

MEMORANDUM

DATE: April 1, 2020
TO: County Emergency Managers, Ambulance Service Directors, Emergency Medical Response Agencies, EMS Providers
RE: Updated KBEMS Guidance - 2019 Novel Coronavirus (COVID-19) – EMS 101

EMS 101 for dealing with COVID-19 (and any other respiratory related illness):

Minimum PPE

- Gloves, Facemask (if a N95 respirator is unavailable, a surgical type mask works), and Protective Eyewear (not daily eyewear).
- Consider a gown if you suspect splashes and sprays or high-contact patient activities.

Assessment for Suspected Respiratory Related Illness

- One responder should initially enter the scene with the minimum PPE: his/her task is to assess the patient from at least 6 feet away to determine whether the patient is experiencing, or has had within the past 15 days, any of the following:
 - Fever
 - Cough
 - Shortness of Breath / Respiratory Distress
 - Close contact with a confirmed COVID-19 patient, a Person Under Investigation (PUI), and/or a person that has been told to quarantine by a local health officer.
- If the answer is “YES”, all responders coming into close contact with the patient and/or their surroundings should adhere to the minimum PPE.
- Consider placing a facemask over the mouth and nose of your patient if the patient condition tolerates.

On Scene Practice / Care

- Limit the number of responders coming into close contact with the patient and/or their surrounding to only the minimum number NECESSARY to effectively treat, care for, and move the patient.
- Limit your scene time to less than 10 minutes, when possible.
- Follow local medical direction on when to perform aerosolizing procedures like nebulized breathing treatments and understand that this is a scenario where those procedures may be reserved to only situations where it is absolutely necessary.

Transport

- Isolate the patient compartment from the driver’s compartment if possible.
- If physical isolation is unable to be done, utilize the vehicle ventilation system (turn air flow in driver compartment on high) and utilize the patient compartment exhaust system at its highest setting. This creates a slight negative pressure environment that should keep air movement away from the driver compartment.
- Let the receiving facility know you have a suspected patient as early as possible (to help them prepare).
- If at all possible, no family members with the patient. If someone must accompany your patient, they must adhere to the same PPE as you.

At the Receiving Facility

- Upon arrival at the facility, leave the ambulance attended with the patient compartment doors open while the patient is being transferred to the facility's care team.
- Initial decontamination – wearing the minimum PPE, clean with standard cleaning supplies.
- Secondary decontamination – after standard cleaning is complete and before removing your PPE, apply an EPA-registered, hospital grade disinfectant according to the manufacturer's instructions for SARS-CoV-2 to all potentially contacted surfaces.
 - All EPA-approved disinfectants can be found here:
 - <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Follow-Up

- Complete the patient care report as soon as possible – ensure the report identifies all persons that would have been in close contact.
- If you develop symptoms (fever, cough, or respiratory symptoms), self-isolate and notify your service or department.

Quarantine Concerns

- Ambulances do not need to be quarantined after transport – simply decontaminated.
- Response vehicles do not need to be quarantined after response – simply decontaminated.
- Providers do not need to be quarantined after treating a COVID-19 patient or suspected patient if the proper PPE is worn and the provider remains asymptomatic.

If you have specific questions regarding EMS and COVID-19, please review the CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> or feel free to reach out to us.

You can also find COVID-19 updates through KDHE: <https://govstatus.egov.com/coronavirus>

KDHE has also provided a tremendous graph identifying risk for asymptomatic healthcare workers with exposure to COVID-19. That graph is provided on the last page.

The Kansas Board of EMS thanks you for your continued efforts in providing resources to the responders within your respective communities.

Please remember, following a few guidelines is what gets us home safely. Whether it is responding to a burning building, a car accident, an active shooter, or an emerging illness, take a deep breath, put on the right PPE and do what you have been trained to do – provide excellent care to that person in need.



Joseph House, Paramedic
Executive Director
Email: joseph.house@ks.gov