

# COVID-19: Assessment and Transport

## PURPOSE

To minimize risk of exposure and spread of Coronavirus (COVID-19).

### INITIAL ASSESSMENT

- If dispatch advises that the patient is suspected of having an infectious disease (COVID-19), EMS practitioners should put on appropriate PPE (see below) before entering the scene.
- If situation is unclear (cardiac or respiratory arrest), use full PPE (see below).
- EMS practitioners should evaluate for and suspect the patient may have COVID-19 if any of the following signs and symptoms are present:
  - Patients presenting with fever, or cough, or shortness of breath, **OR**
  - Anyone who has had close contact with someone being monitored for or diagnosed with COVID-19 within 14 days of symptom onset, **OR**
  - A history of travel from affected geographic areas (Europe, Malaysia, United Kingdom, Ireland, China, Iran, South Korea or cruises) within 14 days of symptom onset. Refer to [CDC website](#) for most up-to-date list of affected countries.
- Initial assessment should begin from at least 6 feet from the patient and be limited to one EMS practitioner, if possible. If COVID-19 is suspected, all PPE as described below should be used.
- A face mask should be worn by the patient for source control. If a nasal cannula is in place, a face mask should be worn over the nasal cannula. If a non-rebreather mask is clinically indicated, place a face mask over it.
- Any additional resources requested (transporting agency, intercepting agency, fire, police) should be notified so they can take precautions.
- Refer to the COVID-19 Field Triage Guidance to determine if the patient requires transport to the Emergency Department.

### PERSONAL PROTECTIVE EQUIPMENT (PPE) RECOMMENDATIONS

- EMS practitioners who will be in the compartment with the patient or care for them on scene should follow standard, contact, and airborne precautions, including the use of eye protection.
- 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 (face mask/Universal N-95 face mask)
    - If doing an aerosolized procedure or transporting a known COVID-19 patient, use an N-95 respirator or PAPR. Expired N95 respirators are acceptable if in-date N95 respirators are unavailable.
    - Universal N-95 face masks are not N-95 respirators and should not be used for aerosolized procedures.
  - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Drivers should wear PPE if providing patient care. After completing patient care and before entering an isolated driver's compartment, the driver should remove

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## PERSONAL PROTECTIVE EQUIPMENT (PPE) RECOMMENDATIONS (CONTINUED)

and dispose of PPE and perform hand hygiene to avoid contaminating the compartment.

- If the ambulance does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. An N-95 respirator/PAPR or face mask should continue to be used during transport.
- After transfer of care, EMS practitioners should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- All personnel should avoid touching their face while working.
- Other required aspects of standard precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in Vermont's [Bloodborne/Airborne Pathogens Policy – 8.4](#).

Situation	Procedure	PPE Standard
Suspected COVID-19 Patient	Non-Aerosol Generating Routine Patient Care	Face Mask or Universal N95 Mask Gown Gloves Face Shield or Goggles
Suspected COVID-19 Patient, or Cardiac or Respiratory Arrest	Aerosol Generating Procedure MDI or Nebulizer (MDI preferred) CPAP Supraglottic Airway or Intubation CPR or BVM	N95 Respirator or PAPR Gown Gloves Face Shield or Goggles
Known COVID-19 Patient (Lab Confirmed)	All Patient Care Activities	N95 Respirator or PAPR Gown Gloves Face Shield or Goggles

## AEROSOL-GENERATING PROCEDURES

- To limit risk, avoid aerosol-generating procedures, if possible.
- If possible, consult with **Medical Direction** before performing aerosol-generating procedures.
- Practitioners should wear N95 respirator/PAPR, gown, gloves and face shield or goggles.
- EMS practitioners should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR) is necessary).
- BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
- If possible, the rear doors of the ambulance should be opened, and the HVAC system should be activated during aerosol-generating procedures.
- Consider use of MDI (metered dose inhaler) preferentially over nebulizer.
- Consider use of supraglottic airway preferentially over endotracheal intubation.

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## TRANSPORT

- EMS practitioners should notify the receiving healthcare facility if they suspect COVID-19 so that appropriate precautions may be taken prior to arrival. Share any known details regarding signs/symptoms, travel, or contact history.
- During transport, limit the number of practitioners in the patient compartment to essential personnel to minimize possible exposures.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of suspect patients should not ride in the ambulance. If unavoidable, they should wear a face mask.
- Isolate the ambulance driver from the patient:
  - Close the door/window between these compartments before bringing the patient on board.
    - Tape opening with plastic if there is no door or window that can close.
- Use non-recirculated mode to ventilate ambulance.
- Open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting.
- Follow hospital protocol for transfer of patient.
- Carefully doff and dispose of PPE and perform hand hygiene.

## DECONTAMINATION

Action Completed	Action	Comments
	Leave the doors of the ambulance open during transfer of the patient and decontamination.	This is to allow for air changes to remove potentially-infectious particles.
	EMS practitioners should wear a surgical face mask, gown and gloves. A face shield or goggles should also be worn if splashes during cleaning are anticipated.	This is to protect the provider from exposures during decontamination.
	All surfaces that came in contact with the patient or materials contaminated during patient care should be thoroughly cleaned and disinfected.	Link to Disinfectants: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a>
	Clean and disinfect reusable patient care equipment before use on another patient.	
	After an aerosol-generating procedure, clean and disinfect horizontal surfaces around the patient.	
	Follow standard operating procedures for containing and laundering used linen.	Avoid shaking the linen.
	Follow standard operating procedures for the containment and disposal of used PPE.	
	Perform hand hygiene.	



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## PREPARATION AND COMMUNICATION

- 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 above are considered to be low risk. If providers were not wearing PPE and are concerned about exposure, please call 802-863-7240.
- For additional information/explanation of this protocol, please see [Coronavirus \(COVID-19\) EMS Response](#).
- EMS agencies can refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#) for additional information.
- EMS units should have infection control policies and procedures in place, including education for safely donning and doffing PPE. Below are links for videos that UVM HealthNet Regional Transport Service produced and shared with Vermont EMS.
  - PPE Donning - <https://youtu.be/Re2667Ho5UA>
  - PPE Doffing - <https://youtu.be/Zlwefwlg6fo>
- Ensure EMS providers are medically cleared, trained, and initially fit tested for N95 respirators.
- 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 your facility is experiencing PPE shortages, use the link below to make a request: <https://www.surveygizmo.com/s3/5504100/COVID-Resource-Request-Form>.
- Ensure an adequate supply of disinfectants approved for SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

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