

COVID-19 EMS Operations Update

Personal Protective Equipment Use

What is the optimal PPE for COVID-19? Guidance on PPE use during the COVID-19 pandemic has varied as we gain more information about the virus. Please refer to our current guidance in the latest **COVID-19 EMS Personnel Update**.

What if N95 masks are not available? The use of a surgical face mask on both patient and provider is enough for treating and transporting patients requiring minimal interventions. This is based on research of similar flu viruses that showed no difference in viral infections when healthcare providers used surgical masks versus N95 masks.

What if there is a limited supply of N95 masks? It is appropriate to reserve N95 use for cases where close contact is anticipated or where aerosolizing procedures are expected (e.g. CPAP, nebs, or intubation).

Are there guidelines on facial hair and N95 use? EMS personnel should ensure facial hair does not obstruct appropriate use of an N95 mask. Refer to CDC guidance: <https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf>.

What is the best procedure for donning and doffing PPE? Please refer to the **UPMC Guidance on Donning and Doffing PPE** at www.emswest-covid.org. CDC guidance is available here: <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>.

Should we use encapsulating suits or gowns? Encapsulating suits may be used for personnel if available but an impervious gown that provides contact protection is enough to maintain appropriate precautions.

What eye protection is appropriate? Goggles or disposable face shields may be used for eye protection. Benefits of goggles are the ability to disinfect and reuse compared to disposable face shields. In either case, EMS personnel should be instructed in proper donning and doffing to avoid self-contamination. Regular eyeglasses are not considered adequate protection.

Can PPE be reused? While single use of PPE with suspected or confirmed COVID-19 patients is preferred, PPE shortage (especially masks) has led to guidance on PPE reuse. Refer to: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>. In summary, when treating patients with suspected or confirmed COVID-19 or other infectious illness (where the PPE would have been exposed/contaminated), PPE (including N95 masks) should not be reused. However, if a mask is used while evaluating or treating a patient at low risk of contamination, the mask may be used by that individual in screening or treating another patient.

Should we fit-test personnel who have not been fit-tested in the past year? OSHA guidelines have required annual fit testing of workers who must use these devices. However, a recent variance has put a hold on this requirement. Managers should ensure their personnel have been previously fit tested for an N95 mask and that fit testing re-occurs if there is a significant change in an individual's face shape (e.g. related to a 20-pound weight gain or loss) or a new model of N95 mask is being used. If fit testing is performed, the professional should keep that N95 mask for their next patient use to avoid wasting this supply.

What if an individual cannot be fitted properly for an N95 mask? In this case, a powered, air-purifying respirator (PAPR) or other approved device should be used and will need to be disinfected after the response. Refer to https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource1quest1.html.

I am having issues obtaining PPE from suppliers, what are others' experience? Several EMS agencies have reported suppliers have cancelled or identified delays in orders of PPE supplies even after an order was completed and reported as "guaranteed". Managers should perform continuous checks on expected shipments to determine when alternate orders or suppliers may be needed. County and state emergency agencies may have some supplies.

Are hospitals restocking PPE? At this time, hospitals are not routinely restocking PPE supplies and agencies should aim to have enough supplies to maintain their operations. There are ongoing regional and national efforts to access existing stockpiles of PPE that may be of benefit locally. Unfortunately, some components of these stockpiles have been identified as being expired and availability or distribution locally may vary.

How should I decontaminate my ambulance and equipment? Refer to the following resources:

- Cleaning EMS Vehicles (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>
- Disinfectants List (EPA): <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Personnel Exposures

Are there recommended best practices for force protection during periods of sustained community transmission? The following are recommended best practices:

- Ask HCP to report recognized exposures to the occupational health program, including travel or community-associated exposure;
- EMS agencies should enact a plan of self-report and pre-shift assessments for fever and symptoms of respiratory infection and DO NOT report to work when ill. Refer to our **COVID-19 EMS Fitness for Duty Assessment** guideline.

When can healthcare personnel return to work after a possible COVID-19 exposure or after confirmed or suspected COVID-19? Refer to our **COVID-19 Guidance on Return to Work for EMS Personnel**.

What guidance do you recommend for first responders and police? We recommend that engagement of first responders and police with patients be limited to essential actions during the COVID-19 pandemic. This will reduce the need for PPE for these personnel and decrease the likelihood of additional individuals being exposed. If no life-threats are identified on 911 call for a potential COVID-19 patient, first responders should await EMS personnel arrival prior to engaging the patient. First responders and police should not engage patients who are at risk of an infectious or respiratory illness unless a law enforcement duty is needed, or they are performing life-saving interventions with appropriate PPE available. Systems should consider having FRs only respond to life-threatening calls (E0).

What should we do about students and observers? EMS agencies are encouraged to prohibit observers from responding to calls. Observers should not be exposed to or be transported with patients under suspicion or with a positive screen for COVID-19. EMS agencies should discuss with their educational partners regarding the participation of EMS students in the field and their role during the assessment, treatment, and transport of patients under suspicion of COVID-19.

Should family members be transported with patients? Family members or friends should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.

If you have any questions about the information provided, please email EMS_COVID_Support@upmc.edu.