



EMS providers are essential to providing emergency medical treatment and transport to Vermonters. However, EMS care is not practiced in a controlled setting which presents some challenges to providing care. Providers need to be informed and prepared to care for suspect or confirmed cases of COVID-19.

What clinical signs am I looking for?

- Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.
- The following symptoms may be reported:
 - Fever
 - Cough
 - Shortness of breath

If I think my patient has COVID-19, what precautions should I take?

- 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.
- Recommended PPE includes:
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
 - Disposable isolation gown,
 - Respiratory protection (i.e., surgical mask or if performing an aerosol generating procedure, an N95 respirator),
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- EMS providers should notify the receiving healthcare facility that the patient has an exposure history or signs and symptoms suggestive of COVID-19.

Who do I notify if I think my patient has COVID-19 or I think I have been exposed?

- EMS agencies will be contacted by the Vermont Department of Health if their providers have been in contact with a case. EMS providers wearing all recommended PPE per the previous questions are considered to be low risk. Additional information can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> If providers were not wearing PPE and are concerned about exposure, please call 802-863-7240.

Should we be limiting staffing?

- We should be limiting the number of providers in the patient compartment and interacting with patients to essential personnel to minimize possible exposures.

Should we be fit testing?

- EMS providers should be medically cleared, trained, and initially fit tested for N95s.
- Expired N95s can be used for fit testing.

How do we prioritize N95s?

- N95s should be prioritized for known cases and aerosol generating procedures (nebulizers, CPAP, intubation, CPR, etc.). During all other patient encounters, surgical masks should be used in place of N95s and providers are still considered low risk if wearing surgical masks along with all other recommended PPE.

What if our N95s are expired?

- Expired N95s are better than no N95s. Per the CDC, N95s that have passed their shelf life may be used if no other N95s are available.

What if I do not have PPE?

- EMS units should have an adequate supply of PPE. More information about optimizing PPE stock can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- If you anticipate depletion of any COVID-19 specific resource stocks within the next 7 days, please use the following web link to submit a resource request: <https://www.surveygizmo.com/s3/5504100/COVID-Resource-Request-Form>
- If at a first response agency, depending on the critical nature of your patient, consider waiting for the transporting agency to arrive.

Updated information about COVID-19 may be accessed at:

<https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus>

Infection prevention and control recommendations can be found here:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.

Additional information for healthcare personnel can be found at:

<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>