

Pandemic – COVID19 Respiratory Virus

Purpose:

To establish a uniform guideline for managing situations where personnel and equipment have been exposed to COVID-19 (Human Novel Coronavirus of 2019).

Goals include minimizing or eliminating responders' exposure risk while maintaining excellent patient care.

EMT	EMT	EMT
A	Advanced EMT	A
I	Intermediate	I
P	Paramedic	P

Response Precautions

1. Identify premise information while enroute. Dispatch notes may indicate recent exposure to areas or persons with known COVID-19. Don appropriate PPE prior to entering the location.

Patient Assessment

1. While maintaining high quality patient care, initial assessment should begin from a distance of at least 6 feet or if sufficiently private, outside with patient permission. If not already in place, all personnel in contact with the patient should immediately don PPE and if possible place a mask over the patient's face.
2. Limit the number of personnel inside the residence to essential-only.
3. Follow BREMS Protocols for treating your patient, to include the BREMS Temporary Offline Order for Treat & Release as necessary.

Recommended PPE and transport procedures

1. Follow Standard, Contact, and Airborne Precautions, including the use of the following PPE at a minimum:
 - Disposable patient examination gloves
 - Disposable isolation gown,
 - Respiratory protection (N-95 or higher-level respirator),
 - Eye protection (goggles or disposable face shield) that fully covers the front and sides of the face.
2. The driver should remove and dispose of gown/gloves/eye protection and perform hand hygiene before entering the vehicle to avoid soiling the driver compartment. Respiratory protection should be maintained during transport. Alternately, full PPE may be maintained but driver's compartment must be decontaminated prior to returning to service. Safe vehicle operation should continue to be a priority.
3. All personnel should avoid touching their face.

Pandemic – COVID19 Respiratory Virus (Continued)

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Recommended PPE and transport procedures continued

4. Follow CDC guidelines for isolation precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.
5. Consult with medical control before performing aerosol-generating procedures for specific guidance if desired.
6. Exercise caution if an aerosol-generating procedure (BVM ventilation, oral suctioning, ET tube intubation, nebulizer treatment, CPAP, biPAP, or CPR) is necessary.
 - a. BVMs and other ventilator equipment should be equipped with HEPA filtration to filter expired air.
 - b. If possible, the rear doors of the medic unit should be opened and the HVAC system should be activated during aerosol-generating procedures, away from pedestrian traffic.
 - c. Consider use of nebulized medications in the home or prior to loading.
7. Notify healthcare facility as soon as possible so that the appropriate control precautions may be taken prior to patient arrival.
8. Keep the patient separate from others as much as possible. Family members and other contacts of patients should not ride in the transport vehicle if possible, but should consider isolation measures in their home for the period of incubation.
9. Documentation should list all EMS providers involved in the response and the level of contact with the patient. This documentation may need to be shared with local public health authorities.

Decontamination of Personnel and Equipment

1. Leave the rear doors of the medic unit open to allow for sufficient air changes to remove potentially infectious particles.
2. Wear disposable gown and gloves while cleaning the vehicle. A faceshield can also be worn when splashes or sprays are anticipated.
3. Follow directions on cleaning agents to correctly disinfect areas. Keep doors open while cleaning.
4. Cleaning/disinfecting products as listed on List N: Disinfectants for Use Against SARS--CoV-2 per the EPA should be used.

Diligence and Prevention

1. Use proper personal hygiene including soap and water to properly wash your hands regularly.
2. Keep your hands away from your face.
3. Keep up to date with current CDC and VDH guidelines.

PRINCIPLES* OF AIRWAY MANAGEMENT IN CORONAVIRUS COVID-19

FOR SUSPECTED/REPORTABLE** OR CONFIRMED CASES OF COVID-19



BEFORE

STAFF PROTECTION



Hand Hygiene



Full Personal Protective Equipment***



Minimize Personnel During Aerosol Generating Procedures****



Airborne Infection Isolation room (if available)



Early Preparation of Drugs and Equipment



Formulate plan Early



Meticulous Airway Assessment



Connect Viral/Bacterial Filter to Circuits and Manual Ventilator



Use Closed Suctioning System



Use Video Laryngoscopy

PREPARATION

DURING

TEAM DYNAMICS



Clear Delineation of Roles



Clear Communication of Airway Plan



Closed-loop Communication Throughout



Cross-monitoring by All Team Members for Potential Contamination



Airway Management by Most Experienced Practitioner



Lowest Gas Flows Possible to Maintain Oxygenation



Tight Fitting Mask with Two Hand Grip to Minimise Leak



Rapid Sequence Induction and Avoid Bag-Mask Ventilation When Possible



Ensure Paralysis to Avoid Coughing



Positive Pressure Ventilation Only After Cuff Inflated

TECHNICAL ASPECTS

AFTER



Avoid Unnecessary Circuit Disconnection



If Disconnection Needed, Wear PPE and Standby Ventilator +/- Clamp Tube



Strict Adherence to Proper Degowning Steps



Hand Hygiene



Team Debriefing



*Principles of Airway Management of COVID-19 may apply to Operating Theatre, Intensive Care, Emergency Department and Ward Settings. Similar principles apply to extubation of COVID-19 patients.

**There are regional and institutional variations on definition of a suspected/reportable case. Please refer to your own institutional practice.

***Personal Protective Equipment according to your own institutional recommendation, may include: Particulate Respirator, Cap, Eye Protection, Long-sleeved Waterproof Gown, Gloves

****Aerosol Generating Procedures: Tracheal Intubation, Non-invasive Ventilation, Tracheostomy, Cardiopulmonary Resuscitation, Manual Ventilation before Intubation, Bronchoscopy

References:

1. World Health Organization. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected Interim guidance. January 2020.

2. Center for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) or Persons Under Investigation for 2019-nCoV in Healthcare Settings. February 2020.

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Providers may suggest the following care for patients meeting criteria:

1. If not allergic, patient may self-administer dosages of acetaminophen according to package labeling for control of fevers and aches.
2. Patients should be encouraged to rest and stay well hydrated.
3. Patients should be advised to stay home from work/school until symptoms have subsided for at least 24 hours and practice proper hygiene techniques.
4. Patients should be advised to seek medical attention if their condition worsens, displayed by signs and symptoms including: difficulty breathing, pain in chest or abdomen, sudden dizziness, confusion, persistent vomiting, and flu-like symptoms that improve then return with a worsening cough.

General Guidance:

1. Providers should always use their judgment and discretion, acting in the best interest of the patient and the community they serve. It may be advisable that a follow-up be initiated after a treat & release is obtained. Follow your departmental SOG/guidance regarding this. If a situation is unclear consultation with Medical Control or responsible physician, such as the patient's PCP, is strongly recommended.
2. Patients who prefer transport to a medical care facility will be transported as expeditiously as possible, taking appropriate isolation precautions, and with notification to the receiving facility prior to arrival. If patients are transported, providers may be directed to alternate care facilities depending upon the severity of illness and state of receiving hospital.
3. If possible, providers should provide patient staying at home with written information regarding resources for advice should further questions arise. An example of this would be CDC citizen handouts.
4. All patients shall have a departmental PPCR completed and patients who are treated and released shall sign a Waiver of Transport contained within the care report. The AIC accepting the waiver shall provide the designated department leadership notification indicating a waiver was obtained. The department shall provide a weekly summary of patients treated under this protocol to the BREMS office.