



COVID PPE UPDATE

Due to the ongoing low community rates of COVID-19 infection and low rates of ED visits and hospitalizations for Influenza-like illness, we are further easing our masking recommendations **effective immediately**:

- Masks are now optional for **all patients, visitors and EMS team members in all clinical settings** unless otherwise indicated below
- Due to differences in the physical needs of some patients, **masks remain required** caring for **severely immunocompromised patients either due to a medical condition or from receipt of immunosuppressive medications or treatments**.

Examples of medical conditions or treatments that may result in moderate to severe immunocompromise include but are not limited to:

- Active treatment for **solid tumor and hematologic malignancies**
- **Hematologic malignancies** associated with poor responses to COVID-19 vaccines regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia)
- Receipt of **solid-organ transplant** or an **islet transplant** and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (**CAR**)-**T-cell therapy** or hematopoietic **stem cell transplant** (within 2 years of transplantation or taking immunosuppressive therapy)

- Moderate or severe **primary immunodeficiency** (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated **HIV infection** (people with HIV and CD4 cell counts less than 200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with **high-dose corticosteroids** (i.e., 20 or more mg of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, **transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.**
- EMS members: **Please mask up when a patient requests it.**

For EMS personnel with high risk COVID-19 exposure and/or symptoms of Coiv-19, cold or flu, remember:

- Masks should be worn for the 10 days after high-risk exposure to COVID, for 10 days after onset of COVID symptoms, or if any cold or flu symptoms are present.
- EMS personnel experiencing cold, or flu symptoms should stay home and follow CDC and employer policies on testing and when to return to work

Masks remain a key infection prevention measure when respiratory viruses are highly prevalent and may be required again in the future. We are closely monitoring community rates of respiratory illness, and ED visits and hospitalizations for influenza-like illness and if these change, we will update our masking recommendations as needed as we go into the fall and winter months.