



## COVID19 Guidelines

This treatment guideline provides guidance to EMS personnel for assessment of patients with respiratory complaints and infectious symptoms as well as known or suspected COVID19 patients.

If patient does not have respiratory and/or infectious complaints and is not suspected to be a COVID19 patient follow all normal patient care guidelines based on the patient's primary complaint.

Review premise information and CAD notes while responding to be aware of any advisories in CAD and the results of the patient's screening status from pre-dispatch by ECC personnel.

### Upon arrival on scene

- don surgical face mask, eye protection, & gloves
- request patient to meet EMS personnel at entrance to residence, if possible
- if patient is unable to move to doorway, limit initial entry by EMS personnel to 1 provider in PPE
- as soon as possible provide a surgical facemask for the patient and instruct and/or assist them with proper placement/fitting

### Patient assessment

- perform initial assessment from a distance of at least 6 feet
- if patient is obviously acutely ill or in distress and urgent intervention is anticipated then don full protective gear including N95 mask, eye protection, gown and gloves
- if the patient is known to be COVID19 positive then don full PPE 9, including N95 mask, before contact

### COVID19 Assessment & Screening

- has patient been exposed to known or suspected COVID19 infected persons?
- has patient been tested for COVID19 and is awaiting results?
- has patient traveled out of the country or to a known outbreak area domestically within the last two weeks?
- if exposure is known or suspected, establish timeline
- does the patient have or reports a fever greater than 100.4F / 38C?
- is patient experiencing flu-like symptoms (muscle aches/pains, sore throat, runny nose, nasal congestion)?

- is patient experiencing a cough?
- If patient has flu-like / general illness symptoms but is not known to be a COVID19 patient or person under investigation (PUI) then use PPE consisting of surgical face mask, eye protection, gown, gloves

### **Patient treatment and transport recommendations**

If patient is suspected to be a COVID19 patient and needs to be transported

- driver should doff PPE – no contaminated PPE in driver’s area
- no passengers transported
- when possible, the driver’s compartment should be separated from the patient care compartment
- when possible, promote air flow from the front of the patient care compartment through the back of the vehicle by opening windows and ensure the exhaust vent/fan in the patient care area is turned on
- early notification of the receiving facility is important to provide for proper routing and patient placement in the facility
- use extreme caution for aerosol generating procedures such as BVM, airway suctioning, airway placement, nebulizer treatment, CPAP and CPR. If necessary, consider performing such procedures in an open-air environment prior to transport
- if aerosol generating procedures are anticipated a N95 mask should be used by all providers in the patient care compartment
- if procedures must be performed during transport maximize ventilation of the patient care compartment
- upon arrival at receiving facility follow that facility’s protocol for patient unloading and transfer, it is preferable for hospital staff to assist with patient unloading and transfer of care
- leave the patient care compartment open while the patient is being transferred into the receiving facility and records, reports, and drug box exchange are completed
- on return to the unit follow agency cleaning and decontamination procedures
- notify supervisor on duty of the transport of a known or suspected COVID19 patient.

### **PPE Guidance**

- different components of the PPE recommended for providing caring for COVID19 patients are in limited supply and are expected to remain a limited resource for the duration of the pandemic
- optimal guidance for the PPE for those caring for COVID19 patients includes the use of eye protection, an N95 mask, disposable gown, and gloves
- N95 masks may frequently be in short supply and may need to be conserved for high risk scenarios including
  - transport of known COVID19 patients
  - the care of acutely ill patients requiring close contact and procedures
  - aerosol generating procedures such as airway management and respiratory procedures
- surgical masks may be used for patients with non-specific respiratory and/or infectious symptoms
- providing the patient with a surgical mask is very effective in limiting droplet production from the patient and should be provided as early as possible
- providers should consider using a single mask for the duration of a shift unless it becomes obviously/grossly contaminated or notable damp from exhaled moisture

- fit tested N95 masks represent the optimal protection, but a non-fitted or generically sized N95 can be used if a fit tested mask is not available, and surgical masks are better than not masking

### **Stay at Home Policy**

If the patient is experiencing mild respiratory symptoms with or without a positive COVID19 screen the patient may be able to remain at home for self-monitoring utilizing the *COVID19 Self Care Guidelines*, if **all** of the following conditions are met:

- patient must be alert and oriented
- no observed respiratory distress
- blood pressure between 100 – 180 mmHG systolic
- heart rate between 50 – 120 bpm
- SPO2 greater than 92% on room air
  - consider assessment of patients to observe for falling oxygen saturations with ambulation if they complain of shortness of breath with exertion
- respiratory rate greater than 10 and less than 25 without accessory muscle usage, cyanosis, pallor or other signs of distress
- patient must be able to tolerate oral fluid intake without vomiting
- no other complaints (chest pain, abdominal pain, injury, dizziness, etc.) beyond general illness / flu-like symptoms
- no high-risk medical conditions including pregnancy, chronic medical conditions such as heart or lung disease, liver, neurologic, diabetes, current cancer patient (undergoing treatment or not), dialysis patient, or recent organ transplant patient
- age less than 65 years
- patient has a safe home situation including physical assistance if needed, ability to call out for help if needed, and adequate supplies of food and necessary medications

If the above conditions are met, the patient may be encouraged to remain at home and provided with the *COVID19 Self Care Guidelines*

If the patient meets above criteria but transport is requested by the patient and/or caregivers then they should be transported unless the EMS agency and local health care resources have determined that the system no longer has capacity to care for mildly ill patients and a “Leave at Home” policy has been initiated

If providers have any question regarding whether the patient is eligible to remain at home and follow *COVID19 Self Care Guidelines*, contact Medical Command.

### **Leave at Home Policy**

If the local health care system has reached the point where resources are saturated then some patients who meet “Stay at Home” criteria may not be offered transport by responding EMS resources. This decision is significant change in normal operations and should be an announced system decision

including local/regional health care institutions and emergency services leadership and should not be made on an ad hoc basis.

If a patient is a suspected or known COVID-19 patient and meets Stay at Home/Leave at Home criteria but still requests transport once a system announcement has been made, providers should contact designated on-line medical command resources for assistance. In this situation, additional medical command resources may need to be mobilized in addition to those used under normal circumstances. In addition, alternate patient care destinations may be identified as part of a modified response/transport policy.

### **Provider Exposures**

Providers should be very conscientious about using PPE for the duration of the epidemic

- experience in epidemic areas has shown that calls that originate for conditions not normally associated with respiratory illness, such as a ground level fall, have led to patients being diagnosed with COVID-19 on later screening and providers having been exposed
- adult care facilities are particularly risky areas and PPE should always be used in those responses
- for purposes of evaluating exposures
  - providers using appropriate PPE have not sustained an exposure just because of contact with a patient with known COVID-19 infection or infection later recognized through testing unless they have sustained an exposure around/through their PPE, e.g. a splash exposure that went around their eye protection or mask
  - exposure to a recognized COVID-19 patient or one later identified through screening should be reported to EMS agency leadership and the agency's Designated Infection Control Officer (DICO) and the provider should monitor for symptoms
  - providers exposed without appropriate PPE to a patient known to have COVID-19 or later diagnosed through screening should report to agency leadership and their agency DICO for consideration of symptom monitoring versus quarantine

### **Important Links**

Virginia Department of Health

<http://www.vdh.virginia.gov/emergency-medical-services/coronavirus-2019-covid-19/>

Center of Disease and Control

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>

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