

Federal Healthcare Resilience Task Force

EMS/Prehospital Team

Guidance for First Responder Interactions with Suspected/Confirmed COVID-19 Patients

Product (EMS19) Purpose

The purpose of this document is to provide information and best-practices advice for the first response community to assist in their decision-making for suspected and/or confirmed COVID-19 patient interactions.

Developed By

The Federal Healthcare Resilience Task Force (HRTF) is leading the development of a comprehensive strategy for the U.S. healthcare system to facilitate resiliency and responsiveness to the threats posed by COVID-19. The Task Force's EMS/Pre-Hospital Team is comprised of public and private-sector EMS and 911 experts from a wide variety of agencies and focuses on responding to the needs of the pre-hospital community. This Team is composed of subject matter experts from the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS), National 911 Program, Center for Disease Control (CDC), Federal Emergency Management Agency (FEMA), U.S. Fire Administration (USFA), U.S. Army, U.S. Coast Guard (USCG), Department of Homeland Security (DHS) Cybersecurity and Infrastructure Security Agency (CISA) and non-federal partners representing stakeholder groups and areas of expertise. Through collaboration with experts in related fields, the team develops practical resources for field providers, supervisors, administrators, medical directors and associations to better respond to the COVID-19 pandemic.

Intended Audience

State, Local, Tribal, and Territorial Governments (SLTTs) Emergency Medical Services (EMS) personnel.

Expected Distribution Mechanism

EMS.gov, Stakeholder Calls, EMS stakeholder organization's membership distribution Email mechanisms, USFA website, IHS EMS list serve, Social Media posts. EA Team's assistance to push out to FEMA and HHS RECs.

Primary Point of Contact

NHTSA Office of EMS, nhtsa.ems@dot.gov, 202-366-5440

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ENGINEERING AND INTERACTION

An effective way to minimize risk and first responder exposure is to evaluate what can be controlled: reduce exposure to the virus via modified response activities, and Personal Protective Equipment (PPE). Proper management of these items can minimize exposure, reduce equipment usage and reduce manpower utilization.

Think: Time, Distance and Shielding (TDS) and As Low as Reasonably Achievable (ALARA) for ALL PATIENT CONTACTS

This guidance starts at the arrival to an incident scene, regardless of the type of incident. The crew should assess the scene and determine their plan of action with all available information that incorporates the guidance and information offered by 911 dispatch/Emergency Communications Center (ECC)/Public Safety Answering Point (PSAP) and identifying the single responder who will do the initial assessment of the patient.

RECOMMENDATIONS

1. Potential Exposure Management

Goal: Reduce potential viral exposure to provider(s) and equipment

- a. Time: Reduce the time spent in close quarters with patients
- b. Distance: Increase the distance between the patient and provider as much as practical, while still providing necessary care. (>6 feet)
- c. Shielding: Utilize physical barriers **whenever possible**
 - i. Methods
 1. Provide a cloth facial covering or surgical mask to all patients
 - a. At time of encounter (preferred) or
 - b. Prior to entering ambulance
- d. Limit equipment – Reduce patient interaction with unnecessary equipment (clean out patient compartment of unnecessary items)

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and consider draping or wrapping necessary equipment prior to response)

2. Process Management

Goal: Minimize exposure risk and time by controlling the environment through process changes.

- a. Move the patient outside, under an awning, open garage, patio, etc.
- b. Ambulatory patients should walk themselves to the transport unit ONLY when determination is made to TRANSPORT (minimize back of unit assessment)

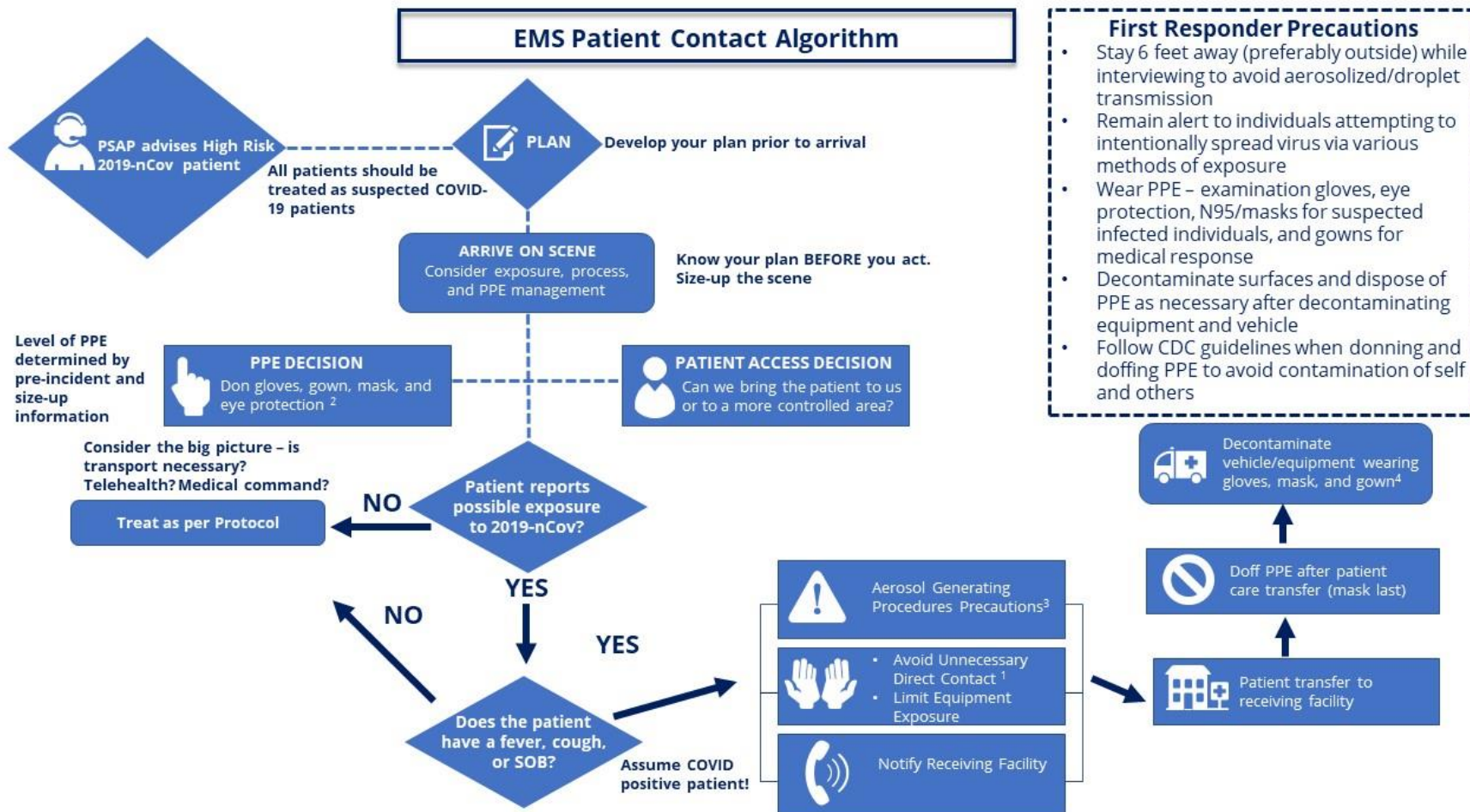
3. PPE Management

Goal: As a final line of defense via any and all methods of exposure, proper PPE should be used and disposed of properly

- a. Regularly monitor the latest PPE guidance from CDC [here](#)

Response to these incidents can be complex. Pre-incident planning will improve the safety of all responders and should be used to develop crew integrity and patient interaction workflows/processes that utilize the TDS and ALARA concepts.

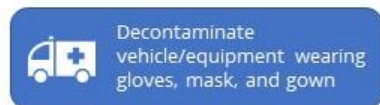
An example patient contact algorithm follows.



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Back Page of Patient Contact Algorithm



1. Avoid unnecessary direct contact:
 - Limit the number of providers to essential personnel only.
 - Keep the patient separated from other people as much as possible.
 - Family members and other contacts of patients with possible 2019-nCoV infection should not ride in the transport vehicle.
 - Keep all non-essential items out of patient compartment e.g., tablet, computer, ePCR, lunch boxes, personal blankets.
2. PPE Decision:
 - Has patient had close contact with a laboratory-confirmed 2019-nCoV patient within 14 days?
 - Is the patient showing signs and symptoms of an Influenza-Like Illness (ILI) (fever, cough, shortness of breath)?
3. Aerosol-Generating Procedures Precautions:
 - If possible, consult with medical control before performing aerosol-generating procedures
 - If you anticipate performing pre-hospital resuscitation procedures such as endotracheal intubation, oropharyngeal suctioning, bag valve mask (BVM), cardiopulmonary resuscitation, etc., conduct these procedures while wearing the recommended PPE
 - If possible, the rear doors of the transport vehicle should be opened, and the HVAC system set to external exhaust should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic
4. Decontaminate vehicle/equipment wearing gloves, mask, and gown
 - Be mindful of PPE shortages and balance personal protection during decontamination with current supply levels
 - One conservation method may be to decontaminate the unit before doffing initial PPE if able to transfer care and return to unit without Doffing

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