COVID-19 EMS RESPONSE GUIDELINES

Patients with COVID-19 have mild to severe respiratory illness with symptoms of fever, breathing difficulty and cough.

Ask the following questions:

Have you traveled from China, Europe, Hong Kong, Iran, Japan, Italy, South Korea, or any other LEVEL 3 country in the 14 days before your illness started?

-OR-

Have you been in contact with a person with confirmed COVID-19 in the 14 days before your illness started?

There is concern for possible COVID-19

- Provide patient with a surgical mask (not N95)
- Crew members should wear gown, gloves, eye protection and surgical mask.
- If performing aerosol generating procedure, an N95 mask should be worn.
- Follow standard protocols for patient care, but avoid aerosol generating procedures unless necessary

Alert

Notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.

Additional Considerations

- Family members and contacts of the patient should NOT ride in the ambulance during transport.
- Keep pass through doors and windows tightly shut during transport.
- Utilize the supplemental recirculating ventilation unit, if available, in patient compartment.

This is an active document. For the latest updates visit summahealth.org/covid19ems.

summahealth.org
## COVID-19 EMERGENCY MEDICAL SERVICES NON-TRANSPORT GUIDANCE

### Purpose
To identify patients that are safe to assess and not transport to a hospital during widespread cases of confirmed COVID-19 patients.

### Indication for COVID-19 Non-Transport Protocol
- If local, EMS agency Medical Direction has decided to enact non-transport guidelines based on local Indications and consultation with hospital community leaders, EMA, Public Health, etc.
- Healthcare infrastructure is overwhelmed
  - Hospitals are exceeding maximum census
  - Hospitals and stand-alone emergency departments are experiencing significant overcrowding
  - Hospitals have enacted surge plans, i.e. alternative care sites

### 1. Initial Assessment
- If call takers advise that the patient is suspected of having COVID-19, EMS personnel should don appropriate PPE before entering the scene.
- Initial assessment should begin from a distance of at least six feet from the patient and be limited to one EMS provider if possible.

### 2. Patient Assessment
- Does the patient have a fever that is greater than 100.4?
- Does the patient have symptoms of viral syndrome illness (cough, nasal and chest congestion, sore throat, body aches)?
- Is the patient <50 years old?
- Vital Signs:
  - Respiratory Rate >8 or <20
  - O2 Sat >94%
  - Heart Rate <100 bpm
  - Systolic BP at least 100
  - GCS 15

### 3. Exclusions?
- Chest pain, other than mild with coughing
- Shortness of breath with activity
- Syncope
- Diaphoretic
- Cyanotic
- Respiratory distress
- Other exclusions defined by the medical director

### 4. Non-Transport Decision
- Patient has a support system
- Patient is competent
- Patient consents to “no transport”
- The EMS provider notifies local public health authorities
- Patient should receive follow-up by local public health authorities, EMS agency community paramedicine program or other mechanism

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COVID19 – Clinical Recommendations for Public Safety PPE

All Hands,

The Medical Directors from multiple systems are collaborating daily to ensure that Public Safety is receiving unified instructions regardless of receiving facility location or Hospital System.

These recommendations are based upon factual information from the CDC and Ohio Department of Health. Please understand that their guidelines are broad and apply on a global basis, whereas yours are designed to be local and based on our current situation and risk index. The Medical Directors are meeting daily to continually update and modify as conditions require. You should anticipate these guidelines will be fluid and subject to frequent modifications.

There is a limited supply of PPE, and the anticipated COVID19 peak is not expected until April. Therefore, we need to remain focused on conserving inventory levels. Utilization of masks should be used based on necessity and available supply. This would include PAPRs as the highest level, N95s as the medium level, and surgical masks as the lowest level of protection. Keep in mind the surgical masks are more than appropriate for the majority of patients!

These are the most up-to-date PPE recommendations:

- Surgical masks can be used and reused throughout a shift unless soiled, damaged or exposed to person of concern.
- N95 masks can be used until soiled, damaged, or exposed to a person of concern. This could mean multiple-shift use for a single N95 mask. Keep your N95 mask in a paper bag in between uses.
- When aerosol-generating procedures are being performed (nebulizers, CPAP, intubation, suction), the provider should wear eye protection (goggles or face shield), gown, gloves, and an N95 mask. If you are NOT performing an aerosol-generating procedure, then use a surgical mask instead of an N95.

Public Safety providers should also promptly place a minimum of a surgical mask and eye protection on any patient with flu, viral symptoms or specific symptoms below:

- Fever / Chills
- Cough (with or without sputum production)
- Dyspnea
- Sore throat
- Runny nose/nasal congestion
- Headache
- Fatigue
- Myalgias/joint pain
- Nausea/Vomiting/Diarrhea

Some healthcare facilities may ask personnel to mask prior to entering the building. Please ask all staff to comply with facility requests for masking. If a mask is not readily available, please instruct them to make facility staff aware and they will provide.

Thank you for your time and attention on this matter. We will keep you updated as the situation develops.

Stay safe,

Dr. Gallo
March 16, 2020

To: All Squad Supervisors; for distribution to your respective crews

From: Dr. Doug Gallo, Medical Director

Re: Operations During COVID19 Pandemic

With the increase in cases of the 2019 Novel Coronavirus (COVID-19) across the country, listed here are important considerations for all EMS providers:

Symptoms: Fever, cough, difficulty breathing

Incubation period: 2-14 days (source may be asymptomatic)

Patient Assessment: If dispatch advises that the patient is suspected of having COVID-19, don appropriate PPE before entering the scene (see below). Limit the number of personnel entering the scene to two, unless the situation dictates the entire crew needs to enter the scene (e.g. cardiac arrest). The remaining crew should stage outside while carefully monitoring the radio and be ready to assist the crew members inside. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient assessment should be minimized to the extent possible until a surgical mask is on the patient. If dispatch has not advised you that the patient is suspected of having COVID-19, you should still exercise the above precautions when responding to any patient with signs or symptoms of a respiratory infection.

A surgical mask should be worn by the patient for source control. If a nasal cannula is in place, a surgical mask should be worn over the NC. Obtain a temperature, if possible, and a history of potential exposure of the patient to COVID-19.

During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposure.

Precautions for Aerosol-Generating Procedures:

Standard patient care protocols should be followed; any medication that the patient requires based on their clinical condition should be administered. However, unless they are absolutely necessary, avoid administration of nebulized bronchodilators if possible.

Personnel present for or performing aerosol-generating procedures (nebulizers, CPAP, BVM ventilation, intubation or other advanced airway maneuvers, suctioning, CPR) should wear an N95 or higher-level respirator, in addition to other PPE. EMS personnel should exercise caution if an aerosol-generating procedure is necessary; if possible open the rear windows of the ambulance and activate the HVAC system during aerosol-generating procedures.

If your patient is in respiratory/cardiac arrest, it is recommended that you DO NOT perform endotracheal intubation. Utilize a supraglottic airway (I-gel, LMA, King) instead to minimize exposure.
**Recommended PPE:**

N-95 or higher-level respirator or facemask (if respirator is not available) for aerosol-generating procedures.

Eye protection (goggles or disposable face shield that fully covers the front and sides of the face). **Personal eyeglasses and contact lenses are NOT considered adequate eye protection.**

A single pair of gloves and an isolation gown. Change gloves if they become torn or heavily contaminated.

**Treatment:** Supportive - oxygen, fluids, breathing treatments if needed, and transport; only essential personnel should be in the patient compartment for transport.

**Notification and documentation:** Notify the receiving hospital early that you have a potential COVID-19 patient. In the narrative, document the patients’ exposure risks and/or your suspicions that the patient has COVID-19.

**Cleaning the med unit:** Clean the unit while wearing appropriate PPE, per local guidelines. Unit may be out of service for several hours while this is done.

**Monitoring yourselves:** Take your temperature twice a day during a 24-hour period (e.g. morning and evening), and keep a log book in the station of who’s on duty, and documentation that they are afebrile. Only personnel on duty should be in the station; limit visitors. No ride-a-longs or students during the pandemic.

**If YOU get sick:** If you develop a fever, dyspnea, chest pain, nausea/vomiting, notify your supervisor immediately. You will be taken off the line, and sent home to follow-up with your doctor for appropriate testing. All medics you were in contact with in the station will be notified you are ill and will need to be vigilant and watch for any development of symptoms of their own. However, so long as the exposed medics remain asymptomatic, they are still considered fit for duty.

We will keep you updated with the latest recommendations from the CDC as applicable. **Most importantly, WASH YOUR HANDS and don’t touch your face.**