Guidelines for Indiana Emergency Medical Services Agencies for COVID-19
Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director
Indiana Department of Homeland Security
3/19/2020

This guidance applies to all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work. For additional details visit https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

- COVID-19 is a respiratory illness caused by a novel (new) coronavirus first identified in Wuhan, China

- Most patients with confirmed COVID-19 will develop fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) often with malaise and/or fatigue
    - It is capable of spreading easily and sustainably from person to and is felt to be highly contagious
    - Of the 70,000 cases identified in China, only about 2% were in people younger than 19
    - This seems to be a disease that affects adults and starting at age 60, there is an increasing risk of disease and complications from illness and that risk increases at least linearly with age

- CDC definition of *Person of Interest* is a moving target
    - Includes anyone who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset or a history of travel from affected geographic areas within 14 days of symptom onset (Washington, California, and New York, as well as Iran, Italy, Japan, China, and South Korea)
    - This definition is a highly community-dependent definition and the Indiana State Department of Health is monitoring each individual case as it comes
    - Indiana is most likely seeing community transmission at this time.
    - This means that EMS and public safety personnel may encounter potentially infectious patients in the course of their daily work.

- If possible, information on a possible *Person of Interest* should be communicated immediately to Clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE) BEFORE entering the scene (to include Drivers if they provide any direct patient care)
    - N-95 respirator if possible (facemask if N-95 not available)
    - Eye protection, gown and gloves

- - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures (CPAP) or where splashes and sprays are anticipated
  - Drivers should remove PPE and perform hand hygiene after patient care and prior to re-entering the vehicle (if their vehicle does not have an isolated driver's compartment, they should remove all PPE except respirator and then perform hand hygiene before re-entering the vehicle)

- Clinicians should immediately implement infection control measures if a patient is suspected of having COVID-19
  - Place a mask over the patient if possible before doing any patient assessment
  - Limit number of providers in patient compartment
  - Keep patient separated from other people and family members or other contacts should NOT ride in the transport vehicle
  - If possible, use methods to prevent re-circulation of air within the transport vehicle (e.g. use non-recirculated mode of vehicle ventilation if possible, use rear exhaust fan, use HEPA filter if available)
  - After transporting patient, clean vehicle while wearing PPE (facemask/goggles, gloves, gown) and using an EPA-registered hospital grade disinfectant

- Be aware of any aerosol-generating procedures and use an N-95 or higher-level respirator
  - CPAP, bag valve mask ventilation, oropharyngeal suctioning, nebulizer treatments, CPR, and intubation all would be considered at-risk procedures
  - Once intubated, the patient is considered isolated and there is much less risk of aerosolization of virus

- Clinicians should notify receiving healthcare facility if they are transporting a patient with signs/symptoms and exposure history so that appropriate measures can be taken prior to patient arrival to the hospital.