

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

Initial Date: 02/12/2020

Revised Date: 05/19/2022

Section 14-05

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

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

**Objective:** To protect vulnerable patients being cared for by EMS and to protect the EMS workforce by reducing the transmission rate of COVID-19.

- I. Each life support agency shall continuously monitor [CDC Community Transmission Rates](#) for each county they serve. Respiratory Protection should be based on CDC Community Transmission Rates for the county in which the EMS incident occurs as outlined below.
  - a. EMS crews must be aware of [CDC Community Transmission Rates](#) at the start of every shift.
    - i. If [CDC Community Transmission Rates](#) are not accessible, community transmission rate level is to be treated as high.
  - b. [CDC COVID-19 Community Levels](#) are different than [CDC Community Transmission Rates](#). CDC Community Levels are NOT to be utilized for this protocol.
- II. All patients should be evaluated for higher risk during the initial assessment. When in doubt, or if dispatch information matches higher risk patient criteria, treat patient as a higher risk patient.
  - a. Higher Risk Patient
    - i. Patient with known COVID-19 or close contact within ten days to a patient with known COVID-19
    - ii. Patient is a resident or employee of a residential facility with a known current outbreak of COVID-19
    - iii. Patient with any of the following signs or symptoms
      1. Dyspnea/shortness of breath (including asthma, COPD, CHF)
      2. Cough, sore throat, rhinorrhea (runny nose), fever/chills
      3. Myalgias (muscle aches)
      4. Patient in cardiac or respiratory arrest
      5. Any other circumstance in which EMS personnel believe patient may be at higher risk
  - b. Lower Risk Patients are all other patients who do not meet higher risk criteria.
- 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.

MCA Name: Genesee County

MCA Board Approval Date: May 27, 2022 (Dr. Burgess, emergency)

MCA Implementation Date: May 27, 2022

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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- 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. All patient contacts include:
- a. Protective equipment according to bodily fluid exposure, per [MIOSHA](#) standards.
  - b. Respiratory protection as outlined below.
- V. Guidance for respiratory protection utilization based on situation

Community Transmission Level	Lower-Risk Patient Not Inside Ambulance <sup>1</sup> /Not Close <sup>2</sup>	Lower-Risk Patient Inside Ambulance <sup>1</sup> /Close <sup>2</sup>	Higher-Risk Patient Not Inside Ambulance <sup>1</sup> /Not Close <sup>2</sup>	Higher-Risk Patient Inside of Ambulance <sup>1</sup> /Close <sup>2</sup>
<b>Low</b>	≥Surgical Mask	≥Surgical Mask	≥Surgical Mask	≥N95
<b>Moderate</b>	≥Surgical Mask	≥Surgical Mask	≥N95	≥N95
<b>Substantial</b>	≥Surgical Mask	≥N95	≥N95	≥N95
<b>High</b>	≥Surgical Mask	≥N95	≥N95	≥N95

<sup>1</sup>Refers to patient care compartment of ambulance.  
<sup>2</sup>Close refers to within 3 feet of patient or in any area with decreased air flow

- 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 are, they need to wear at least a surgical face mask.
  - d. Aerosol Generating Procedures
    - i. Perform aerosol-generating procedures using PPE in accordance with [MIOSHA requirements for healthcare providers](#).
    - ii. Perform aerosol-generating procedures only when clinically indicated.
    - iii. Keep patient and aerosolization away from others without PPE (e.g., bystanders, EMS personnel not in PPE, etc.).
    - iv. Preferably, aerosolized procedures should NOT be done within the ambulance. When treating patient in the ambulance, activate patient compartment exhaust fan at maximum level.
    - v. Use HEPA filtration for 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.

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- b. Only necessary personnel should be in the patient compartment with the patient.
  - c. All compartments should have ventilation maintained, with outside air vents open and set to non-recirculated mode.
- VIII. Patient Transfer of Higher Risk Patient
- a. Friends and family of the patient should avoid riding 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 (except for respiratory protection) and perform hand hygiene before entering the driver's compartment. Respiratory protection 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. Higher risk patients should not be taken to the waiting room/triage area.
  - l. Doff PPE after leaving patient room and perform hand hygiene before touching documentation tools.
- IX. Cleaning of Transport Vehicle and Equipment After Each Transfer
- a. 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.
  - b. 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.
  - c. Vehicle disinfection should include door handles, steering wheel, and other surfaces contacted by personnel. Electrostatic disinfecting systems (or comparable disinfecting system) should be used when available.
  - d. Perform hand hygiene after cleaning is complete and PPE doffed and disposed of.