



SPECIFIC EMS MANAGEMENT AND TRANSPORT CONSIDERATIONS

1. If the patient exhibits symptoms of an acute febrile** lower respiratory infection (fever, shortness of breath/difficulty breathing, cough):
 - a. Place a surgical mask on the patient AND
 - b. Obtain a detailed travel history to affected countries within the past 14 days** or close contact with someone under investigation for COVID-19
2. If there is a history consistent with concern for potential COVID-19, initiate standard contact and airborne precautions (gloves, gown, N95 respirator) and eye protection (goggles) for EMS clinicians.
3. Notify the receiving hospital (according to local protocols) of potential infection as soon as possible to allow for emergency department preparation.
4. Use caution with aerosol generating procedures.
5. Properly doff and dispose of PPE according to protocol.
6. Cleaning and disinfection using EPA registered disinfectants with known effectiveness against human coronaviruses.
7. Waste management per policy for medical waste (red bag).

*Close contact is defined as being within about 6 feet, or within the same room or care area, of a patient with confirmed COVID-19 without wearing PPE for a prolonged period of time OR having direct contact with COVID-19 patient secretions.

**Fever may not be present in all patients; those who are immunocompromised, very young, elderly or taking fever-lowering medications.

***The list of affected countries may change over time and can be confirmed at the [CDC website](#).

Continue to work with your agency infection control staff and local hospitals, emergency department and public health agencies to coordinate all response activities and notifications.

Source: NHTSA