

MEMORANDUM

DATE: April 1, 2020
TO: County Emergency Managers, Ambulance Service Directors, Emergency Medical Response Agencies, EMS Providers
RE: Updated KBEMS Guidance - 2019 Novel Coronavirus (COVID-19) – EMS 101

EMS 101 for dealing with COVID-19 (and any other respiratory related illness):

Minimum PPE

- Gloves, Facemask (if a N95 respirator is unavailable, a surgical type mask works), and Protective Eyewear (not daily eyewear).
- Consider a gown if you suspect splashes and sprays or high-contact patient activities.

Assessment for Suspected Respiratory Related Illness

- One responder should initially enter the scene with the minimum PPE: his/her task is to assess the patient from at least 6 feet away to determine whether the patient is experiencing, or has had within the past 15 days, any of the following:
 - Fever
 - Cough
 - Shortness of Breath / Respiratory Distress
 - Close contact with a confirmed COVID-19 patient, a Person Under Investigation (PUI), and/or a person that has been told to quarantine by a local health officer.
- If the answer is “YES”, all responders coming into close contact with the patient and/or their surroundings should adhere to the minimum PPE.
- Consider placing a facemask over the mouth and nose of your patient if the patient condition tolerates.

On Scene Practice / Care

- Limit the number of responders coming into close contact with the patient and/or their surrounding to only the minimum number NECESSARY to effectively treat, care for, and move the patient.
- Limit your scene time to less than 10 minutes, when possible.
- Follow local medical direction on when to perform aerosolizing procedures like nebulized breathing treatments and understand that this is a scenario where those procedures may be reserved to only situations where it is absolutely necessary.

Transport

- Isolate the patient compartment from the driver’s compartment if possible.
- If physical isolation is unable to be done, utilize the vehicle ventilation system (turn air flow in driver compartment on high) and utilize the patient compartment exhaust system at its highest setting. This creates a slight negative pressure environment that should keep air movement away from the driver compartment.
- Let the receiving facility know you have a suspected patient as early as possible (to help them prepare).
- If at all possible, no family members with the patient. If someone must accompany your patient, they must adhere to the same PPE as you.

At the Receiving Facility

- Upon arrival at the facility, leave the ambulance attended with the patient compartment doors open while the patient is being transferred to the facility's care team.
- Initial decontamination – wearing the minimum PPE, clean with standard cleaning supplies.
- Secondary decontamination – after standard cleaning is complete and before removing your PPE, apply an EPA-registered, hospital grade disinfectant according to the manufacturer's instructions for SARS-CoV-2 to all potentially contacted surfaces.
 - All EPA-approved disinfectants can be found here:
 - <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Follow-Up

- Complete the patient care report as soon as possible – ensure the report identifies all persons that would have been in close contact.
- If you develop symptoms (fever, cough, or respiratory symptoms), self-isolate and notify your service or department.

Quarantine Concerns

- Ambulances do not need to be quarantined after transport – simply decontaminated.
- Response vehicles do not need to be quarantined after response – simply decontaminated.
- Providers do not need to be quarantined after treating a COVID-19 patient or suspected patient if the proper PPE is worn and the provider remains asymptomatic.

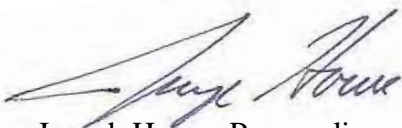
If you have specific questions regarding EMS and COVID-19, please review the CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> or feel free to reach out to us.

You can also find COVID-19 updates through KDHE: <https://govstatus.egov.com/coronavirus>

KDHE has also provided a tremendous graph identifying risk for asymptomatic healthcare workers with exposure to COVID-19. That graph is provided on the last page.

The Kansas Board of EMS thanks you for your continued efforts in providing resources to the responders within your respective communities.

Please remember, following a few guidelines is what gets us home safely. Whether it is responding to a burning building, a car accident, an active shooter, or an emerging illness, take a deep breath, put on the right PPE and do what you have been trained to do – provide excellent care to that person in need.



Joseph House, Paramedic
Executive Director
Email: joseph.house@ks.gov



ASYMPTOMATIC HEALTHCARE WORKERS WITH EXPOSURE TO COVID-19

Risk Category	Definition	Movement Restrictions	Public Health Monitoring
High Risk	<ul style="list-style-type: none"> HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was not wearing any recommended PPE. HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was wearing some PPE, but was not wearing a facemask or respirator. 	<ul style="list-style-type: none"> Quarantine in a location determined appropriate by Public Health for 14 days since last exposure. Air travel only allowed via medical transport. Local travel only allowed by medical transport or private vehicle. Patient should wear face mask. 	<p>Daily Active Monitoring:</p> <ul style="list-style-type: none"> Public Health will establish regular communication to assess for presence of fever or lower respiratory symptoms. Contact will be made at least once daily for 14 days since last exposure. Public Health should make initial contact immediately upon notification.
Medium Risk	<ul style="list-style-type: none"> HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was wearing some PPE, but was not wearing eye protection. HCP had close contact with a COVID-19 patient that was wearing a facemask AND the HCP was not wearing any PPE. HCP had close contact with a COVID-19 patient that was wearing a facemask AND the HCP was wearing some PPE, but was not wearing a facemask or respirator. 	<ul style="list-style-type: none"> Remain at home or in a comparable setting for 14 days since last exposure. Avoid congregate settings, limit public activities, and practice social distancing (e.g., shopping centers, movie theaters, stadiums), workplaces (unless the person works in an office space that allows distancing from others), schools and other classroom settings, and local public conveyances (e.g., bus, subway, taxi, ride share). Postpone additional long-distance travel. 	<p>Daily Active Monitoring:</p> <ul style="list-style-type: none"> Public Health will establish regular communication to assess for presence of fever or lower respiratory symptoms. Contact will be made at least once daily for 14 days since last exposure. Public Health should make initial contact the same day, or the next morning in case of an evening notification.
Low Risk	<ul style="list-style-type: none"> HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was wearing some PPE, but was not wearing a gown or gloves. HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was wearing all recommended PPE, but was wearing a facemask instead of a respirator. HCP had close contact with a COVID-19 patient that was wearing a facemask AND the HCP was wearing some PPE, but was not eye protection or was not wearing gown or gloves HCP had close contact with a COVID-19 patient that was wearing a facemask AND the HCP was wearing all recommended PPE, but was wearing a facemask instead of a respirator. HCP had proper adherence to all recommended infection control practices including wearing all recommended PPE. 	<ul style="list-style-type: none"> No restrictions as long as they remain asymptomatic 	<p>Self-Monitoring with Delegated Supervision:</p> <ul style="list-style-type: none"> Persons should remain alert for fever and lower respiratory symptoms within 14 days since last exposure. Public Health will make initial contact and provide information on self-monitoring for fever, cough, or difficulty breathing. The facility's occupational health or infection control program will coordinate monitoring with public health.

HCP=healthcare personnel; PPE=personal protective equipment

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

MEMORANDUM

DATE: March 19, 2020
TO: EMS Service Directors
RE: KBEMS Guidance - 2019 Novel Coronavirus (COVID-19) – Ambulance Cleaning

The following is designed to express the current best practice as it relates to Ambulance Cleaning following the transportation by ambulance of a person under investigation (PUI) or a patient with confirmed COVID-19.

The Kansas Board of Emergency Medical Services encourages all ambulance services to utilize the Centers for Disease Control and Prevention (CDC) guidance as it relates to COVID-19. This guidance is continually being updated and the most current version may be found at the following website:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

The CDC does offer guidance specific to “Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19”. Specifically in the following two sections,

- “Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.”; and
- “Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.”

The United States Environmental Protection Agency (EPA) has List N which includes products that meet EPA’s registration criteria for use against SARS-CoV-2. That list can be found at the following website:

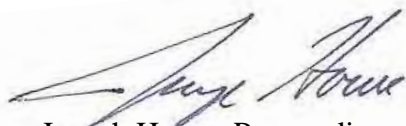
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

All cleaning should be done at the receiving facility where the patient is removed from the ambulance.

DO NOT WAIT UNTIL RETURNING TO THE STATION TO CLEAN/DISINFECT THE UNIT.

Currently, there is no indication that an ambulance would need to be quarantined due to transporting a suspected patient, PUI, or patient with confirmed COVID-19. Most ambulances should be able to be cleaned and back into service within 30-45 minutes.

As always, if you have any questions, please let us know.



Joseph House, Paramedic
Executive Director
Email: joseph.house@ks.gov

MEMORANDUM

DATE: March 19, 2020
TO: EMS Service Directors
RE: KBEMS Guidance - 2019 Novel Coronavirus (COVID-19) – Service Personnel

The following is designed to express the current best practice as it relates to protecting personnel treating patients during this COVID-19 pandemic. Taking some very simple steps will assist in keeping your most valuable assets, your staff, available to respond when needed.

In conjunction with the Kansas Department of Health and Environment (KDHE) and the Centers for Disease Control and Prevention (CDC), KBEMS highly recommends the **minimum PPE** for all staff that will be in close contact with potentially infectious patients (COVID-19 or other respiratory illness) as gloves, a facemask, and eye protection. Please note that surgical masks can be utilized effectively when N-95 masks or respirators are not available.

KBEMS further recommends that a facemask be placed on the patient during EMS care, if the patient and their condition allows. The attached graphics indicate all asymptomatic health care workers will remain at a low risk without further restrictions if this minimum level of PPE is achieved on each response.

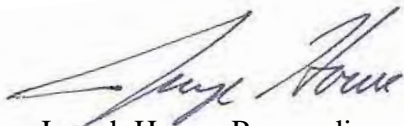
Following the CDC guidance as it relates to COVID-19 for scene operations, KBEMS encourages agencies to have one responder, with at least this minimum PPE, enter the scene to initially assess the patient from at least six feet away prior to other responders entering the scene. This initial assessment should determine whether the patient has, or had within the past 15 days, a cough, a fever, or respiratory distress/shortness of breath. If the patient has within the past 15 days, or is currently experiencing any of these symptoms, all responders coming into close contact with the patient and/or their surroundings should adhere to the minimum PPE referenced above.

KBEMS would also encourage limiting the number of responders allowed into a scene to only the number necessary to effectively treat, care for, and move the patient and to limit your scene times to less than 10 minutes when possible. All of these steps will help minimize the risk to the entire response team, EMS staff and first responders.

The CDC's guidance is continually updated and the most current version may be found at the following website:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

As always, if you have any questions, please let us know.

A handwritten signature in black ink, appearing to read "Joseph House".
Joseph House, Paramedic
Executive Director
Email: joseph.house@ks.gov



ASYMPTOMATIC HEALTHCARE WORKERS WITH EXPOSURE TO COVID-19

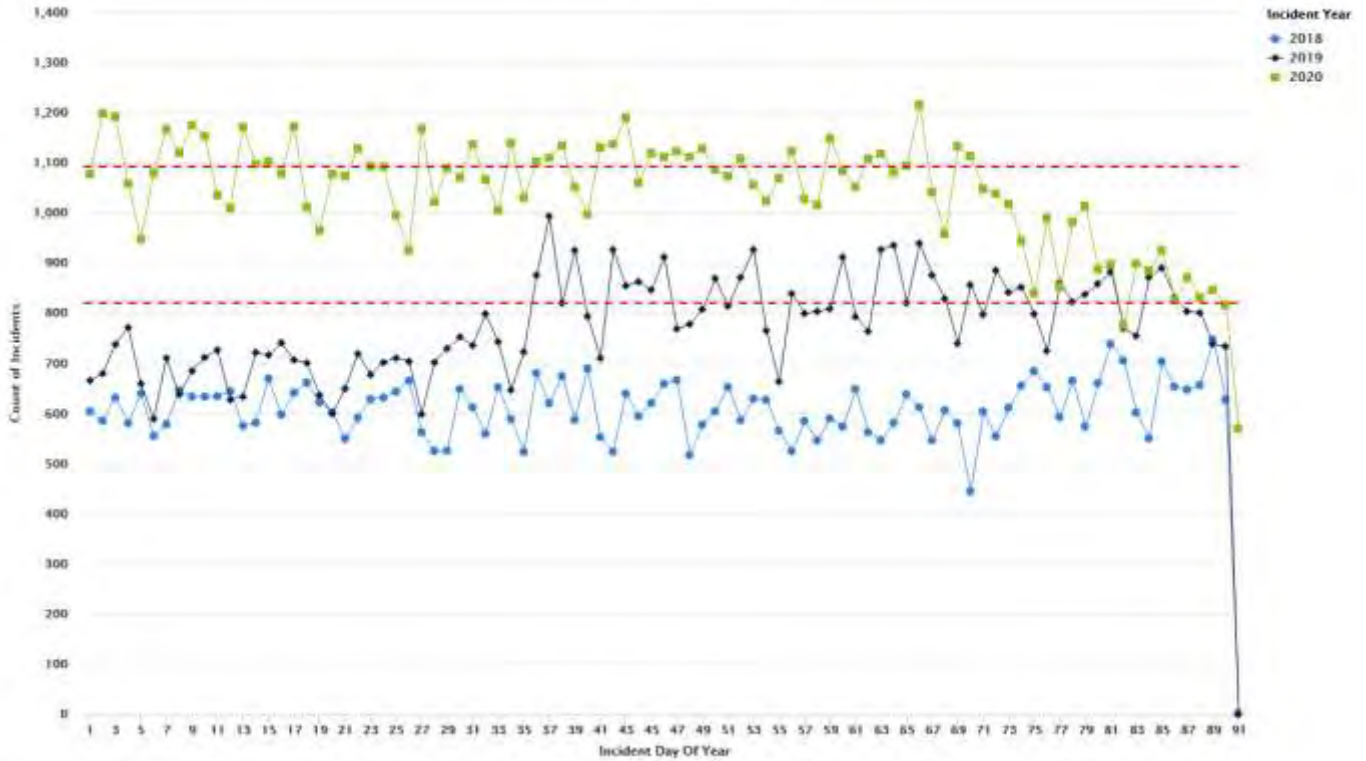
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Statewide Response Trend

State Trendline



Top Red Dashed Line – Where volume should be for 400,000 annual
Bottom Red Dashed Line – Where volume should be for 300,000 annual

Statewide Transport Trend

State Trendline

