The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Office of Emergency Medical Services

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**MEMORANDUM**

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Lieutenant Governor

**TO:** All MA Licensed Ambulance Services

**CC:** EMCAB Members

**FROM:** W. Scott Cluett III, Director, OEMS

**DATE:** March 20, 2020

**RE:** Emergency Measures Relating to EMS Due to COVID-19 Outbreak

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

DPH’s Office of Emergency Medical Services (OEMS) is releasing the following documents to assist and protect EMS personnel and first responders in response to the COVID-19 outbreak.

Emergency Statewide Treatment Protocol (Protocol) Updates: The Department’s EMS Medical Director is issuing emergency Statewide Treatment Protocol updates. The updates provide guidance to EMS personnel for management of a patient who may have COVID-19. Specifically, the emergency Statewide Treatment Protocol updates provide the following:

* When treating a patient who may be at risk for COVID-19, minimize the number of responders providing care unless life-threats need to be addressed.
* EMS personnel should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, EMS should use all personal protective equipment (PPE), as follows:
	+ Facemask,
		- N-95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure
	+ Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
	+ A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.,
		- If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS personnel (e.g., moving patient onto a stretcher).
	+ When the supply chain is restored, fit-tested EMS personnel should return to use of respirators for patients with known or suspected COVID-19.
* If a patient is stable, at risk of COVID-19 and ambulatory, it is acceptable to allow the patient to walk to the ambulance. Utilizing a stair chair or stretcher for a stable patient at risk of COVID-19 who is ambulatory places EMS personnel in a close proximity to the patient, which may not be necessary given their clinical condition.
* EMS may defer CPAP or other respiratory therapies (such as nebulizer or inhaler therapies) to the receiving hospital, to reduce aerosol-generation risk. Keep in mind that the Protocols permit MDI use in place of nebulizers anyway, even for patients not specifically noted to be at risk for COVID-19, and it is acceptable to do so for all patients during this period. Parenteral therapy (e.g. intramuscular epinephrine) may be necessary for the safer treatment of severe bronchospasm. When in doubt, please discuss individual cases with on-line medical control.
* When caring for a patient who may have been exposed to COVID-19, endotracheal intubation is a high-risk-exposure procedure. In patients at risk for COVID-19 who require intubation, it is acceptable to instead place a supra-glottic airway.
* All EMS providers, when trained by their ambulance service and approved by their AHMD, may obtain swab samples for COVID-19 testing, and deliver these samples to appropriate testing facilities.

Allowance of Ambulance Transport to Designated Alternate Sites on Hospital Grounds

* In accordance with Circular Letter DHCQ 20-03-701: Authorization and Guidelines for Use of Alternate Space for Treatment of Ambulatory Patients Presenting with Possible COVID-19, any tents or alternate spaces created by hospitals on their grounds for reception of suspected COVID-19 patients, are deemed to be extensions of the emergency department. Thus EMS personnel are authorized to bring patients by ambulance to such an alternate site designated by the hospital on its grounds, including but not limited to, tents.

Unprotected Exposure Protocol:

* The Department is issuing guidance that under the unprotected exposure reporting regulations, 105 CMR 172.000, the reference to “SARS” in the definition of infectious diseases dangerous to the public health, is interpreted to include COVID-19.
* The Department encourages hospitals to inform ambulance services’ designated infection control officer of positive COVID-19 test results as soon as possible for transported patients.
* If a presumed unprotected exposure occurs while on scene, personnel should bring in their exposure form to the hospital, and contact the receiving hospital’s infection control staff and/or local public health authorities as soon as practicable to determine their risk and next steps.

Additionally, OEMS is providing the following information to assist and protect EMS personnel and first responders in response to the COVID-19 outbreak.

PSAP/Dispatch/Response Updates:

* Public Safety Answering Points (PSAPs) should be utilizing modified caller queries for patients reported to be experiencing fever, flu-like symptoms, and/or have had contact with someone who has tested positive or for COVID-19. PSAPs and dispatch centers should coordinate with their emergency medical dispatch (EMD) software vendors and medical directors, to implement appropriate procedures for questioning and dispatching of resources.
* PSAP call takers who believe based on their query that the patient is at risk for having COVID-19 should inform all first responders and EMS that the patient is at potential for having the virus, and to take all appropriate precautions. Dispatchers should be vigilant to inform all responding agencies if different frequencies and channels are being utilized.

Ambulance Service Considerations:

* Services are to implement a screening procedure for employees coming on duty which should include queries about exposure risk to COVID-19 patients, presence of symptoms, and presence or absence of fever.
* Employees at low-risk per CDC guideline (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>) do not need to be excluded from a work shift.
* Ambulance crews should ensure during pre-shift checks that an adequate complement of personal protective equipment (PPE) is stocked for potential COVID-19 patients.

Scene Management/Initial Assessment/Transport/Treatment and PPE for Patients with Risk for COVID19

* When assessing, treating, and transporting patients, EMS personnel should practice social distancing from family members and bystanders, when possible.
* The patient should be given a facemask to wear at the outset of the interaction. Having the patient wear a surgical facemask will immediately reduce the risk of droplet transmission to first responders/bystanders.
* PPE should be donned by any first responders making patient contact, and ideally, this should be limited to EMS personnel who will be responsible for providing patient care. The Department follows the CDC’s recommendations regarding appropriate PPE, which can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>
* If it is determined after interviewing the patient that he/she is stable and ambulatory, then the patient should be walked to the ambulance by the EMT who has made contact and is donned in PPE. Advance notice should be given to any personnel outside, so that there is a clear path to the ambulance. If extrication is required, then the minimal number of personnel to safely extricate the patient should be utilized, and all involved should be donned in appropriate PPE.
* Notification to the receiving facility should be made through the applicable CMED. Many hospitals have setup temporary areas for the screening of potential COVID-19 patients, and ambulance may be directed to bring patients to those areas instead of the routine ambulance triage stations.
* Protocols: See above emergency protocols changes related to COVID-19 and withholding of respiratory treatments. Other than the areas delineated in the emergency protocol changes above, other aspects of the Protocols remain in effect. There is currently no specific therapy for patients with COVID-19.
* The environmental control systems in the ambulance should be specifically set up to maximize the airflow of fresh air. The heating/AC systems should be on a setting that does not recirculate air. In addition, the exhaust fans in the patient compartment should be activated. These changes should be setup at the beginning of the shift, and any EMTs with questions should consult a supervisor.
* Note that if personnel are wearing PPE and following infection control recommendations, and the vehicle is cleaned per CDC recommendations – then the crew and vehicle are fit to return to service following the call.

Post-Transport Cleaning: EMS personnel are to clean the ambulance in which any patient at risk of COVID-19 exposure was transported, in accordance with the CDC’s recommendations, as outlined in their *Interim Guidance for EMS Systems and 9-1-1 PSAPs*, and in conjunction with the Service’s routine cleaning practices. Specifically, the CDC recommends the following guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a patient under investigation for COVID-19:

* After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
* When cleaning the vehicle, EMS personnel should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
* Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
* 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.
	+ The EPA has [updated guidance](https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf) about recommended EPA-registered disinfectants that meet the criteria for use against SARS-CoV-2, which is posted online at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
* 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.
* Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.
* Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
* Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

If you have any questions with regard to these summaries, please contact Brendan Murphy, at Brendan.P.Murphy@state.ma.us.