

Notify the Designated Infection Control Officer or designee for any potential patient with high consequence pathogen exposure.

Evolving Guideline: Guideline subject to change at any time dependent on changing outbreak locations.

Monitor for guideline updates.

Do not rely solely on EMD personnel to identify a potential exposure patient:

- EMD may be constrained by time and caller information
- Obtain an exposure history and assess for clinical signs and symptoms
- Limit number of providers necessary for care and to limit potential exposures

EMS Immediate Concern

Fever and/or signs of respiratory illness with either:

- Contact with someone or personal travel to an affected geographical region.
- Contact with someone with diagnostically confirmed illness of interest.
- Recent hospitalization with respiratory illness and no clear diagnosis.
- Fever greater than or equal to 100.4 degrees Fahrenheit.

NO →

 Exit to appropriate guideline

YES

EMS

Personal Protective Equipment

Providers utilize:

- Standard contact/airborne precautions
- Eye Protection (e.g. goggles/face shields)
- N95 Mask (or higher) or PAPR
- Gloves
- Disposable Gown
- Negative pressure in care compartment

Personnel in ambulance cab:

- N95 Mask (or Higher)

Patient:

- Place standard surgical mask on patient.
- Nasal cannula: place under surgical mask and ensure seal at nose/under chin.
- Non-rebreather mask (caution: adequate flush rate may increase exposure).
- If unable to tolerate mask, have patient cover mouth and nose when coughing

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Notify Destination or Contact MC

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- Contact destination facility and expect/respond to additional triage questions.
- EMS is authorized to deliver patients to alternative destinations as directed by receiving facility

EMS General Treatment Considerations

Avoid aerosol generating procedures:

- Intubation or any other advanced airway procedure
- Suctioning
- CPAP / BIPAP / BVM / Mechanical Ventilator

Use all PPE devices and strategies listed above.

EMS Personnel Decontamination

Driver:

- Should wear full PPE as described when caring for patient.
- Doff PPE per doffing procedure, except N95 mask (or higher)
- Perform hand hygiene prior to entering cab of vehicle to prevent contamination of driver's compartment.

All crew members WASH HANDS:

- Thoroughly after transferring patient care and/or cleaning ambulance.
- Hand Hygiene with sanitizer should be done after before removing gloves and after removing gloves if glove exchange needed during trip.

Maintain records:

- All pre-hospital providers exposed to patient at scene and during ambulance transport (self-monitoring for symptoms for 14 days is recommended, even if wearing appropriate PPE.
- This does not mean the providers can no longer work.
- List all pre-hospital providers names (students, observers, supervisors, first responders, etc.) in the Patient Care Report.
- Record PPE used in Patient Care Report.

EMS Equipment / Transport Unit Decontamination

Safely clean vehicles used for transport:

- Follow standard operating procedures for the containment and disposal of regulated medical waste .
- Follow standard operating procedures for containing and reprocessing used linen.

Wear appropriate PPE when:

- Removing soiled linen from the vehicle. Avoid shaking the linen.

Clean and disinfect the vehicle in accordance with agency standard operating procedures:

- Personnel performing the cleaning should wear PPE. PPE should be discarded after use.
- 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 disinfectant appropriate for SARS, MERS-CoV, or coronavirus in healthcare setting in accordance with manufactures recommendations.

Pearls

- **Any patient with fever and respiratory symptoms: Place mask on patient and provider wear mask and consider eye protection even outside this protocol.**
- **Transport:**
Occupants in cab of vehicle all should wear N95 Mask (or higher) or PAPR. Limit number of providers/passengers in vehicle required to provide patient care in order to limit exposures. Ensure use of all PPE for crew and passengers when aerosol generating procedures utilized.
- **Negative Pressure in care compartment:**
Door or window available to separate driver's and care compartment space:
Close door/window between driver's and care compartment and operate rear exhaust fan on full
No door or window available to separate driver's and care compartment space:
Open outside air vent in driver's compartment and set rear exhaust fan to full.
Set vehicle ventilation system to non-recirculating to bring in maximum outside air.
Use recirculating HEPA ventilation system if equipped.
- **Airborne precautions:**
Standard PPE with fit-tested N95 mask (or PAPR respirator) and utilization of a gown, change of gloves after every patient contact, and strict hand washing precautions. This level is utilized with Aspergillus, SARS/MERS/COVID-19, Tuberculosis, Measles (rubeola) Chickenpox (varicella-zoster), Smallpox, Influenza, disseminated herpes zoster, or Adenovirus/Rhinovirus.
- **Contact precautions:**
Standard PPE with utilization of a gown, change of gloves after every patient contact, and strict hand washing precautions. This level is utilized with GI complaints, blood or body fluids, C diff, scabies, wound and skin infections, MRSA. Clostridium difficile (C diff) is not inactivated by alcohol-based cleaners and washing with soap and water is indicated.
- **Droplet precautions:**
Standard PPE plus a standard surgical mask for providers who accompany patients in the treatment compartment and a surgical mask or NRB O2 mask for the patient. This level is utilized when Influenza, Meningitis, Mumps, Streptococcal pharyngitis, Pertussis, Adenovirus, Rhinovirus, and undiagnosed rashes.
- **All-hazards precautions:**
Standard PPE plus airborne precautions plus contact precautions.
This level is utilized during the initial phases of an outbreak when the etiology of the infection is unknown or when the causative agent is found to be highly contagious (e.g. SARS, MERS-CoV, COVID-19).
- **Crisis PPE Optimization:**
During wide spread epidemic or pandemic PPE optimization strategies may be required. Contact the infection control officer for individual agency's strategy and procedure.

References:

1. <https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> accessed 3-25-2020
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> accessed 3-25-2020
4. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> accessed 3-25-2020