



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
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COVID-19 FAQ's

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What are the best sites for up-to-date information?

Visit the sites below for more information.

- www.ncems.org
- www.ncdhhs.gov/covid19
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

What are the symptoms associated with COVID-19?

Many but not all patients have fever and cough. In fact many patients may not have a fever. Other symptoms may include sore throat, fatigue, nausea/ vomiting, muscle aches, chills, and diarrhea.

On SC2, if the EMS Dispatch questions screen positive does that mean everyone has to wear PPE?

If a victim screens positive from questions within the EMS Dispatch Center purple box (first box at top of SC2) that means that first responder and EMS crew should conduct an initial assessment from a distance of at least 6 feet from the patient, if possible, and be prepared to don the appropriate level of PPE (droplet vs. airborne). They should then conduct their own assessment regarding the need for PPE. If practical only one first responder should evaluate the patient to both reduce provider exposure and the amount of PPE used. First responders or EMS should give patients who screen positive a surgical mask to wear for the duration of the patient encounter, if the patient can tolerate it. See below regarding "close contact."

Follow local guidance regarding possible limitations of first responder dispatch or cancellation of first responders; systems may choose to utilize a "pandemic" card or protocol as needed in their area of North Carolina.

If COVID-19 is **not suspected**, EMS clinicians should follow standard procedures and use appropriate PPE. Simple/surgical masks should be considered for EMS use on all encounters. If COVID-19 is **suspected** after initial assessment, PPE as described below should be used.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

OFFICE OF EMERGENCY MEDICAL SERVICES

LOCATION: 1201 Umstead Drive, Wright Building, Raleigh, NC 27603
MAILING ADDRESS: 2707 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3935 • FAX: 919-733-7021

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PPE for EMS (Known/Suspected COVID-19)

Follow local guidance regarding droplet vs. airborne precautions. It may be helpful to coordinate PPE messaging and guidelines with local hospital systems.

Droplet precautions includes eye protection/goggles, standard surgical mask, exam gloves, and gown.

Airborne precautions includes eye protection/goggles, N95 respirator or similar/higher (e.g. PAPR or CAPR), exam gloves, and gown.

Should healthcare providers wear a surgical mask or N95?

If available a N95 should be worn. A surgical mask is sufficient if there are no aerosol generating procedures or contact with body fluids. Follow local guidance regarding utilization of airborne vs. droplet precautions. N95 or higher respirators should be prioritized for aerosol generating procedures and airway management, as these patients are higher risk for exposing providers and close contacts. Eye/face protection is important for all patient encounters in which precautions should be used, including respiratory patients, trauma/splash hazard, and possibly infectious patients.

What are some aerosol generating procedures?

Noninvasive Positive Pressure Ventilation, Non-rebreather mask, Nebulizer Treatments, any Suctioning, Intubation, BIAD, and CPR.

Can we re-use PPE?

YES! Please continue to re-use PPE unless it is soiled. Follow local guidance regarding PPE sanitization procedures, if indicated.

How do you define close contact?

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with confirmed or suspected COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand). **It is reasonable to consider an exposure greater than a few minutes (estimated 10 minutes) as a prolonged exposure. Recall that in the large majority of patient encounters, EMS and first responders will have sufficient time to identify concerning patients, don PPE, give a mask to the patient, and proceed with the encounter. Any possible COVID-19 exposure in which the patient is wearing a standard mask and the provider is wearing a standard mask (and droplet precautions) is considered a low-risk exposure.**

What is a good website to get a detailed description of PPE requirements and how to handle possible exposures?

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

What is the recommendation for responders who have come into contact with Suspected /Confirmed COVID-19 Patients?

Recall that there is “community spread” of the virus in North Carolina, and health care workers (including EMS and first responders) may not know if they have come into contact with a COVID-19 patient, either in a professional setting or in public. Current guidance does not recommend isolation for responders unless they begin to exhibit symptoms. Providers are to utilize proper PPE and can continue to work unless they begin to have any symptoms concerning for COVID-19 (including fever and/or cough, shortness of breath, headache, sore throat, nausea, diarrhea, myalgias/arthralgias, chills). Once a provider is symptomatic they are to be excluded from work until they are fever free for at least 72 hours without the use of fever medications and it has been at least 7 days since symptom onset AND their symptoms are improving. Agencies should follow guidance from local public health and occupational health.

See the diagram located on page 3 of the SC-2 protocol for more information.