

COVID-19: Maryland EMS Update

EMS Infectious Diseases Program

Due to the recent outbreak of a novel (new) coronavirus named COVID-19, MIEMSS urges prehospital EMS clinicians to take the following actions:

- 1. Ask patients about recent travel, particularly those with fever and acute respiratory illness**
- 2. Don appropriate PPE when patients meet the following Person Under Investigation (PUI) criteria**
- 3. If a patient meets PUI criteria, EMS clinicians should transport to the appropriate receiving hospital, ensuring that they contact the hospital via EMRC before initiating transport, utilizing the term “PUI” when requesting a med channel for consult**

Patient Under Investigation (PUI) Criteria

Clinical Features		Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas within 14 days of symptom onset

(NEW) Affected Geographic Areas

China, Iran, Italy, Japan, South Korea

- For patients meeting PUI criteria, utilize **TRAVEL**:
 - T**- Time of Onset
 - R**- Room and Board: Conditions where patient stayed during travel
 - A**- Activities during travel (prolonged exposure to animals, still-water sources, unprotected sexual activity with sick-contacts, etc.)
 - V**- Vaccination and Pre-trip Preparation
 - E**- Exposure: Sick contacts, potential exposures
 - L**- Location: Location of ALL travel in chronological order.

PPE Recommendations: If patient meets PUI criteria, clinicians should don gloves, gowns, eye protection, and fit-tested N-95 level or higher respirators. A surgical mask, NOT an N-95, should be placed on the patient.

References and Resources:

<http://www.miemss.org/home/infectious-diseases>

<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html#risk-assessment>



Ambulance Decontamination: After transporting the patient, leave the rear doors of the transport vehicle open. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes. Any visibly soiled surface must first be decontaminated using an EPA-registered hospital disinfectant according to directions on the label. Disinfect all potentially contaminated surfaces including the stretcher with an EPA-registered hospital disinfectant according to directions on the label. Medical equipment (stethoscope, BP cuff, etc.) making patient contact should be disposable or cleaned and disinfected using appropriate disinfectants before use on another patient.

Utilization of standard precautions, staying current with recommended vaccinations, and utilizing robust hand hygiene practices remain the best ways to prevent the spread of infectious disease.



INTERIM GUIDANCE, EPIDEMIOLOGICAL RISK AREA AND OTHER FACTORS SUBJECT TO CHANGE