



Joint Guidance for the Florida Fire Service

Response to Persons under Investigation for COVID-19

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. To the extent possible, EMS providers should limit the number of responders in direct contact with the patient.
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians 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, all PPE as described below should be used.
 - If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control.
 - If a nasal cannula is in place, a facemask should be worn over the nasal cannula.
 - Alternatively, an oxygen mask can be used if clinically indicated.
- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment 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, safety glasses, 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 and isolation gown. Change gloves if they become torn or heavily contaminated.
 - 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 clinicians (e.g., moving patient onto a stretcher).
- When possible, use vehicles that have isolated driver and patient compartments. If possible, isolate the driver from the patient compartment and keep pass-through doors and windows tightly shut, if there is not a barrier consider installing a temporary, airtight barrier using plastic, “plexiglass”, etc.
- After completing patient care and before entering an isolated driver’s compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment. If the transport vehicle does not have an isolated driver’s compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19, using terminology approved and agreed upon by the local authorities, so that appropriate infection control precautions may be taken prior to patient arrival.
- Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
- 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).