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**COVID-19 Information Update for EMS/Fire/Law Enforcement  
Last Updated 3/18/20 Noon**

**Updates and KEY CONCEPTS in BOLD**

**Cases for learning:**

**Hypoxia without explanation:** Elderly woman complaining of right upper quadrant pain, history of aortic aneurysm, initially reported no fevers or cough, saturation of 86% on room air...CT with concerning lesion and COVID (+)

**Missed febrile exposure:** Echo response for cardiac arrest. Patient walking to bathroom and collapsed. History of renal failure. No history of fevers. After intubation, resuscitation and completion of care it was discovered that the wife had fever and cough. She was COVID (+)

**Missed cough:** Call for a fall. Crew arrived. No PPE. Helped the patient up. No injuries. Asked him how he fell...he lost his balance while coughing. COVID (+)

The most important piece of protective equipment is a high index of suspicion. Interview all patients or family members from 6 feet away. Masks for all who have cough, sore throat, fever, fatigue, malaise, not feeling well.

**Remember, THERE ARE NO EMERGENCIES THAT ARE TOO IMPORTANT FOR PPE!**

**Minimum PPE Recommendations**

- 1) **Wear gloves on ALL patient encounters**
- 2) **Wear eye protection on ALL patient encounters**
- 3) **Consider surgical mask or N95 on ALL patient encounters and mandatory for any medical complaint with cough, sore throat, fever, fatigue, malaise, not feeling well, etc.**
- 4) **Wear an N95 mask and gown for ANY patient encounter that results in aerosolization such as nebulizer use, CPAP, and EVERY INTUBATION.**
- 5) **WASH your hands frequently and after every patient encounter**
- 6) **Don't touch your face, mouth, eyes**

**Ambulance Operations**

1. **Leave the vent on and the incoming air (either heat or AC) on at all times in the back of the ambulance.**
2. **Keep the door between the driver's compartment and the patient compartment closed when there is a patient in the ambulance.**
3. **NO nebulized medications may be given upon entry to the hospital.**

## Assessing and Transporting Patients

- 1) Using the new Assessment Procedure for Patients with Suspected COVID-19 guide
  - a. This has been written as a guide to simplify and standardize care for these patients.
  - b. See separate advisory regarding implementation of the NON-transport disposition.
  - c. Precautions and Recommendations form is an attestation for non-transport in place of an RMA.
  
- 2) What do I do after **EVERY** patient encounter?
  - a. After every patient encounter, or after transfer of patient care, doff and properly dispose of PPE.
  - b. Use hand sanitizer prior to getting back into vehicles/apparatus.
  - c. Wash hands when water/soap available.
  - d. Wipe down all patient care surfaces with disinfectant after each use.
  
- 3) What is source patient control?
  - a. Source patient control refers to placing a surgical mask on a patient with symptoms that could be related to COVID-19, such as cough, sore throat, fever, fatigue, malaise, not feeling well, cold or flu symptoms, etc. This is a critical component of protecting responders and others.
  
- 4) Where should I transport a potential COVID-19 patient?
  - a. All area hospitals are capable of receiving a potential COVID-19 patient.
  - b. Minimize travel time if possible. If the patient requests a distant hospital and there is no clear medical indication, follow departmental procedures or contact REMO physician to assist.
  
- 5) What do I do with a patient I suspect has COVID on hospital arrival?
  - a. Pre-notify hospital according to existing procedures.
  - b. Patients being transported Emergency Departments with fever, cough, or symptoms concerning for infectious illness should have surgical mask placed. (Source Control).
  - c. Patients with a mask in place can proceed directed by hospital.
  - d. Patients that cannot wear a mask due to facial features or clinical conditions (respiratory distress, etc) **MUST** have prehospital notification prior to arrival and authorization to enter. Do not enter EMS triage with a potentially infectious patient unless masked or otherwise directed by the receiving facility.
  - e. Patients that are actively receiving nebulized medications must have permission to enter.

## Dispatch and Response

- 1) Will all COVID-19 patients be identified at dispatch?
  - a. No. EMD helps to limit the number of personnel being dispatched to patients self-identifying with flu-like symptoms but this is only a screening. Understand that EMD coding is never perfect as it is highly dependent on the information the caller provides.
  - b. EMD will try to minimize the number of responders and resources to these requests for service, it remains critical that ALL patients are screened from >6 feet as to fever or

respiratory symptoms. As any call, regardless of coding, could potentially have patients with symptoms warranting proper PPE.

- 2) **Premise warnings are beginning to be used in some jurisdictions and what do I do if I respond to a location with a premise warning?**
  - a. **These will identify individuals under home quarantine or isolation as requested or required by the County Health Department.**
  - b. **Offer a surgical mask to the people under quarantine regardless of symptoms and any people in the residence who are in the immediate vicinity.**
  
- 3) **What calls should BLS-FR (FD or LEO) be responding on?**
  - a. **BLS-FR should only respond to immediate medical life threats IF they have appropriate PPE**
  - b. **Trauma response should include GOGGLES, GLOVES and MASK with appropriate interrogation of the patient or witnesses for COVID screening**
  - c. **Cardiac arrest and respiratory distress response should include GOWN, GOGGLES, GLOVES and N-95 MASK**
  
- 4) **What calls should law enforcement be responding on?**
  - a. **Law Enforcement should consider monitoring, and not entering, medical calls for service, unless there is information that indicates a crime, injury, abuse/neglect, or a safety concern.**
  - b. **This is at the jurisdiction and officer's discretion.**
  
- 5) **What about law enforcement transporting Individuals in a patrol vehicle?**
  - a. **Any individual being transported in a patrol vehicle should have a surgical mask placed on them prior to placement in the vehicle.**
  - b. **If the individual cannot or is noncompliant with wearing a mask, the officer/deputy should wear any available mask (surgical or N95).**
  - c. **If the individual is being released, the mask can be removed when they exit the vehicle.**
  - d. **If the individual is being transported to a jail, the mask should be left in place until screened by jail medical staff.**
  
- 6) **What is being done about call volume and "unnecessary" 911 calls for EMS?**
  - a. **Discussions are ongoing to shunt certain 911 calls to a nurse information line, develop and implement a treat-in-place program and consider alternative destination. More information to follow.**
  
- 7) **What about "riders" in the ambulance?**
  - a. **Ambulances may not allow family members/others in the cab space of an ambulance.**
  - b. **Ambulances may consider allowing a family member/other in the patient compartment on a case-by-case basis.**
  - c. **In general, only minors should have a family member/care provider in the patient compartment and riders should have a surgical mask in place regardless of symptoms.**

- 8) **What about Paramedic and EMT students or observers riding as an “extra”?**
- a. **EMT and Paramedic programs hospital and field clinical programs are suspended to decrease exposures in hospitals.**
  - b. Departments should not allow any observers.

### **Exposure Assessment**

- 1) What constitutes an exposure to someone with COVID-19?
  - a. Close contact, and thus an exposure, is defined as:
    - i. Not having appropriate PPE and being within approximately 6 feet, of a person confirmed with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a room); or
    - ii. Not having appropriate PPE and having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
  - b. Close contact is NOT being more than a few minutes in the patient’s room without having direct contact with the patient or their secretions/excretions regardless of wearing PPE or not.
- 2) Who makes the determination to quarantine an ambulance/fire crew/law enforcement officer?
  - a. The County Public Health Department **based on NYS DOH guidance**
- 3) When is this determination made? Is it made in triage when the patient is brought in?
  - a. **Determination to quarantine is made after a positive diagnosis only**
  - b. **Determination of exposure is only made by the County Public Health Department.**
- 4) I have been quarantined due to exposure or possible exposure to COVID-19. What happens next?
  - a. Quarantine is being done at home unless you become acutely ill.
  - b. Quarantine is currently 14 days from the time of exposure.
- 5) If a patient is found to have COVID-19, will the department who brought them/had contact be notified?
  - a. Yes, through the County Public Health Department

### **Cleaning and Disinfection**

- 1) What steps should I take to disinfect or clean
  - a. Assure daily cleaning and disinfecting of stations, hard surfaces, bathrooms, etc.
  - b. Assure the interiors of all response vehicles are wiped down and cleaned after each shift OR after care for a patient with suspected illness.
  - c. Special attention should be paid to the driver area and all touched surfaces (radio, MDT, light/siren controls, etc) as well as patient care areas.
  - d. The EPA Maintains a list of products effective against COVID-19 at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

- 2) How long do I have to wait until after cleaning surfaces before using them or caring for a patient?
  - a. There is **no waiting period after cleaning the surfaces and return to service**. Only gloves and mask are needed to perform cleaning.

### **Meetings, Training, and Staffing**

- 1) What should I do for meetings and trainings?
  - a. Cancel or eliminate community outreach programs such as safety courses, fire prevention programs, etc that engage schools, group homes, high occupancy dwellings, churches, etc.
  - b. Cancel or eliminate banquets, conferences, and meetings with more than 50 attendees
  - c. Perform only essential training, and when doing so, limit training to small groups whenever possible and follow social distancing guidelines.

### **Responder/Employee Health**

- 1) What symptoms should my responders be looking for?
  - a. All responders should be self-monitoring for fever, shortness of breath, cough, sore throat, or body aches.
  - b. **We are suggesting that employees check their temperature prior to duty.**
  - c. Temperatures greater than 100.0°F are abnormal and the employee should return home and reassess for additional symptoms.
  
- 2) If one of my responders is exhibiting symptoms, what do I do?
  - a. Have the responder self-quarantine at home, or if at work, go home.
  - b. Have the responder contact their healthcare provider (personal or through occupational health) for assessment and guidance.
  - c. Do not allow the responder to report for work.
  - d. Call your medical director with any specific questions

### **Additional Information**

- 1) Where can I get the most accurate information regarding COVID-19?
  - a. The CDC is the **single source of Truth** for information related to COVID-19.
  - b. Link to the [CDC COVID-19 site](#)
  - c. Link to the [CDC COVID-19 Guidance for EMS \(Guidance for EMS\)](#)