
Conventional Response to Potential COVID-19 Outbreak

Purpose: To reduce risk of exposure of EMS personnel during the conventional response phase of a COVID-19 outbreak.

- I. Requests for EMS should be screened for risks for COVID-19:
 - a. Respiratory distress and/or cough AND
 - b. Fever
 - c. Those calls who screen positive for both of the above will be treated as a possible COVID-19 patient and responding EMS should be advised.
- II. Priority one and two responses* who screen for potential COVID-19:
 - a. Normal agency response
 - b. First unit on scene:
 - i. Initial responder(s) enter at minimum level of personnel (if non-transporting and transporting units arrive at the same time, transporting personnel enter scene wearing appropriate PPE, while non-transporting personnel provide support as needed).
 - ii. After initial assessment, personnel who have made patient contact request additional (specific) resources, as indicated.
- III. Priority three** patients who screen for possible COVID-19:
 - a. Initial response by transporting agency ONLY, unless transporting agency delayed by more than 30 minutes.
 - b. Transporting personnel make contact wearing appropriate PPE.
 - c. After initial assessment, if more resources are needed, personnel request specific necessary resources (e.g., lift assist).
- IV. Responses to health facilities (those with licensed health care staff present) with a patient who screens positive for possible COVID-19:
 - a. Initial response by transporting agency only.
 - b. Minimal personnel enter the scene and assess the patient.
 - c. After initial assessment, if more resources are needed, personnel request specific necessary resources.

*Priority one includes patients with potential life-threatening emergencies including, but not limited to, shortness of breath, chest pain, and/or altered mental status.

**Priority three includes patients with fever and cough but without other Priority one symptoms.