



April 20, 2020

**To:** OHA enrolled Non-Emergent Medical Transportation (NEMT) Providers, Fee-for-Service Brokerages, and Coordinated Care Organizations

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**Subject:** COVID-19 Guidance for NEMT

This Guidance replaces guidance issued on March 19, 2020, "[COVID-19 Guidance for NEMT](#)" and April 7, 2020, "[COVID-19 Guidance for NEMT – Brokerage Responsibility for Authorizing Non-Emergency Ambulance transports.](#)"

## **COVID-19 Guidance: non-emergent medical transportation (NEMT)**

Non-emergent medical transportation (NEMT) providers play a vital role in transporting vulnerable populations to medical treatment. COVID-19 creates new risks for NEMT providers and the Oregon Health Plan (OHP) members they serve. To ensure members of the Oregon Health Plan have continued access to appropriate services during the COVID-19 pandemic, the Oregon Health Authority (OHA) is clarifying coverage of NEMT.

To reduce risk and maximize safety, NEMT brokerages and providers (subcontractors) providing rides for OHP members should follow the guidance in this document. Coordinated Care Organizations (CCOs) should ensure their NEMT contractors follow this guidance and ensure their OHP members receive access to NEMT services as outlined in this document.

### **Why is this happening?**

OHA has adopted a temporary Oregon Administrative Rule (OAR) [410-120-0011](#), to ensure medical assistance programs operate and deliver services following new federal and state waivers, emergency orders and declarations regarding COVID-19 (referred to as "COVID-19 emergency authorities"). The new temporary rule suspends all rules in OAR Chapter 410 that are inconsistent with COVID-19 Emergency Authorities. Through this document, OHA is providing guidance to providers regarding which existing OARs are suspended during the COVID-19 emergency and how to apply existing rules.

### **What should you do?**

Continue to provide service to members who need NEMT transport for any covered service. Providers should use appropriate PPE and cleaning described in the guidance below.

## Ensure delivery of NEMT services, even if there is a disruption in approved NEMT services, to all members who need the following medically necessary trips:

- Appointments for dialysis
- Chemotherapy/radiation/oncology
- Daily medication-assisted treatment (MAT) clinics (e.g., methadone treatment)
- Hospital discharges
- Other life-saving treatments.

**Authorize medically necessary non-emergency ambulance (NEA) transports:** Fee for Service and Coordinated Care Organizations should authorize NEA transport for individuals who present with symptoms of COVID-19, are suspected COVID-19 cases or are confirmed COVID-19 cases. Trips to dialysis, chemotherapy/radiation/oncology, daily MAT clinics (e.g., methadone treatment), or other life-saving treatments are considered medically necessary.

- Bill NEA transports using procedure code A0999.
- Use the [OHP 405T](#) form to authorize NEA transports.
- Refer to April 14, 2020 [Guidance to All OHP Enrolled Ambulance Providers, Fee-For-Service Brokerages, and Coordinated Care Organizations](#) for reimbursement policies.

## Additional guidance for NEA transports for individuals who present with symptoms of COVID-19, are suspected COVID-19 cases or are confirmed COVID-19 cases.

Use NEA transport, using April 14, 2020 [Guidance to All OHP Enrolled Ambulance Providers, Fee-For-Service Brokerages, and Coordinated Care Organizations](#) for reimbursement policies and ensure the following:

- Notify the receiving health care facility that the patient has symptoms suggestive of COVID-19 or is COVID-positive, so that appropriate infection control precautions may be taken before patient arrival.
- Maintain physical distancing as much as possible
  - Keep the patient separated from other people as much as possible.
  - Family members should **not** ride in the transport vehicle if possible. If riding in the transport vehicle, they should wear a facemask.
  - When maintaining at least six feet of physical distance is not possible during transfer and when patients need support with their wheelchairs, use appropriate PPE (guidelines below).

- Ventilation
  - During transport, vehicle ventilation should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
  - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through high-efficiency particulate air (HEPA) filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) ([www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf](http://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf)).
  - Open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative-pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving health care facility (e.g., wheel the patient directly into an examination room).

## **NEMT vehicle cleaning and disinfecting to prevent further spread of COVID.**

### ***Cleaning transport vehicles***

NEMT providers should clean and disinfect any surfaces that a passenger may touch. The following are general guidelines for cleaning or maintaining transport vehicles and equipment for NEMT transport:

- After transport, leave the rear doors of the transport vehicle open to allow for enough air changes to remove potentially infectious particles. The time to complete the transfer of a patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, including adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (see below) are appropriate for the COVID-19 virus in health care settings, including patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2 (the virus that causes COVID-19). Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect the vehicle. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control

panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital-grade disinfectant following the product label.

- Clean and disinfect reusable patient-care equipment before use on another patient, according to the manufacturer's instructions.

### ***Detailed guidelines for cleaning and disinfecting surfaces***

#### **Hard (non-porous) surfaces**

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. [Wash hands](#) immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water before disinfection.
- To disinfect surfaces, use a product from the list of [EPA-approved products that work against the virus that causes COVID-19](#), available [here](#).
- Follow manufacturers' instructions for all cleaning and disinfection products, including correct concentration, application method, contact time, etc.
- Additionally, diluted household bleach solutions (at least 1000 ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application.
  - Check to ensure the product is not past its expiration date.
  - Ensure a contact time of at least one minute.
  - Allow proper ventilation during and after application.
  - Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or
  - 4 teaspoons bleach per quart of water

#### **Soft (porous) surfaces**

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present. Clean with appropriate products [that are EPA-approved for use against the virus that causes COVID-19](#) and that are suitable for porous surfaces.

#### **Electronics**

- For electronics such as cell phones, tablets, touch screens, remote controls, and keyboards, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products.

- Consider the use of wipeable covers for electronics.
- If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid the pooling of liquids.

## **Personal protective equipment (PPE) and physical distancing during medical transport**

### ***Recommended personal protective equipment (PPE)***

- When transporting a patient with possible COVID-19 infection, follow Standard Precautions, and use the PPE as described below and reference OHA's [guidance](#).
  - N-95 or higher-level respirator; or facemask (if a respirator is not available). N-95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.
  - Eye protection: goggles or disposable face shield that fully covers the front and sides of the face. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and
  - Isolation gown. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient-care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving a patient onto a stretcher).
- When an adequate supply is restored, fit-tested EMS clinicians should again use N-95 (or better) respirators for patients with known or suspected COVID-19.
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), 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, the driver should remove the face shield or goggles, gown and gloves, and perform hand hygiene. A respirator or facemask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, NEMT staff should remove and discard PPE, and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).
- This guidance may be updated as additional information is released by the Centers for Disease Control and Prevention or the Centers for Treatment. OHA encourages providers to monitor [OHA](#) and [CDC](#) infection control guidance for information and resources and to contact their local health department when needed.

## Personal protective equipment in resource-constrained settings

- Please request personal protective equipment through your local public health department (LPHD) emergency operations center (EOC). OHA also encourages coordinated care organizations (CCOs) and NEMT brokerages to make such requests on behalf of all NEMT providers within their local networks.
- Extended-use protocols for masks and eye protection are recommended for health care personnel (HCP). This means wearing the same respiratory (mask or respirator) or eye protection (goggles or face shield) for repeated encounters with several different patients with the same infectious disease diagnosis without removing between encounters. HCP must take care not to touch their eye protection and respirator or facemask. Learn more here: <https://go.usa.gov/xvrpd>

## Additional information for NEMT employers

### *Follow-up and Reporting Measures by **NEMT personnel after transporting a Patient with Suspected or Confirmed COVID-19***

- NEMT agencies should develop sick-leave policies for NEMT personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure that all NEMT personnel, including staff who are not directly employed by the health care facility but provide essential daily services, are aware of the sick-leave policies.
- NEMT personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.
  - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
  - NEMT personnel should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-quarantine and notify occupational health services to arrange for appropriate [evaluation](#).

## NEMT employer responsibilities

The responsibilities described in this section are not specific for the care and transport of patients with suspected or confirmed COVID-19. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up to date.

- NEMT agencies should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all employees with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that employees are educated, trained, and have practiced the appropriate use of PPE before transporting a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure that employees are medically cleared, trained, and fit-tested for respiratory protection device use (e.g., N-95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has many [respiratory training videos](#).
- NEMT agencies should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital-grade disinfectants (see above for more information) for adequate decontamination of NEMT transport vehicles and their contents.
- Ensure that employees and biohazard cleaners contracted by the employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

## Questions?

If you have any questions about this guidance, please email [COVID.19@dhsosha.state.or.us](mailto:COVID.19@dhsosha.state.or.us).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

**Accessibility:** Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are: sign language and spoken language interpreters, written materials in other languages, Braille, large print, audio and other formats. If you need help or have questions, please contact Mavel Morales at 1-844-882-7889, 711 TTY, [OHA.ADAModifications@dhsosha.state.or.us](mailto:OHA.ADAModifications@dhsosha.state.or.us).