



EMS Treatment Guidelines

In order to protect crews from exposure and subsequent quarantine, diligence and a measured approach to evaluation and treatment of suspected COVID-19 cases is needed.

Patient assessment should begin from a distance of more than 6 feet unless appropriate PPE is worn (see PPE guidelines), and ideally should be performed by a single provider.

1. If the patient is exhibiting priority symptoms (e.g. altered level of consciousness, respiratory distress, cardiac arrest), providers will don appropriate PPE and initiate patient care.
2. If the patient is alert, does not exhibit priority symptoms, and is able to speak, providers will ask screening questions to include:
 - a. Have you had a fever? (body temp >100.4)
 - b. Do you have a cough or shortness of breath?

*Note: Travel and exposure questions have been removed due to community spread, and are to be considered irrelevant.

If the patient has fever **and/or** respiratory symptoms (cough, shortness of breath), and screens positive for COVID risk, the treating provider will don appropriate PPE, and place an earloop mask on the patient. Personnel should be limited to those absolutely necessary for the care of the patient.

Receiving facilities will then be notified that we have a possible Person Under Investigation (PUI) for COVID-19, relaying answers obtained to the questions above.

Personal Protective Equipment (PPE) Guidelines

1. EMS providers who will directly care for a patient with possible COVID-19 infection or who will be in the ambulance compartment with the patient should use the PPE as described below. Recommended PPE includes:
 - a. Earloop mask (N95 respirators should be reserved when performing or present for an aerosol-generating procedure)
 - b. Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
 - c. A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated.
 - d. Disposable isolation gowns: 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 EMS providers (e.g., moving patient onto a stretcher).



2. Drivers of ambulances should wear all recommended PPE to help move the patient onto the stretcher or into the hospital. Prior to entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - a. If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. An earloop mask should continue to be used during transport.
3. All personnel should avoid touching their face while working.
4. After the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures. Earloop masks may continue to be used/reused as long as they are in serviceable condition and unsoiled or wet.

Aerosol Generating Procedures requiring N95 masking

In order to reduce risks of transmission to personnel and others, aerosol generating procedures should be avoided if possible. These procedures include: Administration of intranasal medication, nebulizers, CPAP/BiPAP, use of BVM, intubation, CPR, suctioning, and insertion of airway adjuncts. If it is necessary to perform these procedures, an N95 mask must be donned prior to the procedure.

Nebulizers should not be administered to suspected COVID-19 patients. IM Epinephrine may be considered according to protocol (ALS only) for severe bronchospasm.

If a more definitive airway is required, consider the following:

- If intubation is necessary, a video laryngoscope is preferred. If a video laryngoscope is unavailable, consider use of an iGel over direct laryngoscopy.
- Use of an inline HEPA filter on BVM's is highly recommended, and should be used if available.
- CPAP/BiPAP should be avoided.

Note on Steroid Administration

Solu-Medrol is to be avoided with these patients as it can prolong the disease and shedding of the virus (infectivity)