



March 25, 2020

Oregon EMS Directors, and Medical Directors

[Interim Guidance for Emergency Medical Services \(EMS\)](#) during the (COVID-19) outbreak. EMS should implement the following screening for all callers with any of the following symptoms: fever, cough, difficulty breathing.

1. Does the person have fever or symptoms of lower respiratory infection, such as fever, cough or shortness of breath? OR
2. The call location is a long-term care facility known to have COVID-19 cases.

If the patient meets the above criteria, then:

1. Involve the fewest EMS personnel required to minimize possible exposures.
2. Ensure that the patient is masked.
3. Provide medical care per protocol.
4. Ensure that healthcare personnel use contact, droplet AND airborne precautions, as follows:
 - a. A single pair of disposable patient examination gloves.
 - b. Disposable isolation gown. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, and care activities where splashes and sprays are anticipated.
 - c. Respiratory protection (i.e., N-95 or higher-level respirator). If running low on respirators, facemasks are an acceptable alternative. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols.*
 - d. Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)
5. Use caution with aerosol generating procedures and ventilate ambulance if possible.
6. Notify the receiving hospital (according to local protocols) of potential infection as soon as possible.
7. Disinfect using EPA registered [Disinfectants for Use Against SARS-CoV-2](#).
8. Follow [local public health authority](#) policies for reporting and follow up of health care workers with contact to suspected cases.

Please contact us with any questions or visit healthoregon.org/coronavirus.

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*When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.