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Recommended Guidance for Preventing Spread of COVID-19 in High-risk populations during Transport

I. Purpose

This guidance provides recommendations for EMS and Transport agencies providing transport to routine treatments for the High-risk population groups.

II. Definitions

Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older.
- People who live in a nursing home or long-term care facility.
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma.
 - People who have serious heart conditions.
 - People who are immunocompromised including cancer treatment.
 - People of any age with severe obesity (body mass index [BMI] ≥ 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk..
- Women who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk.

Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications.

III. Preventative Actions for Transporting personnel and high-risk patients

- Check the patient for fever, difficulty breathing and respiratory symptoms.
- Ask the patient if they have had contact with someone diagnosed with or being checked for COVID-19.
 - Updated PPE recommendations for the care of patients with known or suspected COVID-19:
 - Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCPs.

- Eye protection, gown, and gloves continue to be recommended.
 - 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 HCPs.
 - When the supply chain is restored, fit-tested EMS clinicians should return to using respirators for patients with known or suspected COVID-19.
- Provide a facemask to any patient with respiratory symptoms and ensure that they apply it correctly.
- Wear recommended PPE when transporting patients with possible COVID-19.
- On arrival to the facility/home, EMS/transport personnel should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- All persons in the transport vehicle should avoid touching their face, mouth, nose and eyes.
- Perform hand hygiene often, as well as before and after each patient contact.
- When transporting a patient to an appointment (i.e. to Dialysis center or medical office) ensure patients have contact information for their primary care provider/specialist, and that they have called ahead of their appointment to report fever or respiratory symptoms so the facility can be prepared for their arrival or triage them to an appropriate setting.
- Inform staff of the patient's fever or respiratory symptoms immediately upon arrival to the facility.
- Use cleaning procedures appropriate for SARS-CoV-2 (the virus that causes COVID-19), along with all routine cleaning and disinfection procedures. 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.
- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air exchange 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 exchange.

When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.

- Close the door/window between these compartments before bringing the patient on board.
- During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air exchanges that reduce potentially infectious particles in the vehicle.
- If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.

- Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air exchanges per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf>pdf icon).
- If a vehicle does not have an isolated driver compartment then ventilation must be used, 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.

IV. **Contingency Planning**

- Follow EMS System SMO's/guidelines which may change based on evolving COVID-19 guidance.
- Understand that many patients need to continue their medical and procedure appointments in order to maintain their health, i.e. dialysis treatment. Postponing or canceling their visits may be detrimental to their health.

V. **Resources**

CDC [When and How to Wash Your Hands](#)

CDC [People At-risk for Serious Illness from COVID-19](#)

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

CDC <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

CDC [Print Resources](#)

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