



Provider Health and Safety Advisory regarding Novel Coronavirus CDC EMS Guidance

The CDC released their Interim Guidance specifically targeting 911 Public Safety Answering Points (PSAPs) and Emergency Medical Services. The Guidance doesn't change any of the CDC's or our previous recommendations, but it does add some specific details to how we approach potential Coronavirus incidents. The bulleted list includes a brief summary of highlighted points within the guidance.

- Federal and State procedures allow for the identification of those individuals considered for persons under monitoring (PUM). These individuals have been instructed to contact Austin Public Health prior to initiating emergency response.
- 911 call-taking processes have been updated to additionally screen for potential Coronavirus cases that have not been identified by the Federal or State processes.
- Obtain the view from the door to determine the severity of patient and what level of provider participation is necessary. If the patient has risk factors, travel and appropriate symptoms, they should have a surgical mask placed as soon as possible, if tolerated. Reminder, that if the patient requires oxygen therapy via nasal cannula a mask may be placed over the cannula.
- Limit personnel to those necessary to lessen the potential exposure.
- Undertake the use of Standard / Contact / Airborne precautions with eye protection.
- If previously not a PUM, contact Dr. Escott or Dr. Pickett via the communications center for consultation.
- Should the patient require transport to a medical facility, communication between field providers and the receiving medical facility must occur prior to transport.
- Providers ensure to utilize A **Fitted N95 Respirator** if within 6 feet of a suspect patient or when undertaking aerosol-generating procedures or providing airway management such as suctioning, Igel or endotracheal intubation.
- During transport, the provider should continue the use of the PPE ensemble while managing the patient. Unless, critical to patient care, limit the number of providers/riders in the patient compartment to those required for the safe and effective care of the patient.
- Also during transport, the vehicle HVAC system should not be in the recirculation mode and if the patient compartment has an air exhaust system it should be engaged.
- Other household members should not be transported with the patient, if asymptomatic.
- Drivers, if they assist in or provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering the driver's compartment, the driver should remove and dispose of PPE except respirator and perform hand hygiene to avoid contaminating the driver compartment (steering wheel, MDC, radio, etc.).
- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
- When cleaning the vehicle, providers should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure thorough hand-hygiene upon completion of all cleaning and disinfecting procedures and prior to the next response.