

MEMORANDUM

DATE: March 19, 2020
TO: EMS Service Directors
RE: KBEMS Guidance - 2019 Novel Coronavirus (COVID-19) – Service Personnel

The following is designed to express the current best practice as it relates to protecting personnel treating patients during this COVID-19 pandemic. Taking some very simple steps will assist in keeping your most valuable assets, your staff, available to respond when needed.

In conjunction with the Kansas Department of Health and Environment (KDHE) and the Centers for Disease Control and Prevention (CDC), KBEMS highly recommends the **minimum PPE** for all staff that will be in close contact with potentially infectious patients (COVID-19 or other respiratory illness) as gloves, a facemask, and eye protection. Please note that surgical masks can be utilized effectively when N-95 masks or respirators are not available.

KBEMS further recommends that a facemask be placed on the patient during EMS care, if the patient and their condition allows. The attached graphics indicate all asymptomatic health care workers will remain at a low risk without further restrictions if this minimum level of PPE is achieved on each response.

Following the CDC guidance as it relates to COVID-19 for scene operations, KBEMS encourages agencies to have one responder, with at least this minimum PPE, enter the scene to initially assess the patient from at least six feet away prior to other responders entering the scene. This initial assessment should determine whether the patient has, or had within the past 15 days, a cough, a fever, or respiratory distress/shortness of breath. If the patient has within the past 15 days, or is currently experiencing any of these symptoms, all responders coming into close contact with the patient and/or their surroundings should adhere to the minimum PPE referenced above.

KBEMS would also encourage limiting the number of responders allowed into a scene to only the number necessary to effectively treat, care for, and move the patient and to limit your scene times to less than 10 minutes when possible. All of these steps will help minimize the risk to the entire response team, EMS staff and first responders.

The CDC's guidance is continually updated and the most current version may be found at the following website:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

As always, if you have any questions, please let us know.


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ASYMPTOMATIC HEALTHCARE WORKERS WITH EXPOSURE TO COVID-19

Risk Category	Definition	Movement Restrictions	Public Health Monitoring
High Risk	<ul style="list-style-type: none"> HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was not wearing any recommended PPE. HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was wearing some PPE, but was not wearing a facemask or respirator. 	<ul style="list-style-type: none"> Quarantine in a location determined appropriate by Public Health for 14 days since last exposure. Air travel only allowed via medical transport. Local travel only allowed by medical transport or private vehicle. Patient should wear face mask. 	Daily Active Monitoring: <ul style="list-style-type: none"> Public Health will establish regular communication to assess for presence of fever or lower respiratory symptoms. Contact will be made at least once daily for 14 days since last exposure. Public Health should make initial contact immediately upon notification.
Medium Risk	<ul style="list-style-type: none"> HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was wearing some PPE, but was not wearing eye protection. HCP had close contact with a COVID-19 patient that was wearing a facemask AND the HCP was not wearing any PPE. HCP had close contact with a COVID-19 patient that was wearing a facemask AND the HCP was wearing some PPE, but was not wearing a facemask or respirator. 	<ul style="list-style-type: none"> Remain at home or in a comparable setting for 14 days since last exposure. Avoid congregate settings, limit public activities, and practice social distancing (e.g., shopping centers, movie theaters, stadiums), workplaces (unless the person works in an office space that allows distancing from others), schools and other classroom settings, and local public conveyances (e.g., bus, subway, taxi, ride share). Postpone additional long-distance travel. 	Daily Active Monitoring: <ul style="list-style-type: none"> Public Health will establish regular communication to assess for presence of fever or lower respiratory symptoms. Contact will be made at least once daily for 14 days since last exposure. Public Health should make initial contact the same day, or the next morning in case of an evening notification.
Low Risk	<ul style="list-style-type: none"> HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was wearing some PPE, but was not wearing a gown or gloves. HCP had close contact with a COVID-19 patient that was not wearing a facemask AND the HCP was wearing all recommended PPE, but was wearing a facemask instead of a respirator. HCP had close contact with a COVID-19 patient that was wearing a facemask AND the HCP was wearing some PPE, but was not eye protection or was not wearing gown or gloves HCP had close contact with a COVID-19 patient that was wearing a facemask AND the HCP was wearing all recommended PPE, but was wearing a facemask instead of a respirator. HCP had proper adherence to all recommended infection control practices including wearing all recommended PPE. 	<ul style="list-style-type: none"> No restrictions as long as they remain asymptomatic 	Self-Monitoring with Delegated Supervision: <ul style="list-style-type: none"> Persons should remain alert for fever and lower respiratory symptoms within 14 days since last exposure. Public Health will make initial contact and provide information on self-monitoring for fever, cough, or difficulty breathing. The facility's occupational health or infection control program will coordinate monitoring with public health.

HCP=healthcare personnel; PPE=personal protective equipment

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).