Date: March 6, 2020
To: All Monterey County EMS System Participants
From: Dr John Beuerle, EMS Agency Medical Director
Teresa Rios, Interim EMS Agency Director

Regarding: EMS Agency Updates on CoVid-19 Guidelines

The EMS Agency continues to assess and monitor the developing CoVid-19 situation. Although Monterey County has no current active cases, the EMS Agency is committed to ensure our providers are protected and informed. Please review the following guidelines for EMS personnel in the areas of Prehospital Clinical Care, Infection Control and PPE, and Decontamination Procedures. All these guidelines can also be accessed at the CDC and NHTSA EMS websites referenced herein. These procedures are to be follow on all EMS responses and interactions with patients until further notice.

**Pre-Hospital Clinical Care Guidelines**

**EMS Communications:**
- EMS Communications continues to use the Emerging Infectious Disease Surveillance (EIDS) tool and will be asking additional travel and exposure questions to relay information to EMS personnel. The questions may change as the situation evolves and currently contains travel questions.

**Patient Assessment:**
- Upon receiving any information of signs, symptoms, and risk factors from dispatch, responders should don appropriate PPE BEFORE entering the scene
- Initial assessment should begin from a distance of at least 6 feet from the patient, if possible.
- Be aware of any community-based outbreaks of SARS/MERS/Novel Coronavirus Influenza type diseases or other disease requiring special precautions and obtain relevant travel and exposure history as indicated.
- Assure appropriate training and education on PPE use and patient management.
- “Doorway evaluation” if possible – If stable and verbal, minimize contact with while caregiver dons appropriate PPE.
- Assure history consistent with dispatch. » Inquire specifically about travel and relevant exposures. • Adjust infection prevention precautions as required based on symptoms.
Change to standard precautions if no significant concern for special pathogen. Maintain strict adherence to standard precautions.

- For special pathogens, minimize number of direct caregivers.
- Perform hand hygiene before and after all patient care activities.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

**Infection Control / PPE**

- Disposable NIOSH-approved, fit-tested N95 or equivalent/higher level respirator (e.g., re-usable half-face elastomeric respirator N95 or higher rating mask or PAPR with full hood and HEPA filter)
- Disposable face shield or disposable or cleanable goggles (if not using hooded PAPR)
- Disposable fluid-resistant gown that extends to at least mid-calf or disposable fluid-resistant coveralls
- Disposable gloves with extended cuffs (strongly consider double-gloving)
- Disposable boot/shoe covers

**Decontamination/Disinfection of Ambulance, Equipment, and Personnel Key**

- Cleaning and disinfection of materials in various vehicles depends on several factors, including finishes, materials (e.g., carpets, upholstery, hard non-porous surfaces), and compatibility with disinfectants. Additional regulations and guidance (e.g., IATA) may also need to be considered for specific vehicles.
- Consider patient symptoms (e.g., vomiting, diarrhea) and risk of exposure to blood or body fluids when preparing for decontamination of the vehicle.
- A SOG Standard Operating Guideline (SOG) for Decontamination should already be in place by all EMS/First Response Agencies. As required by law. Each agency should have a Designated Infection Control Officer.

**Training and education**

- Ensure that staff are educated, trained, and have completed exercises on decontamination/disinfection procedures.

**Decontamination/disinfection of vehicle and equipment**

- Develop a plan and standards for disinfection/decontamination of the vehicle and determine whether this will vary due to the presence of patient symptoms, risk of exposure to blood or body fluid, and types of waste. Determine what type of supplies will be necessary (e.g., disinfectants, disposable cleaning cloths, etc.).
- Determine the location where decontamination of the vehicle will take place. Consider using a well-ventilated, large, enclosed structure and not an open space due to possible weather conditions and media.
Determine who will supervise decontamination activities

- Develop a plan and standards for decontamination/disinfection of used equipment that adheres to federal and state regulations. Determine what type of supplies will be necessary (e.g., disinfectants, disposable cleaning cloths, etc.).
- Determine who will provide and/or pay for the decontamination of the ambulance, equipment and supplies.
- For patients exhibiting bleeding, vomiting, diarrhea, or hemorrhage, use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (norovirus, rotavirus, adenovirus, poliovirus) to disinfect ambulances used for transport of a PUI or patient with confirmed Ebola.
- The basic principles for blood or body substance spill management are outlined in the OSHA Bloodborne Pathogen Standards (29 CFR 1910.1030). CDC guidelines recommend removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient. An EPA-registered hospital disinfectant with label claims for non-enveloped viruses (norovirus, rotavirus, adenovirus, poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions.

Crew to perform the decontamination/disinfection procedures

- Include in the plans whether a designated crew will be used for the decontamination procedures or if the transport crew will conduct the decontamination procedures. Select and provide workers with appropriate PPE and training on how to don/doff, use, clean, and maintain the PPE necessary for the decontamination/disinfection procedures. Also consider hazards posed by cleaning and disinfection chemicals.
- Ensure that doffed PPE is properly packaged for disposal with disinfectant and that proper packaging materials and disinfectant are available at all doffing locations.
- Develop a plan for medical follow-up and monitoring of staff who performed the decontamination/disinfection procedures and include local public health in the planning.
- Identify a plan for either isolation and/or quarantine of EMS personnel who may have been exposed. This may be necessary in the event of a crew member not wanting to go home to family members if there was a potential for exposure during the transport.
- Determine who will educate the transport crew’s family, if needed, while ensuring that patient confidentiality is maintained.

Resources: