

Michigan
***EMERGENCY* COVID-19 PANDEMIC**
INFECTION PREVENTION DURING THE
CORONAVIRUS DISEASE (COVID-19) PANDEMIC

Initial Date: 02/12/2020

Revised Date: 01/13/2022

Section 14-05

Infection Prevention During the Coronavirus Disease (COVID-19) Pandemic

Purpose: To outline infection prevention and personal protective actions when providing treatments during the COVID-19 pandemic. To outline the appropriate decontamination for people, equipment, and vehicles utilized in treatment and transport of patients.

- I. Applicable patients – Due to community spread and the significant increase in asymptomatic and pre-symptomatic patients, **all patients** and bystanders, should be considered to be positive for COVID-19.
- II. Personal Protection –
 - a. Close contact is considered being within six feet of patient and require standard, contact, and airborne precautions.
 - i. Standard precautions - The principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. (Gloves)
 - ii. Contact precautions - intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient’s environment. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient’s environment. Strict hand hygiene must be performed after each patient encounter and after doffing gloves. (Gloves, gown, eye protection/face shield)
 - iii. Airborne precautions – intended to prevent transmission of infectious agents that remain infectious over long distances when suspended in the air. (Gloves, gown, eye protection/face shield, respirator)
 1. Respirators are considered to be N95 rated or above. The order of protection from optimal to least is as follows: N95 >KN95>surgical face mask>sewn face mask. Supply chain issue/resource availability is the only reason to be non-compliant with N95 (or higher rated respirator) use and must be reported to medical control and documented in the EPCR. Protection choices should go in the order of optimal to least protection.
- III. Universal Source Control
 - a. Patients will have a surgical mask applied prior to being placed in an ambulance, unless they are receiving oxygen by mask.
 - b. Anyone accompanying the patient in any part of the ambulance regardless of COVID-19 symptoms will minimally have a surgical mask applied prior to entering the ambulance.
- IV. Personal Protective Equipment Use

MCA Name: DEMCA

MCA Board Approval Date: 1/13/2022

MCA Implementation Date:

Page 1 of 3

Protocol Source/References: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>,
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>,
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>



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- a. All patient contacts include:
 - i. Gloves
 - ii. Gown
 - iii. Eye protection/face shield
 - iv. Respiratory protection as outlined below
- V. Guidance for respiratory protection utilization based on situation

Situation	Appropriate Respiratory Protection
Greater than 6 feet from any patient (outside of ambulance)	Surgical Face Mask
Within 6 feet of any patient (outside of ambulance)	N 95
Patient compartment	N 95
Cab of ambulance	N95

- VI. During Treatment
 - a. The number of responders within six feet of the patient should be limited to the fewest number to provide essential patient care.
 - b. A (surgical type) facemask should be placed on the patient for source control. Do not place N-95 or similar masks on patients as these increase the work of breathing.
 - c. Any family or bystanders should not be within six feet of responders, and if they will wear at least a surgical face mask.
 - d. Aerosol Generating Procedures
 - i. Perform aerosol-generating procedures only when clinically indicated.
 - ii. Keep patient and aerosolization away from others without PPE (e.g., bystanders, EMS personnel not in PPE, etc.).
 - iii. Preferably, aerosolized procedures should be done OUTSIDE of the ambulance. When treating patient in the ambulance, activate patient compartment exhaust fan at maximum level.
 - iv. Use HEPA filtration for to expired air from the patient. (Ventilators, CPAP, biPAP, BVM)
- VII. Patient Compartment –
 - a. When practical, utilize a vehicle with an isolated driver and patient compartment.
 - b. Seal any openings between the driver and patient compartment.
 - c. Only necessary personnel should be in the patient compartment with the patient.
 - d. All compartments should have ventilation maintained, with outside air vents open and set to non-recirculated mode.
- VIII. Patient Transfer

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- a. Friends and family of the patient should not ride in the transport vehicle with the patient. If they must accompany the patient, they will minimally have a surgical mask applied.
 - b. Personnel driving the transport vehicle should doff PPE (with the exception of respirator) and perform hand hygiene before entering the driver's compartment. Respirator (N95) should be maintained throughout.
 - c. Ventilation in the driver's compartment should be set to bring in outside air and on maximum speed.
 - d. Notification of infectious risk (if known) should be made to receiving facility as soon as feasible.
 - e. Upon arrival at receiving facility, open patient compartment doors BEFORE opening driver's compartment doors.
 - f. Maintain mask on patient and filtered exhaust while transporting patient to room.
 - g. Patients should never be transported into a hospital with a nebulizer treatment in progress, regardless of COVID-19 patient status.
 - h. If patient care requires CPAP, contact receiving hospital to coordinate hand-off in a manner that minimizes hospital environmental risk.
 - i. Avoid transporting the patient within 6 feet of others (e.g., unprotected hospital staff, patients, bystanders, etc.)
 - j. Minimize delays in moving symptomatic (or confirmed/suspected or patients with respiratory symptoms) directly to a room to limit exposure to others (e.g., hallway passerby).
 - k. Doff PPE after leaving patient room and perform hand hygiene before touching documentation tools.
- IX. Cleaning of Transport Vehicle and Equipment
- a. Personnel should wear disposable gown and gloves for decontamination of the vehicle. A face shield or facemask and goggles should be worn if there is a potential for splashing or sprays.
 - b. Maintain doors open during cleaning.
 - c. Disinfect after cleaning using EPA-registered, hospital-grade disinfectant to all surfaces that were touched, or all surfaces if aerosol-generating procedures were performed. Products with statements for emerging viral pathogens should be used. The use of an electrostatic sprayer using appropriate disinfecting solution is an acceptable way to perform this.
 - d. All equipment that was involved in patient care and equipment that was inside of patient compartment of ambulance should be cleaned, regardless of COVID-19 patient status.
 - e. Ambulances should be thoroughly cleaned (including door/compartment handles and ambulance cab) at the beginning and end of each shift in which patient transport occurred, regardless of COVID-19 patient status.
 - f. Vehicle disinfection should include door handles, steering wheel, and other surfaces contacted by personnel.
 - g. Perform hand hygiene after cleaning is complete and PPE doffed and disposed of.

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Page 3 of 3

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