COVID19-INFECTIOUS PATIENTS
4/15/2020

Follow Assessment, General Procedures Protocol and the **PPE decision tree guide**

- After obtaining information that confirms respiratory symptoms at the location and placing surgical mask on patient ascertain a COVID-19 specific history.
- Signs and symptoms which would lead to high index of suspicions include: **(Any of these require appropriate PPE)**
    - Contact with a person who has tested positive for COVID
    - Hypoxia with no distress
    - Flu-like symptoms
    - Dry non-productive cough
    - Fever >99.9F or subjective fever
    - Anosmia (loss of smell) prior to other symptoms developing
- Obtain SpO_2 and temperature (Consider pts use of Antipyretics such as: NSAIDs, ASA, Acetaminophen)

EMR	• Assess and support ABC's • If patient is stable, have them come outside to open air • If patient cannot come outside open doors and windows to promote airflow • Oxygen therapy if necessary **-Refer to Aerosol Generating Procedures (AGP) best practices reference guide** • Oral suction if necessary – **See Suctioning** • COPD patients, maintain $Sp0_2$ of 90-95% **-See Respiratory Emergencies** • Nasal Cannula/NRB- Preferred for hypoxia with no distress **-See AGP best practices**

EMT	• Metered Dose Inhaler (MDI) or nebulized albuterol (With **AGP best practices reference Guide**)
	• Albuterol / Atrovent
	• Tracheal suctioning if necessary – **See Suctioning**
	• Consider if patient is expected to deteriorate:
	  • CPAP (if indicated) – **See CPAP**
	  • CPAP device with exhalation filter capacity i.e. Emergent PortO2Vent CPAP with Filter
	  • Supraglottic airway with use of HEPA filter**– See Airway SGA** (With **AGP best practices reference Guide**)

A-EMT	• IV – NS with standard tubing or saline lock TKO. • IV therapy for **hypotensive** (<90 systolic) patients (500ml bolus repeat 1 time, max. 1 L) Reassess LS every 500ml • IO as indicated for shock and no IV access – **See EZ-IO/IO Infusion**
EMT-I	• Cardiac monitoring - **See ECG/12 Lead**

PARAMEDIC	• Acetaminophen- For controlling symptoms if patient does not have their own. (Provide patient with enough so they can follow up the following day with MD/PCP) – **See Acetaminophen**
	• Dopamine for hypotension not responsive to 1L NaCl bolus or wet lung sounds. **-See Dopamine**
	• Midazolam- For controlling agitation to permit use of nebulizer mask or CPAP when patient will not tolerate otherwise **-See Midazolam/Versed**
	• **Sepsis Alert** if patient meets criteria.
	• Depending on the cause of the respiratory distress, consider:
	  • Endotracheal Intubation with HEPA Filter between $ETCO_2$ and BVM.
	  • RSI **– See Airway RSI** (Standard medical RSI medications)

Airway Management	Airway management interventions in order of least exposure to most exposure to the Healthcare Provider: • Nasal Cannula with Surgical mask • The patient uses their Rescue Inhaler with no upper limit. • NRB with Surgical mask • Nebulizer mask with surgical mask • CPAP with Filter i.e. Emergent PortO2vent (yellow CPAP kit) • Handheld Nebulizer **(Must stop ambulance and open doors to allow for adequate airflow)** • Endotracheal Intubation/Supraglottic airway **-AGP Guide**

Special Practices	• Limit infusion fluid volume to 1 L NaCl;
	• No administration of steroids/Solu-Medrol;
	• Consider early intubation on patients that do not respond to CPAP
	• When the patient requests to stay at home, follow the **Transport Determination Guide** criteria;
	• Seal off the cab from the back of the ambulance with plastic and tape or close the divider between the cab and patient compartment.
	  • All personnel transporting should have on appropriate PPE
	• Early notification to the hospital of flu-like symptoms via Pulsara if available.
	• The tech should remain in ambulance with the patient until the hospital staff has been contacted and is ready to receive the patient.
	  • Consider sending in the driver to contact the ED.
	• Gurney Linens will be left in the patient's room after transfer
	• The gurney will be taken out to the gurney decon area using the shortest route, where it will then be cleaned.
	• PPE will be maintained by the transporting personnel until the ambulance and gurney are both decontaminated.
	• Document the PPE used by crew members as per department policy.

Aerosol Generating Procedure (AGP) Best Practices Guide

Device	Protective Measure
High Flow O_2 delivered by a Non-rebreather mask	Place a surgical mask over the exhalation ports of the mask to limit aerosolized droplet spread.
Nasal Cannula	Place a surgical mask over the cannula, mouth and nose.
Emergent CPAP Circuit (The Yellow Bag)	Device comes with filter to attach to the exhalation port.
Suction	Crew should have N95, face shield and gown in place
Intubation	When possible, video laryngoscopy is preferred. Avoid direct laryngoscopy.
Supraglottic Airway (igel)	If used with a BVM a filter should be in place between the $ETCO_2$ and the BVM.
ETT	If used with a BVM, a filter should be in place between the $ETCO_2$ and BVM.
Use of BVM	A filter should be in place between the mask and the BVM
Nebulizer Mask	Use of a nebulizer mask is best practice with a surgical mask over the exhalation ports.
Handheld Nebulizer (HHN)	This procedure should only be done in an open environment where there is good airflow around the patient. A filter must be attached to the end of the exhalation tube. This is not recommended to be done in the medic unit. If it is necessary to administer HHN in the back of the medic, the crews must stop in a safe location, open the doors, turn on the exhaust fan, and administer the nebulizer.