COVID-19 Frequently Asked Questions FAQ's for Emergency Medical Services (EMS)

Licensed EMS Personnel have a responsibility to keep patients safe and are expected to exercise due diligence in following CDC and ADH guidance as well as Local Medical Director protocols to prevent the spread of infectious diseases. Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to your occupational health services, a supervisor, or a designated infection control officer for evaluation. EMS providers who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.

Can EMS Agencies reuse or extend the use of n95 respirators?

Only when necessary the CDC does have recommendations for the practice for the extended use and limited reuse of NIOSH-certified N95 filtering facepiece respirators (commonly called "N95 respirators"). That guidance can be located on the CDC's website:

1. Recommended Guidance for Extended Use and Limited Reuse of n95 Filtering Facepiece Respirators in Healthcare Settings: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#risksextended
2. Strategies for Optimizing the Supply of N95 Respirators: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

What is the Recommended Personal Protective Equipment (PPE) for EMS providers?

EMS clinicians 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. Recommended PPE includes:

- N-95 or higher-level respirator or facemask (if a respirator is not available),
- Eye protection (i.e., goggles or disposable face shield that thoroughly covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.
- **All patients should be wearing a mask, which will greatly reduce the risk of exposure to the EMS clinician.**

If there are shortages of gowns, they should be prioritized for aerosol-generating procedures. In these care activities, splashes and sprays are anticipated and high-contact patient care activities that provide opportunities for the transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving the patient onto a stretcher).

Care should be taken in both the donning and doffing process. More detailed guidance can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

What if I am called on to transport a patient under investigation (PUI) or a Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport) how should that be done.

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management, the following actions should occur during transport:

- EMS clinicians 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 before 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 ambulance, 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 ambulances 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, ambulance ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the ambulance.
- If the ambulance 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 ambulance.
- Some ambulances are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the ambulances. Such a units 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
- If an ambulance 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.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).

More information can be found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

Is there special documentation of patient care that I need to provide when dealing with COVID-19 patients?

- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
- Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS 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 the patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

What are the typical symptoms of COVID-19?

Fever and mild to severe lower respiratory illness (e.g., cough, shortness of breath, chest pain). Disease onset is currently believed to be between 2 to 14 days after exposure.

How is the virus transmitted?
Transmission can occur through inhalation of droplets produced when an infected person coughs or sneezes and through droplet contact with the mucous membranes of the mouth, nose, and eye. Person-to-person spread of COVID-19in the US has been seen among close household contacts of symptomatic returned travelers from Wuhan, China.

Should EMS providers wear surgical masks all the time for their protection, even when they are not caring for COVID-19 patients?
Surgical masks are most effective when used to help block respiratory secretions produced by the wearer from contaminating other persons and surfaces (source control). The CDC has not recommended surgical masks for use by healthcare workers caring for COVID-19 or by the general community to prevent transmission. Surgical masks are not designed to be worn continuously and should be discarded after use with each patient as they can become contaminated. In some cases, wearing masks inappropriately may increase the risk of illness to the patient and the healthcare worker.

What airway protection should EMS providers use if intubating patients with possible COVID-19?
Clinicians involved with aerosol-generating procedures such as endotracheal intubation should additionally use airborne precautions, including N95/N100 respirators or equivalent face masks and face shields or goggles for eye protection. The CDC also recommends the use of powered air-purifying respirators (PAPR).

What are the environmental cleaning recommendations for cleaning an Ambulance following transport of a patient under investigation (PUI) or a Patient with Confirmed COVID-19?
- Clean and disinfect using EPA-registered hospital disinfectants as recommended by their instructions for use (IFUs), paying attention to the wet contact time required.
- Wear PPE required for COVID-19 when disinfecting the ambulances or surfaces.
- Properly dispose of PPE according to protocol.
- Follow waste management policy per protocol.

What if I'm exposed to a confirmed COVID-19 patient, what isolation precautions should I take?
EMS Providers/First Responders should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:

Local public health authorities will be notified about the patient so that appropriate follow-up actions can occur.

Decisions for monitoring, excluding from work, or other public health actions for healthcare providers with potential exposure to COVID-19 will be made in consultation with local public health authorities. Refer to the Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) for their guidelines which can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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.

Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.

Why do all EMS providers need to be screened before starting their shift?
There are several reasons for this practice. In a recent directive released by the Secretary of Health and the Secretary of Human Services requiring all persons entering into a Long-Term Care Facility to be screen each time they entered. this was enacted due to how COVID-19 adversely affects older adults and persons with underlying health conditions or compromised immune conditions. This population is at greater risk for severe illness from this virus. Due to the vulnerability of residents in long-term care facilities, it is of utmost importance to limit possible exposure to COVID-19. In order for EMS providers to enter a Long-Term Care facility, they were having to be screened. In working with the Department of Health and Human Services it was agreed that if our providers were screened prior to starting their shift, this would meet the requirement for our Long-Term Care Facilities. That directive can be read here:
https://www.healthy.arkansas.gov/images/uploads/pdf/ADH_LTC_Directive_Revised_2020-03-13.pdf and the EMS directive can be referenced here: I didn't see the EMS Directive on the website, we need to make sure it is there and add that link here.
https://www.healthy.arkansas.gov/images/uploads/pdf/COVID_Screening_EMS_3.2020.pdf

This practice also protects all other patients that are transported on a daily basis who have underlying health conditions or compromised immune conditions, as well as other vulnerable populations from potentially contracting COVID-19.

A special edition video on "What EMS and 911 Need to Know About COVID-19" can be located here:
https://www.youtube.com/watch?v=ZrnbufgDqjo

The Centers for Disease Control (CDC) has issued its Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States.

The guidance identifies EMS as vital in responding to and providing emergency treatment for the ill. The nature of our mobile healthcare service delivery presents unique challenges in the working environment. It also identifies that coordination between PSAPs and EMS is critical.

Here is the complete CDC Interim Guidance for EMS and 911 Public Safety Answering Points:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html