**COVID-19 Response Summary**

**Call a line officer as needed for direction**

• **Please be sure to check IAMRESPONDING for additional information**

• **CTS- Corona Type Syndrome/Symptoms may be used by dispatch or placed in IAMRESPONDING. Check your rip and run prior to entering any residence or commercial establishment.**

• No family members can be transported unless the patient is a pediatric patient. The parent should be transported in the patient compartment.

**Providers should don all appropriate PPE as defined below prior to entering a suspected residence/commercial establishment or a patient exhibiting flu like symptoms. This is not for your everyday medical call.**

• EMS providers who will directly care for a patient with possible COVID-19 infection or who will be in the ambulance with the patient should follow standard precautions and use the PPE as described below. Recommended PPE includes:

• N-95 or higher-level respirator or facemask (if a respirator is not available),

• N95 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. Gloves must be changed if they become torn or heavily contaminated. Isolation gown. You should wash your gloves with sanitizer prior to taking them off. Once you remove the gloves re-sanitize or wash your hands. MAKE SURE TO REMOVE YOUR GLOVES PRIOR TO DRIVING.**

• Drivers who have contact with the patient should also wear all recommended PPE. After completing patient care and before getting behind the wheel of the ambulance, the driver should remove and dispose of PPE (with the exception of the N-95 mask, which should be preserved in accordance with the CDC guidance strategy for preservation of N95 masks:

• Close the door between the patient compartment and drivers’ compartment.

• All personnel should avoid touching their face while working.

• Upon arrival at the hospital, and after the patient has been turned over, EMS providers should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

• Make sure the EXHAUST VENT FAN in the rear of ambulance should be put on.

• **If the patient is ambulatory and NOT IN RESPIRATOY DISTRESS have the patient walk out to the rig to minimize any time spent in a residence.**

• **HAVE THE DRIVER CONTACT THE HOSPITAL. NUMBERS ARE LOCATED IN THE REAR OF THE AMBULANCE. Hospitals need to be notified prior to your arrival and they will make a determination as to how to enter the facility and what to do.**

**Cleaning EMS Transport Vehicles after Transporting a Patient with Suspected or Confirmed COVID-19**

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a patient with suspected or confirmed COVID-19:

• After transporting the patient, leave the windows and rear doors of the ambulance open to allow for sufficient air changes to remove potentially infectious particles.

• When cleaning the ambulance, EMS providers should wear a disposable gown, gloves, and a face shield or facemask and goggles to protect from any splashing during the cleaning process.

• 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.

• Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to: https://www.epa.gov/pesticide-registration/list-n-disinfectants- useagainst-sars-cov-2 for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for 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, driving compartment, keys, and all surfaces that are able to be cleaned) 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.

**Follow-up and/or Reporting Measures by EMS Providers after Caring for a Patient with Suspected or Confirmed COVID-19:**

• EMS providers should be aware of the follow-up and/or reporting measures they should take after caring for a patient with suspected or confirmed COVID-19:

• Local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.

• EMS agencies should assure existing policies include assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 in coordination with local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to SARS-CoV-2 should be made in consultation with state or local public health authorities.

• EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up. Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to a supervisor, or a designated infection control officer for evaluation.

• EMS providers should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify their public health authority to arrange for appropriate evaluation.

**Documentation of Patient Care:**

• Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.

• Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.

• EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care).

**Important Phone Numbers**

Monmouth County Health Department (732) 431-7456 Bayshore Community Medical Center ED (732) 739-5924 CentraState Medical Center ED (732) 294-2787 Jersey Shore University Medical Center ED (732) 776-4183 Monmouth Medical Center ED (732) 923-7250 Raritan Bay Medical Center – Perth Amboy ED (732) 324-5095 Raritan Bay Medical Center – Old Bridge ED (732) 360-4018 Robert Wood Johnson University Medical Center ED (732) 246-0505 Riverview Medical Center ED (732) 530-2204