COVID-19: EMS Management & Transport Considerations

**Patient Assessment**

EMS personnel should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection.

1. Begin initial assessment from a distance of at least 6 feet from the patient, if possible.
2. Minimize patient contact until a facemask is on the patient. If nasal cannula is in place, a facemask should be worn over the nasal cannula.
3. Obtain a detailed travel history when evaluating patients with fever and acute respiratory illness. Initiate **Standard, Contact and Airborne Precautions**, including eye protection for EMS personnel, if the patient meets the PUI criteria for COVID-19.

**Personal Protective Equipment (PPE)**

EMS personnel who provide direct patient care with a possible COVID-19 infection should don the following recommended PPE:

- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
- Disposable isolation gown,
- Respiratory protection (i.e., N-95 or higher-level respirator), and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).

All personnel should avoid touching their face while working.

**Transport**

4. Notify receiving healthcare facility of potential COVID-19 infection as soon as possible.
5. On arrival, after the patient is released to the facility, EMS personnel should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
6. After transport, clean and disinfect vehicle using approved EPA registered disinfectants. Following SOPs for regulated medical waste, PPE, and linen.

**Risk Factors, Signs & Symptoms for COVID-19**

I. Fever OR respiratory symptoms (cough, difficulty breathing), AND
II. Travel to China or other location with confirmed community transmission* OR close contact with a patient with known or suspected COVID-19 in the past 14 days before symptom onset.

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