The Novel Coronavirus (COVID-19) situation is rapidly evolving, therefore EMS providers are encouraged to check the DPH COVID-19 provider webpage and the CDC website for current information.

1. **What are the typical symptoms of COVID-19?**
   Fever and mild to severe lower respiratory illness (e.g., cough, shortness of breath, chest pain). Disease onset is currently believed to be between 2 to 14 days after exposure.

2. **How is the virus transmitted?**
   Transmission can occur through inhalation of droplets produced when an infected person coughs or sneezes and through droplet contact with the mucous membranes of the mouth, nose, and eye.

3. **What should I do if I see a patient with respiratory symptoms?**
   If the patient has a fever, shortness of breath/difficulty breathing, or cough or if the 911 call center indicates that the patient is suspected of having COVID-19:
   - Place a surgical mask on the patient and ask about close contact with someone under investigation for COVID-19.
   - If the patient’s history shows risk of COVID-19, take the precautions described below.
     - Notify the receiving hospital as soon as possible.
     - 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.
     - A facemask should be worn by the patient. 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.

4. **How do I protect myself?**
   - 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, Contact, and Airborne Precautions, including the use of:
     - A single pair of disposable patient examination gloves,
     - Disposable isolation gown,
     - Respiratory protection (i.e., N-95 or higher-level respirator),
     - Eye protection

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**Key Points**
- Adhere to Standard, Contact, and Airborne Precautions, including the use Eye Protection (e.g., goggles or a face shield).
- If the patient shows symptoms of fever, shortness of breath/difficulty breathing, cough place a surgical mask on the patient, and ask about travel.
- Use EPA-registered disinfectants and pay attention to wet contact time required per manufacturer guidelines.

**For more information:**
- Los Angeles County Department of Public Health
  publichealth.lacounty.gov/acd/nCorona2019.htm
- California Department of Public Health
  www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx
- Centers for Disease Control and Prevention (CDC)
- The Los Angeles Health Alert Network (LAHAN) informs clinicians of local outbreaks and emerging health risks, including 2019-nCoV. To sign up, visit: www.publichealth.lacounty.gov/la han or text LAHAN to 66866
• When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
  o If using a vehicle without an isolated driver compartment and ventilation, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting in order to create a negative pressure gradient in the patient area.
  o If drivers, will be involved in patient contact (e.g., moving patients onto stretchers), they should wear all recommended PPE.
• 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, a respirator should continue to be used during transport.
• Perform hand hygiene before and after all patient contact, contact with all potentially infectious materials, and before putting on and removing PPE, including gloves. Wash with soap and water for a minimum of 20 seconds, or if no hand wash station is available, use alcohol-based hand sanitizer.

5. **What Personal Protective Equipment should EMS providers use if intubating patients with possible COVID-19?**

• In addition to wearing an N-95 respirator, gloves, gowns and eye protection, EMS clinicians should ensure bag-mask devices and other ventilatory equipment, are equipped with HEPA filtration to filter expired air.
• If possible, the rear doors of the transport vehicle should be open and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

6. **What are the environmental cleaning recommendations?**

• After transporting a patient with suspected COVID-9, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.

Coronaviruses are inactivated by EPA-registered disinfectants if used correctly.

• Clean and disinfect using EPA-registered hospital disinfectants as recommended by their Instructions For Use (IFUs), paying attention to the wet contact time required.
• Wear PPE required for COVID-19 when disinfecting the vehicles or surfaces.
• Properly dispose of PPE according to protocol.
• Follow waste management policy per protocol.

Refer to CDC’s [Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-guidance/ems.html) for additional information