



Department
of Health

Bureau of Emergency Medical Services
And Trauma Systems

POLICY STATEMENT

Supersedes 20-02 2019-nCoV "Wuhan Coronavirus" (v2.0)

No. 20 - 02

Date: February 14, 2020

Re: COVID-19
EMS Practitioner Guidance
(V3.0)

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**NOTICE: THIS IS A RAPIDLY EVOLVING SITUATION.
PLEASE CHECK BACK DAILY FOR ANY UPDATES TO THIS POLICY.
UPDATED 02.14.2020**

Background:

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

This document is designed to provide Emergency Medical Services (EMS) practitioners with interim guidance regarding the outbreak of 2019 Novel Coronavirus (COVID-19) that began in Wuhan City, Hubei Province, China on December 2019.

This guidance does not constitute a response protocol but serves as a reference for general considerations and the protection of responders.

For questions regarding information in this advisory or information you've received about this outbreak from other sources, please contact the Bureau of Emergency Medical Services and Trauma Systems.

For updates and additional information regarding this COVID-19 outbreak, please visit the following web pages:

New York State Department of Health (DOH), 2019 Novel Coronavirus site at:
<https://www.health.ny.gov/diseases/communicable/coronavirus/>

Centers for Disease Control and Prevention (CDC), 2019 Novel Coronavirus, Wuhan, China at:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Clinical Criteria:

This is a rapidly evolving situation. EMS practitioners, agencies and systems should visit the CDC website for the most up to date information at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

The CDC clinical and epidemiologic criteria for a COVID-19 Patient Under Investigation (PUI) have been developed based on what is known about the MERS-CoV and the SARS-CoV and are subject to change as additional information becomes available.

EMS practitioners, agencies and systems should visit the CDC website for the most up to date screening guidance at <https://www.cdc.gov/coronavirus/novel-coronavirus-2019/clinical-criteria.html>.

Assessment & Screening:

- 1) A screening assessment flowchart has been provided by CDC and can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/identify-assess-flowchart.html>.
- 2) Public Safety Answering Points (PSAP) and other emergency call centers should implement modified caller queries and immediately communicate pertinent information to EMS practitioners before arrival on scene.
- 3) If PSAP telecommunicators advise that the patient is suspected of having COVID-19, EMS practitioners should don appropriate PPE before entering the scene.
- 4) If information about potential for COVID-19 has not been provided by the PSAP, EMS practitioners should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection.
 - a) Initial assessment should begin from a distance of at least 6 feet from the patient, if possible.
 - b) If COVID-19 infection is suspected, all PPE as described below should be used.
- 5) If COVID-19 is not suspected, EMS practitioners should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- 6) If COVID-19 is suspected, emergency responders should limit the number of response personnel entering the scene and/or having close contact with the patient.

Infection Control:

- 1) To expedite public health containment strategies, EMS providers should implement appropriate infection control measures, including Standard, Contact, and Airborne Precautions plus eye protection when COVID-19 is suspected.
- 2) COVID-19 PUIs should don a surgical mask and, when transporting a patient through the hospital or other common areas, the patient should remain masked. Transport through the hospital should be minimized.
- 3) The receiving facility must be notified prior to arrival so that appropriate infection prevention and control precautions can be implemented, as the preferred placement for patients being evaluated for COVID-19 is in an airborne infection isolation room (AIIR).

Personal Protective Equipment (PPE):

- 1) PPE carried by EMS agencies shall be utilized to provide protection from a patient suspected to have COVID-19.
- 2) EMS practitioners should use PPE appropriately for all interactions with PUI patient contacts, including contact with the patient's environment.
- 3) EMS practitioners should don PPE prior to patient contact and properly remove and discard PPE immediately after patient contact to contain pathogens. Hand hygiene should be performed after removing PPE.

- 4) EMS providers should institute Standard, Contact, and Airborne Precautions plus eye protection when treating a patient with suspected COVID-19. Recommended PPE includes:
 - a) A single pair of disposable patient examination gloves;
 - b) Disposable isolation gown;
 - c) NIOSH-approved, fit tested respiratory protection (N95 or higher-level respirator);
 - i) EMS agencies may use PAPRs with full hood and high efficiency particulate air (HEPA) filter for Airborne Precautions for employees that cannot safely fit test on N95 respirators due to facial hair, facial structure, etc
 - d) Eye protection (goggles or disposable face shield that fully covers the front and side of the face).
- 5) Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE.
 - a) 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.
 - b) A respirator should continue to be used during transport.
- 6) All personnel should avoid touching their face while working.
- 7) Provide a surgical mask (N95 is not recommended) for all suspected COVID-19 patients;
- 8) Provide tissues to patients for secretion control and encourage patient hand hygiene and cough etiquette practices.
- 9) On arrival, after the patient is released to the facility, EMS practitioners should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

Additional guidance: CDC [Guidance for NYS EMS providers regarding 2019-nCoV "Wuhan Coronavirus"](https://www.cdc.gov/coronavirus/2019-ncov/index.html) (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)

Precautions for Aerosol-Generating Procedures:

- 1) If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- 2) In addition to the PPE described above, EMS clinicians should exercise caution if an aerosol-generating procedure is necessary.
 - a) 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).
- 3) BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
- 4) EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- 5) 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.

Transport Considerations:

- 1) Standard transportation to appropriate hospital receiving facility.
- 2) Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
 - a) It is recommended to have the patient compartment exhaust vent on high and to isolate the driver compartment from the patient compartment. It is also recommended to have the driver compartment ventilation fan set to high without recirculation.
 - b) If driver/pilot compartment is not isolated from the patient compartment, the vehicle operator should don a NIOSH-approved, fit-tested respirator.
- 3) Family members and other contacts of COVID-19 PUI patients should not ride in the transport vehicle.
- 4) During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.
- 5) EMS personnel must notify the receiving hospital before arrival if they are transporting a patient with suspected COVID-19, to their facility.
- 6) When providing hospital notification, please indicate if any family or support persons are accompanying the patient, as they too may need to be isolated. EMS agencies should have a plan for family members wishing to accompany the patient that prevents crew exposures.
- 7) Hospitals may request EMS personnel deliver such patient(s) through a separate secure entrance.
- 8) A hospital may not refuse patients with suspected coronavirus infection unless a municipal response plan designed to do so has been activated.

Decontamination Considerations:

- 1) After transporting the patient, leave the rear doors of the transport vehicle open to allow time for sufficient air changes to remove potentially infectious particles. Consideration must be given to ensuring vehicle and equipment security if staff is not able to stay with the vehicle.
- 2) The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient time for air changes.
- 3) When cleaning the vehicle, EMS clinicians 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.
- 4) Any visibly soiled surface must first be cleaned then decontaminated using an Environmental Protection Agency (EPA)-registered hospital disinfectant according to directions on the label. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. These products can be identified by the following claim:
 - a) “[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
 - b) 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 “COVID-19” will not appear on the product or master label.

- 5) 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.
- 6) 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 COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- 7) 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.
- 8) Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.
- 9) Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- 10) Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.
- 11) Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients. Don clean PPE to handle the patient at the transport location.

Documentation of Patient Care

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

Follow-up and Reporting

- 1) 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.
- 2) 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.
- 3) EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

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