



- Bureau of Motor Vehicles
- Emergency Management Agency
- **Emergency Medical Services**
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio State Highway Patrol



**Mike DeWine, Governor**  
**Thomas J. Stickrath, Director**  
**Rob L. Wagoner**  
*Interim Executive Director*

Emergency Medical Services  
1970 West Broad Street  
P.O. Box 182073  
Columbus, Ohio 43218-2073  
(614) 466-9447 • (800) 233-0785  
[www.ems.ohio.gov](http://www.ems.ohio.gov)

To: Ohio EMS providers, EMS agencies, and EMS medical directors

From: Carol A. Cunningham, M.D., FAAEM, FAEMS  
State Medical Director

Date: March 10, 2020

**RE: Critical COVID-19 Information**

Given the recent announcement confirming three persons under investigation (PUI) for COVID-19 in Ohio, we cannot overemphasize the need to pay strict attention to all recommendations of the Ohio Department of Health and the Centers for Disease Control and Prevention (<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Novel-Coronavirus/2019-nCoV> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>). In particular, we cannot stress the need for all EMS agencies to collaborate with their agency medical director in order to best protect the EMS workforce by discussing the following special considerations as highlighted by the CDC:

1. PSAPs or Emergency Medical Dispatch (EMD) centers should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., chest compressions and CPR) are indicated. Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE).
2. EMS clinicians who directly provide patient care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection. Recommended PPE includes:
  - a. Single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated
  - b. Disposable isolation gown
  - c. Respiratory protection (i.e., N-95 or higher-level respirator) that has been properly fit tested
  - d. Eye protection (goggles or disposable face shield that fully covers the front and sides of the face)

**Mission Statement**

*"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."*

- e. 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 should continue to be used during transport.
3. EMS providers should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), biphasic positive airway pressure (BiPAP), or resuscitation involving emergency intubation or CPR) is necessary. BVMs and other ventilatory equipment should be equipped with HEPA filtration to filter expired air. EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation. If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.
  4. You must pay particular attention to cleaning and maintaining EMS transport vehicles and equipment following transport of a patient who is under investigation or who may have signs or symptoms and risk factors for COVID-19:
    - a. After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
    - b. When cleaning the vehicle, EMS providers should 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.
    - c. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
    - d. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
    - e. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:

- i. “[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
  - ii. This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.
  - iii. See [additional information about EPA-approved emerging viral pathogens claimsexternal icon](#).
- f. If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
  - g. Clean and disinfect the vehicle in accordance with standard operating procedures. 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 in accordance with the product label.
  - h. Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.
  - i. Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
  - j. Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

The COVID-19 outbreak, analogous the Ebola outbreak and the 2009 H1N1 influenza pandemic, is a challenge to our nation that includes, but is not limited to, our healthcare system. Our patients remain our top priority and to achieve this goal, it is imperative to protect our EMS workforce. As an integral and invaluable sector of the healthcare system, I thank you for the dedicated service that you provide to Ohio's residents and visitors, not only during this time, but on each and every day.