



UTSW/Parkland BioTel EMS ALERT

March 26, 2020

EMS ALERT 20-007 Update #6 on COVID-19

Purpose: To provide **important, EMS-relevant, updated** guidance on: recognition; infection prevention and control measures; and patient management for COVID-19 illness, which is now present in our community.

Background: Refer to EMS Alerts ([20-001](#), [20-002](#), [20-003](#), [20-004](#), [20-005](#) and [20-006](#)) for information.

Community spread (unknown source of infection) is occurring in Dallas and nearby counties, and throughout Texas. Some patients infected with the virus that causes COVID-19 have minimal or no respiratory symptoms.

EMS Professionals should therefore consider any patient, regardless of Chief Complaint, to be a potential COVID-19 patient. The updated BioTel EMS System guidance below adheres to the current, expert recommendations from the US CDC, TX DSHS, and DCHHS. **New content is in blue font.**

UPDATED Action Items for EMS Professionals, **EFFECTIVE IMMEDIATELY:**

1. **Refer frequently to official information sources on the next page[†] for specific guidance.**
2. **Use PPE:** With wide community spread in DFW, the **minimum** standard of PPE for **all** patient encounters, regardless of Chief Complaint should be **“Standard Precautions”**, with at least a surgical mask, gloves AND eye protection (goggles or face shield) for all patient-care team members (additional minimal PPE guidance per agency-specific policies):
 - a. For any patient with fever, cough or shortness of breath: use a surgical mask (or N95*), gloves, gown & eye protection for ALL team members AND a surgical mask (not N95) for the patient;
 - b. ***ALL team members MUST use FULL PPE with an N95 for aerosol-generating procedures (AGPs)** (e.g. CPR, NRBM, suctioning, BVM ventilation, nebulized medications, CPAP/BiPAP, and advanced airway placement (SGA or ET Tube)):
 - i. ***Refer to the new EMS Alert 20-006** for specific guidance on AGPs.
 - c. **Use extreme care when removing (doffing) PPE**, in order to avoid inadvertently touching your mucous membranes (eyes, nose, mouth) with contaminated gloves or unwashed hands.
 - d. **Use meticulous hand hygiene** (soap & water preferred), especially after any patient contact.
3. **Obtain a detailed travel history from all persons (regardless of ethnicity):**
 - a. Absence of travel does not exclude the possibility of COVID-19; however, travel to areas with widespread community transmission should raise clinical suspicion for COVID-19.
4. **Notify BioTel if your patient meets criteria for exposure or high-risk AND for signs/symptoms:**

In the past 14 days since first onset of symptoms, your patient (including a healthcare worker²) has a history of EITHER:			
Travel to high-risk countries ¹ (see HERE) OR to US regions with high disease activity (see HERE)	← OR →	Close contact ³ with a suspected or laboratory-confirmed ⁴ case of COVID-19	← OR → Age 60 years or older; or chronic medical conditions and/or an immunocompromised state (e.g. heart, lung or kidney disease, diabetes, cancer or immunosuppressive medications¹)
<u>AND</u> your patient has:			
Fever⁵ <u>OR</u> signs/symptoms of a lower respiratory illness (e.g. cough or shortness of breath), chest pain, cyanosis, sore throat, headache, body aches, other flu-like symptoms, or loss of smell or taste			

5. **Disinfect and decontaminate equipment and apparatus surfaces according to standard, agency-specific procedures** after every patient encounter and as needed, using an EPA-registered disinfectant labeled for effectiveness against “Human Coronavirus”. (See [HERE](#) and [HERE](#).)

¹Affected countries & regions: China, Iran, Japan, South Korea, Thailand, most of Europe, UK, Ireland, Brazil, Chile, Israel, Pakistan, Turkey, Australia & many others; & U.S. regions [CDC, [03/26/2020](#)]

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. [CDC, [03/23/2020](#)]

³Close contact is defined as being within ~6 feet, or within the same room or care area, of a patient with COVID-19 for a prolonged period of time while not wearing recommended personal protective equipment, e.g. living with, visiting, or sharing a healthcare waiting area, OR having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on) while not wearing recommended personal protective equipment. For more information, refer to CDC resources below. [CDC, [03/23/2020](#)]

⁴Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries. [CDC, [03/23/2020](#)]

⁵Fever may be either subjective or confirmed. NOTE: Fever may not be present in some patients, such as those who are very young or elderly, immunosuppressed, or taking certain fever-lowering medications. Good clinical judgment should be used to guide testing of these patients. [CDC, [03/23/2020](#)]

Check back frequently at these sources for the latest, updated guidance

[†]Links & QR Codes to Interim Guidance (links accessed 03/23/2020)

[EMS Interim Guidance \(CDC\)](#)



[Personal Protective Equipment \(PPE\) Guidance \(CDC\)](#)



[N95 Respirator Information \(CDC\)](#)



[N95 Seal Check \(NIOSH\)](#)



[COVID-19 PPE Instructional Video \(NETEC\)](#)

UPDATED 02/19/2020



[Infection Control Interim Guidance \(CDC\)](#)



NEW! [PPE Optimization Guidance \(CDC\)](#)



NEW! [Healthcare Hand Hygiene FAQ \(CDC\)](#)



UTSW/Parkland BioTel EMS Professionals may contact BioTel or the EMS Medical Direction Team at any time with questions or concerns about this EMS Alert