COVID-19 Frequently Asked Questions
For King County Emergency Medical Services
Compiled from [Public Health – Seattle & King County](#), [Washington State Department of Health](#), and [Centers for Disease Control](#)

Contents

General information about Coronavirus and COVID-19

Please refer to FAQs from **Public Health – Seattle & King County**, **Washington State Department of Health**, and **CDC** for the most up-to-date information.

What is a Coronavirus?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). This most recently discovered coronavirus causes coronavirus disease 2019 (COVID-19).

What is COVID-19?

Coronavirus disease 2019 (COVID-19) is the infectious disease caused by the most recently discovered coronavirus—severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This new virus and disease were unknown before the outbreak began in China, in December 2019.

Who is at risk for severe disease from COVID-19?

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

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 heart disease with complications
    - People who are immunocompromised including cancer treatment
    - People of any age with severe obesity (body mass index [(BM]I)≥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
- People 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, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

See also the CDC's **Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19)**.

What are the incubation and symptoms of COVID-19?

Estimates of the incubation period for COVID-19 range from 1-14 days. Symptoms of coronavirus are similar to flu or colds and may include:

- Runny nose
- Headache
- Cough
- Sore throat
- Fever
- A general feeling of being unwell

What is the infectious period of COVID-19?

The infectious period is unknown, but possibly up to 10-14 days. People are thought to be most contagious when they are most symptomatic (the sickest). Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

How is COVID-19 spread?

Health experts are still learning more about the spread. Currently it is thought to spread:

- through respiratory droplets when an infected person coughs or sneezes
- between people who are in close contact with one another (within about 6 feet)
- by touching a surface or object with the virus and then touching the mouth, nose, or eyes

How is COVID-19 prevented and treated?

There is currently no vaccine to prevent COVID-19. Most people with mild coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. The CDC recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with sick people.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using regular household cleaning sprays or wipes.
- Washing hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.

Guidance for King County EMS Clinicians and First Responders

Please refer to the latest **COVID-19 Directive** from King County EMS.

Also see CDC's **Interim Guidance for EMS Systems for COVID-19 in the United States**.

How will I know if a patient screens positive for COVID-19 with dispatch?

Emergency Communication Centers in Seattle and King County have activated Infectious Disease screening. Consistent with DOH guidelines, dispatch center call takers are inquiring about symptoms, travel, and exposure that can identify potential for COVID-19. You will be alerted by dispatch if the patient screens positive and will be provided PPE guidance to help inform EMS responders of potential COVID-19 risks.

How should EMS screen patients for COVID-19?

EMS should screen the patient by assessing information about:

- Fever
- Respiratory symptoms (i.e. cough, shortness of breath, difficulty breathing)
- COVID-19 exposure risk
- Travel history
- Residence location (skilled nursing facility, adult family home, assisted living)

For all non-critical calls, send a scout EMS provider (1-2) in full PPE to determine risk and advise the rest of the crew regarding need for PPE. If possible, perform initial information gathering from > 6 feet away. In a time-critical case where there is suspicion for COVID-19, please don PPE in advance to the extent feasible.

What are the criteria for COVID-19 PPE?

The expanded criteria for full COVID-19 PPE are patients with febrile or respiratory illness, cardiac arrest, any patient requiring an advanced airway, or a patient residing at a chronic care facility. The expanded criteria no longer require high-risk travel or known COVID exposure given the appreciation that community transmission is occurring in our region. (Per national guidelines, known contact with COVID-19 patient or travel from a high-risk location continues to be useful information.)

What should I do if a patient screens positive for potential infection with COVID-19?

Follow the latest **Directive** from Public Health – Seattle & King County's EMS division.

If EMS suspects COVID-19, they should:

1) **Don full PPE** (fitted N-95 mask, eye gear, fluid resistant gown, gloves). Full PPE protects against COVID-19. Place a surgical mask on the patient. Limit the number of personnel who contact the patient. The patient should be directed to a separate area, if possible, with at least 6 feet separation from other persons whenever possible.
2) Record details of risk profile to include exposure to confirmed COVID-19 patient, living arrangements (i.e., SNF, nursing home, assisted living), and any high-risk travel history. Determine course of illness – specifically onset of symptoms, onset of fever, and highest measured temperature (if available).
3) *If the patient is acutely ill and requires urgent medical care*, provide patient-specific care incorporating the goal to limit airborne droplet spread. Whenever possible, limit the use of treatments that may generate aerosol such as nebulizer or high-flow nasal cannula oxygen (>6 liters). You may provide airway treatment such as airway medication therapies or bag valve mask

ventilation as clinically indicated. Ventilation should be provided using a bacterial/viral filter whenever possible. Refer to this **document**.

Advanced airway: If an advanced airway is required, paramedic good judgment and caution is essential. If there is a high suspicion of COVID-19, the safest approach is a supraglottic airway and the paramedic should use an i-gel. For other patients, paramedics may perform endotracheal intubation per standard clinical indication. If not already in place, the whole EMS team should apply PPE in preparation of the airway.

Nebulizer therapy: Whenever possible, paramedics should use MDI therapy with albuterol and atrovent as primary treatment and reserve nebulizer therapy for circumstances where the patient cannot use the MDI or where MDI is not effective. Paramedics may also consider other alternative therapies for reactive airway disease to include SQ low dose epinephrine or IV magnesium in order to limit use of nebulized therapy.

All hospitals are prepared to receive patients. EMS should alert the hospital of the concern about COVID-19 infection. Upon hospital arrival – if patient status allows, alert the ED that you have arrived before bringing the patient into the ED so that the patient can be efficiently directed upon hospital entry. The hospital will provide further assessment and is responsible for reporting the patient to Public Health.

If the patient is stable and does not require urgent care, please provide aftercare instructions that include best practices for isolation and self-monitoring (AfterCare Instructions for **symptomatic persons** and **possible exposures**). Criteria for staying at home include stable vital signs, oxygen saturation >=94%, normal level of consciousness, age < 60 in a patient who is generally healthy (i.e. without heart or lung disease, diabetes, dialysis, or immune compromise). If there are questions about whether the patient may stay at home, please contact Dr. Rea directly 206-255-5513.

4) Engage in best practices for safe transport and decontamination as detailed in the **CDC's Interim Guidance for EMS Systems for Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19**. (Updated March 10, 2020)
5) ESO now provides documentation for COVID-19 under the secondary impression. Code "COVID-19" as an ESO secondary impression whenever there is suspected COVID-19.
Continue to document PPE use ("FULL PPE" or "MEGG") in the narrative.
ESO now has a "*PPE" tab*. Please complete this tab for all cases.
ESO now has an *"Outbreak" tab*. Please complete the *"Outbreak" tab* for all suspected COVID cases.
Document the full crew list as an accurate crew accounting is important if there is an exposure.

What are the ESO documentation guidelines?

A. Please select "COVID-19" as an ESO secondary impression whenever there is suspected COVID-19 case.

B. ESO now has a PPE tab that provides documentation of PPE. Please complete this tab for all cases. We appreciate that this is not ideal structure (all cases) but this is the limitation of ESO currently. Beginning the week of March 17, this tab will become mandatory for the record to be closed.

C. Please continue to document PPE use ("FULL PPE" or "MEGG") in the narrative whenever applicable, understanding that the tab completion will be coming online.

D. Please complete the "Outbreak" tab is ESO for all suspected COVID cases. The tab will become mandatory for March 17. Please appreciate because the ESO structure, the tab will be required

for all calls. However, if the "Outbreak" tab is not relevant, then all that is required is to click the "UTO" button (unable to obtain) and check the appropriate selection (patient refused, not indicated, other reason). If the case is relevant, please complete the remainder of the tab

E. Please document the full crew list as an accurate crew accounting is important if there is an exposure.

For more information, refer to the **ESO Documentation Guide** for COVID19.

What are the decontamination instructions?

Best practices for decontamination are included in the **CDC's Interim Guidance for EMS Systems for Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19**. (Updated March 10, 2020)

Guidance for Dispatch

For more information, please see Dispatch Criteria in the latest **King County EMS Directive.**

What is the role of communication centers?

Communication centers (call receivers and dispatchers) serve an important function in every phase of EMS incident management, especially those involving infectious disease pathogens. They identify the presence of an infectious environment, determine resources required, initiate responses, advise responding units of prevailing conditions, and provide pre-arrival instructions for patient care as well as limiting exposure. They may identify specific clusters of illness based on symptoms and geographic locations, which will serve as an important "epidemiologic link" to Public Health and responder agencies.

What are the criteria for PPE guidance and COVID19 screening?

Emergency Medical Dispatch Centers in King County have activated Infectious Disease screening. The update now has dispatch inquiring on all calls about whether the patient or anyone else has fever or respiratory symptoms. Dispatch will recommend "PPE advised" for all such cases. (Dispatch will no longer stratify "high risk" given that there is now community level transmission.) Dispatch will also continue to provide notification involving nursing facilities where there is confirmed COVID-19. EMS providers should treat all such locations as high risk.

Dispatch strategy for COVID-19 screening:

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1. Determine Symptoms:
   - Does the patient have a fever?
   - Does the patient have any respiratory symptoms – i.e., cough, shortness of breath, or difficulty breathing?
2. Has that facility been designated by premise information as a known COVID-19 location. What is the address of the facility?
3. For all calls, determine whether anyone at the location or household poses a risk.

Advise responders that "PPE Advised" for the following:

If the patient or anyone at the location has fever or respiratory symptoms. Advise the symptomatic persons to move to another room.

If the patient is residing in a high-risk location based on premise information where there is confirmed COVID case(s). Example is the SNF in Kirkland.

For any case at a skilled nursing facility, adult family home, and assisted living <u>without</u> confirmed COVID-19 cases (regardless of call type), EMS providers should be aware of a heightened need for PPE. Communications centers provide address and location names to help identify these facilities.

Be alert for multiple patients with the same complaints, signs, or symptoms

Guidance for EMS Personnel Health & Wellness

How can we prevent illness among the EMS workforce?

The best treatment for COVID-19 is prevention. We need a healthy workforce. Best practices advised by the CDC, DOH, and PH, EMS agencies should institute a program to safely screen employees for acute illness as they arrive to work and once additionally around the midpoint during a 24-hour period.

When should I seek medical evaluation and advice?

If you have symptoms like cough, fever, or other respiratory problems, contact your regular doctor first. **Do not go to the emergency room**. Emergency rooms need to be able to serve those with the most critical needs. If you have difficulty breathing, it doesn't mean you have novel coronavirus, but you should call 911.

If you're over 60 and you have underlying conditions like diabetes, heart disease, and lung disease, come up with a plan with your doctor to identify your health risks for coronavirus and how to manage symptoms. Contact your doctor right away if you do have symptoms.

If you have symptoms and you were exposed to someone confirmed to have the virus, call both your health care provider and the King County Novel Coronavirus Call Center at 206-477-3977.

What should I do if I was potentially exposed to COVID-19?

The Health Officer should contact Dr. Rea and King County EMS (Tracie Jacinto) if they have concerns about potential exposure and/or need to quarantine an employee. Some cases are straightforward but others may require discussion and review with the employee(s).

See **Washington Department of Health guidelines** for EMS personnel potential exposures (reporting exposures, self-quarantine, isolation, testing, test results if positive or negative).

Current recommendations for healthcare workers with known medium or high-risk exposure is to *consider* quarantine for 14 days. Each case should be reviewed and discussed with Dr. Rea and the Health Officer. Once in quarantine or isolation, the employee should report their symptoms to the agency health officer on a daily basis. Click **here** to view the symptom tracker checklist.

What should I do if I have symptoms of COVID-19 and have not been around anyone who has been diagnosed with COVID-19?

If EMS personnel has a COVID-19 exposure (without full PPE), See **Washington Department of Health guidance** regarding self-quarantine best practices.

If you have a fever, cough or shortness of breath but have not been around anyone you know has COVID-19, follow the steps below to help prevent your infection from spreading to people in your home and community.

- Call your healthcare provider's office and ask if you need to be evaluated in person. If you do not have a high-risk condition and your symptoms are mild, you do not need to be evaluated in person and do not need to be tested for COVID-19.

- Stay home except to get medical care
- Call ahead before visiting your doctor
- Wear a facemask
- Cover your coughs and sneezes
- Avoid sharing person household items
- Clean your hands often
- Clean all "high-touch" surfaces daily
- Monitor your symptoms

What should I do if I have a confirmed or suspected COVID-19?

Your Health Officer is responsible for overseeing symptom monitoring and Public Health reporting for personnel in quarantine or isolation. If the EMS personnel member becomes symptomatic following a COVID-19 exposure, the employee should transition from quarantine status to isolation status. The symptomatic employee will require testing for COVID-19. Test results will determine the course of action.

See **Washington Department of Health** and Public Health – Seattle & King County's **Self-Monitoring Home Guidance** for more information.

If you are sick and have been diagnosed with COVID-19 or suspected to have COVID-19 because you have been exposed to someone with COVID-19, follow the steps below:

- Stay home except to get medical care
- Separate yourself from other people and animals in your home
- Call ahead before visiting your doctor
- Wear a facemask
- Cover your coughs and sneezes
- Avoid sharing personal household items
- Clean your hands often
- Clean all "high-touch" surfaces daily
- Monitor your symptoms
- Ask your healthcare provider to call the local or state health department to discuss your situation

When can I return to work following exposure to confirmed COVID-19?

Return to work will be contingent upon the employee's symptoms and potential COVID-19 testing. Individual cases may require review and specific modification. This guidance is detailed in King County EMS **Return to Work Guidelines.**

Asymptomatic individual for 14 days following exposure:

If an employee has been asymptomatic for 14 days following COVID-19 exposure, the employee may re-join the workforce after confirming status with Health Officer.

Symptomatic individual during the 14 days following exposure. Individual tests negative for COVID-19 during symptoms:

The employee's illness is not caused by COVID-19. The employee may return to work after 14 days or following resolution of their symptoms, whichever is longest. Approval to return must be confirmed with the Health Officer.

For example, the patient develops respiratory illness 4 days after exposure, COVID-19 test is negative on day 7, and the illness resolves by day 9. The employee must remain on quarantine until day 14 before returning to work.

Conversely, the patient develops respiratory illness 8 days after exposure, COVID-19 test is negative on day 9, the patient has symptoms that persist beyond 14 days. The patient must wait until illness resolves beyond the 14 days to return to work. The employee should treat the illness as they would normally (seek medical care depending on symptoms and severity).

Symptomatic individual during the 14 days following exposure. Individual tests positive for COVID-19 during symptoms:

Best practices are currently under review by DOH and PH. Best practices are currently under review by DOH and PH. Please consult with Dr. Rea about each case.

The decision to discontinue isolation and return to work for employees with COVID-19 will be made on a case-by-case basis in consultation with clinicians, public health officials and the Health Officer.

Information about Quarantine and Isolation

What is a quarantine and why is it used?

Quarantine is put into place to prevent the possible spread of an infectious disease from someone who may have been exposed to the disease but is not yet sick. When people are quarantined, they are kept separate from others until they are out of the period when they could get sick. During that time, health officials track their health so that if they do develop symptoms, they can get them to a healthcare provider quickly for evaluation, testing if needed, and care.

Is quarantine different from isolation?

Yes.

- Quarantine is for people who are not currently showing symptoms but are at increased risk for having been exposed to an infectious disease. Quarantine is for people who could become sick and spread the infection to others.
- Isolation is used for people who are currently ill and able to spread the disease and who need to stay away from others in order to avoid infecting them.

How does self-quarantine work?

When people are in self-quarantine, they have no symptoms, but because there is a possibility that they might have been exposed, they stay away from others in public settings. For 14 days from their last possible exposure, people in self-quarantine cannot go to work, school, or any public places where they could have close contact with others. Public health departments direct them in how to monitor their health so that should they develop symptoms, they can be quickly and safely isolated from all others, including those in their household.

We've found that people who are asked to self-quarantine want to do whatever they can to remain healthy, prevent others from becoming ill, and are very cooperative with our recommendations.

Can people in self-quarantine still have contact with their household members?

Yes, people in self-quarantine are not sick and can still have contact with their household members. Should they develop any symptoms, they are asked to quickly and safely isolate from all others, including those in their household, and to contact their medical provider.

Additional Resources

What training resources should I review?

Personal Protective Equipment: Please review best practices of PPE that is posted to **EMS Online.** Appropriate donning and doffing of PPE is essential.

Infectious Disease CBT Module: All EMS personnel should complete a refresher of standard PPE procedures and infection control using the EMS Online "EMT – Ongoing Training 2020 – Infectious Disease" course.

Ventilation: Ventilation (bag-valve ventilation, advanced airway management) can produce aerosol and increase the risk of COVID transmission. As a consequence, EMS should use a HEPA (viral/bacterial) filter whenever feasible when providing ventilation. Please review the **visual** that demonstrates correct application of the HEPA filter into the airway circuit.

Where can I go for additional information?

- CDC Interim guidance for EMS systems (updated 3/10/2020)
- CDC guidance on infection control, PPE, and hygiene (updated 3/10/2020)
- CDC flowchart to identify and assess COVID-19 (updated 3/4/2020)
- CDC guidance on isolation precautions for preventing transmission of infection
- CDC Interim US guidance for risk assessment and public health management of healthcare personnel with potential exposure in a healthcare setting to patients with COVID-19 (updated 3/7/2020)
- CDC Interim clinical guidance for management of patients with confirmed COVID-19 (updated 3/7/2020)
- DOH healthcare provider resources & recommendations
- DOH COVID-19 interim infection control guidance for prehospital EMS (updated 3/6/2020)
- EMS Online training video on donning and doffing PPE