



Health & Safety Summary for EMS First Responders During the COVID-19 Pandemic Response

Emergency Medical Services (EMS) personnel are on the frontline of the response to the COVID-19 pandemic. This document is intended to summarize current key messages and resources available from the Centers for Disease Control and Prevention (CDC) and other partner agencies supporting the public health response.

Infection Control Recommendations

- ✓ Patients with COVID-19 may not report typical symptoms such as fever or respiratory symptoms. Source control, which involves having the infected person wear a cloth face covering or facemask over their mouth and nose to contain their respiratory secretions, might help reduce the risk of transmission from both symptomatic and asymptomatic people.
- ✓ Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. Alternatively, an oxygen mask can be used if clinically indicated.
- ✓ Perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves.
- ✓ Perform hand hygiene by using alcohol-based hand rub with 60-95% alcohol, hand sanitizers with 60% ethanol or 70% isopropanol, or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to alcohol-based hand rub.
- ✓ If EMS personnel develop symptoms consistent with COVID-19 while at work they should keep their face covering on, inform their supervisor, and leave the workplace.

Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 (CDC)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html
What Firefighters and EMS Providers Need to Know about COVID-19 (CDC)	https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/firefighter-EMS.html
COVID-19 Infection Control for Healthcare Professionals (CDC)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html
EMS Infectious Disease Playbook (HHS)	https://files.asprtracie.hhs.gov/documents/aspr-tracie-transport-playbook-508.pdf
Criteria to Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (CDC Interim Guidance)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
COVID-19 Resources from the NHTSA Office of EMS	https://www.ems.gov/projects/coronavirus_covid-19_resources.html

Personal Protective Equipment & Respiratory Protection

- ✓ Recommended PPE includes gloves, goggles or face shields, respirators, and gowns/synthetic suits. The information in the table below provides alternatives to standard options in the event of supply shortages.
- ✓ Ensure EMS workers are trained on the recommended sequence for safely donning and doffing PPE.
- ✓ When available, put on an N95 filtering facepiece respirator (or higher-level respirator) prior to patient contact. A facemask/surgical mask may be used only if a respirator is not available. Cloth face coverings are not PPE and should not be worn for the care of patients with known or suspected COVID-19. In the event of shortage, preserve respirators for use during aerosol-generating procedures on patients.

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- ✓ Alternatives to N95s can include powered air-purifying respirators (PAPRs), other classes of disposable filtering facepieces, elastomeric half-mask, and full facepiece air-purifying respirators (APRs). Reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.
- ✓ When the supply chain is restored, EMS providers should return to the use of fit-tested N95s or higher-level respirators for patients with known or suspected COVID-19.
- ✓ Conduct an initial fit test using an OSHA-approved method. Qualitative fit testing can be used to minimize destruction of N95s. Annual OSHA fit testing for medically cleared individuals has been waived during the COVID-19 pandemic response.
- ✓ Ensure that employees conduct a user seal check **every time** they use their respirator and avoid use when a tight seal cannot be achieved (e.g., facial hair). Check the manufacturer’s instructions on user seal check procedures. Glasses or goggles should be worn in a way that does not interfere with the seal.

Strategies to Optimize the Supply of PPE and Equipment (CDC)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
Strategies to Optimize the Supply of N95s (CDC)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html
Approved Filtering Facepiece Respirators (CDC/NIOSH)	https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html
Performing a User Seal Check on a N95 Respirator (OSHA)	https://www.youtube.com/watch?v=pGXiUyAoEd8
Downloadable PPE poster (CDC)	https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf

Patient Transport and Decontamination

- ✓ During transport, limit the number of providers in the patient compartment to essential personnel. After completing patient care and before entering an isolated driver’s compartment, the driver and essential personnel should remove PPE and perform hand hygiene to avoid contaminating the driver’s compartment.
- ✓ Vehicle ventilation in both compartments should be on **non-recirculated mode** to maximize air changes that reduce potentially infectious particles in the vehicle.
- ✓ If the vehicle is not designed with an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- ✓ If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle. During aerosol-generating procedures, if possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated.
- ✓ Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
- ✓ 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.
- ✓ EMS clinicians should perform a thorough full body wash immediately following a completed work shift.

Disinfectants for Use Against SARS-CoV-2 (EPA)	https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
SOP for Ambulance Decontamination (CDC / Developed for Ebola)	https://www.cdc.gov/vhf/ebola/clinicians/emergency-services/ambulance-decontamination.html
Portable Ambulance Decontamination Systems Market Survey Report (DHS)	https://www.dhs.gov/sites/default/files/publications/Ambulance-Decon-MSR_0915-508.pdf