments, if possible
   a. Close the door/window between these compartments before bringing the patient on board.
   b. During transport, keep ventilation in both compartments on non-recirculated mode.
   c. If transport has a rear exhaust fan use it to draw air away from the cab, towards the patient care area and out the back end of the transport
6. If transport does not have an isolated driver compartment and ventilation must be used, create negative pressure by
   a. Opening the outside air vents in the driver area and
   b. Turning the rear exhaust ventilation fans to the highest setting
7. Follow routine procedures for transfer of the patient to the receiving healthcare facility

Links to Additional Guidance:


EIDS TOOL: https://www.emergencydispatch.org/academy-news/eids-tool