OAR 437-001-0744
Rule Addressing COVID-19 Workplace Risks

Appendix A – Emergency Medical Services: First Responders, Firefighters, Emergency Medical Services and Non-Emergency Medical Transport

Application: This appendix applies to first responders, firefighters, emergency medical services, and non-emergency medical transport employers. It also provides direction specific to Emergency Communication Centers. To the degree this appendix provides specific guidance, it supersedes the requirements of the Rule Addressing COVID-19 Workplace Risks (OAR 437-001-0744); to the degree a situation is not addressed by the specific language of this appendix, the requirements of the rule apply.

Note: Although this appendix is based upon the workplace health portions of Quarantine Guidance for Fire and EMS Responders and Information Bulletin 2020-02 on Personal Protective Equipment Advisory, published by the Office of the Oregon State Fire Marshal, it does not address many other issues included in that document. Employers of first responders, firefighters, EMS, and non-emergency medical transport should therefore be familiar with that guidance as well.

Definitions. For purposes of this appendix, the following definitions apply:

Emergency Communication Centers means 911 Public Safety Answering Points/Emergence Communication Centers (PSAP/ECCs).

Emergency Medical Services Provider (EMS Provider) means a person who has received formal training in prehospital and emergency care, and is licensed to attend to any person who is ill or injured or who has a disability. Police officers, fire fighters, funeral home employees and other persons serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS chapter 682.

Fire Department means public and private employers who engage in structural fire service activities, including emergency first response, who are covered under OAR 437-002-0182.

A. **General Operations Screening, Isolation and Quarantine**. In order to reduce the risks of outbreaks within the workplace and the broader community, EMS employers must take the following steps:

1. Instruct employees to self-monitor for symptoms consistent with COVID-19;

2. Screen employees for fever and symptoms prior to each shift, excluding them from the workplace as appropriate based on guidance from the Oregon Health Authority; and

3. Exclude any employees from the workplace if they test positive via a COVID-19 diagnostic test.

Note: Quarantine Guidance for Fire and EMS Responders provides detailed information on monitoring, quarantine, isolation, and subsequent return to work.

B. General Operations – Emergency Communication Centers. Emergency Communication Centers (ECC) must comply with the provisions of the rule, with the following specific provisions and exceptions:

1. ECC should implement an EIDS or screen for fever, cough, difficulty breathing, and diarrhea for all calls, when feasible, if local triggers determined by the PSAP director have been met. Additionally, PSAPs should ask:

   ✓ Is anyone in the call location a known or suspected COVID-positive individual undergoing either quarantine or isolation?

   ✓ Is the call location a long-term care facility known to have COVID-19 cases?

2. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (for example, CPR) are indicated.

3. If the patient meets the above criteria, then PSAPs should:

   a. Provide medical care per protocol.

   b. Alert responding agencies of the possibility of a respiratory pathogen as soon as possible.

   c. Follow LPHA policies for reporting and follow up of healthcare workers with contact to suspected cases.

   d. For ill travelers at U.S. international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry CDC Quarantine Station Contact List for planning guidance.

4. If the patient does not meet criteria, discontinue questioning and follow appropriate case entry.

5. If call volumes increase to the point that screening is interfering with the timely processing of calls, consider suspending EIDS screening.

C. Personal Protective Equipment. Masks or respirators must be worn by EMS providers while they are engaged in emergency medical services or other patient care. Face coverings must not be used as a substitute for a mask or respirator when respiratory protection (droplet precautions for a mask, airborne precautions for a respirator) is required. EMS providers must apply the following guidance:

1. During direct patient care in the EMS setting, use of respirators without exhalation valves is preferred but not required; and
2. When dealing with an individual known or suspected of being infected with COVID-19, EMS providers must wear a NIOSH-approved N95 or equivalent or a higher-level respirator, a gown, gloves, and eye protection (face shield or goggles).

Note: The use of respirators must comply with the Respiratory Protection standard (29 CFR 1910.134).

Note: The use of face coverings, masks, or respirators are not required when EMS employees are not involved in direct patient care, unless the conditions for the Special Provisions for the Transport of Patients of this appendix apply.

D. **Special Provisions for the Transport of Patients (Emergency and Non-Emergency) with Suspected or Confirmed COVID-19.**

For any patient meeting any of following criteria:

- Symptoms of lower respiratory infection, such as fever, cough, or shortness of breath;
- Recent contact with someone with known COVID-19; or
- Call location is a long-term care facility known to have COVID-19 cases.

EMS providers must apply the following procedures when engaging in transporting, whether emergency or non-emergency:

1. Involve the fewest EMS personnel required to minimize possible exposures; others riding in the ambulance must be limited to those essential for the patient's physical or emotional well-being or care (for example, care partner or parent);
2. Ensure that the patient is masked. The patient mask must not have an exhalation valve, as it would allow unfiltered, exhaled breath to escape;
3. Provide medical care per protocol;
4. Ensure that personnel use contact, droplet, and airborne precautions, as follows:
    a. Wear a single pair of disposable patient examination gloves.

b. Wear a 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. Use respiratory protection (an N95 or higher-level respirator). If respirator supplies have been depleted, facemasks are an acceptable alternative. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols.

d. Wear eye protection (goggles or a 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; and
8. Drivers, if they provide direct patient care (for example, moving patients onto stretchers), must wear the PPE listed above.

    a. After completing patient care and before entering an isolated driver's compartment, the driver must remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.

    b. If the transport vehicle does not have an isolated driver's compartment, the driver must remove the face shield or goggles, gown, and gloves and perform hand hygiene, but continue to wear a respirator, mask, or face covering during transport.

Patients who do not meet the criteria listed above can be cared for using standard precautions, with use of transmission-based precautions determined by clinical presentation.