

(suspect/presumptive/confirmed)

Criteria:

- Fever (*>100.0 degrees F*), cough, AND/OR shortness of breath
- Or Influenza (Flu) like illness (body aches, sore throat, fever)

Note: Accompanying GI symptoms may also be present

General guidance:

The following guidelines have been created to assist EMS personnel with the evaluation and treatment of patients known or suspected to have Coronavirus Disease (COVID-19). These guidelines have been created using the most up to date information available from the CDC, WHO, WA State Department of Health and local health departments. The information is constantly changing, and these guidelines may need to be altered accordingly. Pay close attention to the date and version number. Read and adhere to guidance provided to you and always use a common sense approach.

Contact 24/7 Skagit County Public Health for guidance if needed: **360-770-8468** (EMS/First Responders only- Do not give out this #)
If questions in the field, please contact Dr. Russell **360-223-8518** if needed for further guidance

Always practice good health habits: clean your hands frequently with soap and water (at least 60% alcohol-based hand sanitizer if soap and water not available), cover coughs and sneezes with tissue and dispose tissue in the trash, and stay home when you are sick.

Pre-arrival/PPE:

- Maintain community situational awareness regarding COVID-19
- Pay attention to the dispatch information for signs and symptoms indicative of possible COVID-19
 - Symptoms may appear 2- 14 days after exposure but may be longer or not appear at all (Update: current studies suggest the median time of symptom onset after exposure is 5-6 days)

Arrival/PPE:

- Do not rely solely on dispatch for alerts on donning appropriate PPE
- Upon approach to the residence/ location of patient, consider having only one responder in appropriate PPE enter initially, while additional responders remain outside, until the initial assessment is done
- Remain 6 feet from anyone in the residence and as you enter ask, "Does anybody here have a fever, cough, shortness of breath or is concerned they may have the coronavirus COVID-19?"
 - If yes, a surgical mask should be given to the patient by a friend or family member who is already in close contact with the patient or by a PPE protected EMS provider until the need for oxygen is assessed
 - If yes, EMS providers don eye protection, gloves, isolation gown, N95 or equivalent mask. NOTE: The WA DOH and CDC approve the use of surgical masks in the setting of severe PPE shortages. Despite the approval of the surgical mask by the WA DOH, more recent data (NEJM March 17th) and expert consultation endorse the use of N95 unless prohibited by shortages. Therefore Dr. Russell is recommending the N95 level mask be used when available.
 - If no, EMS providers don eye protection and gloves as universal precautions as recommended for all patient encounters
 - Conduct a rapid scene size-up and verbal patient assessment for respiratory and other pertinent symptoms from the 6 feet distance until proper PPE is in place

Assess the patient for need for transport

- In the setting of COVID-19, active efforts to limit transport to those for whom it is medically indicated and/or there are no safe alternatives is recommended. A careful history and examination by providers is warranted.
- If patient is hypoxic, clinically dyspneic, or appears clinically ill (sick vs not sick – if they appear sick), transport is indicated.
- Patients who meet ALL of the following criteria may be left at home without contacting medical control:
 - Age less than 60 years old
 - Normal vital signs (Oxygen saturation is $>93\%$, and Pulse is <110 , and SBP is >110). Fever alone is not an indication for mandatory transport.

- Not clinically “sick” (Sick vs not sick criteria)
- The only complaint is an influenza-like illness (cough, body aches, sore throat, etc...)
- Patient is able to take oral fluids/maintain hydration
- EMS Provider assessment is that patient transport is not indicated
- Contact Medical Control or Dr. Russell (360-223-8518) for further guidance if questions arise.
- Any patient not transported under these guidelines should receive the information sheet “What to do if you are sick with coronavirus” (see copy attached) and be provided the contact information for the WA State Department of Health novel coronavirus call center (1-800-525-0127 and press #)

Preparing for transport:

- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE.
- 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. A facemask should continue to be used during transport.
- If the transport vehicle does have an isolated driver’s compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
- Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If they are riding in the transport vehicle, they should wear a facemask.
- During the transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.
- Prior to transport, close the door/window between driver/patient compartments before bringing the patient on board.
 - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce infectious particles in the vehicle.
 - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
 - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour.

Notify hospital of impending arrival if COVID-19 is suspected.

- If the patient is hypoxic and/or in respiratory distress/clinically ill, notify the hospital as early as practical in clinical care.

Care during Assessment/Transport:

- Mask the patient before transport: if the patient needs oxygen via a non-rebreather mask make sure the flow is at least 12Lpm, and may consider placing a facemask over the O2 mask to shield the potentially contaminated exhalation coming from the mask vents if active coughing is occurring; if the use of a nasal cannula is adequate to attain desired oxygenation then place a facemask on the patient.
- In addition to the PPE described above, EMS personnel should minimize any potentially aerosol-generating procedures performing activities such as CPR, BVM, suctioning, nebulizer treatments, CPAP, intubation or other interventions that cause aerosolization of droplets. If a procedure is required, providers should be wearing N95 masks (surgical masks are not appropriate in the Setting of aerosolized procedures) and a full face mask and/or goggles
 - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air if available
 - If possible, the rear doors of the transport vehicle should be open and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

After the Call:

- After the patient is released to the facility or when the call is completed at a scene where the patient was left at home, EMS providers should remove and discard PPE and perform hand hygiene.
- Used PPE should be discarded in accordance with routine procedures.
- Documentation of patient care should be done after EMS providers have completed the transport, removed their PPE, and performed hand hygiene.
 - Documentation of PPE used by EMS should be included as part of the ePCR, so follow-up can be done in case of lab confirmation.
 - Ensure you annotate clearly on the PCR your agency,
 - Include the names of all providers involved, especially mutual aid providers, for infection control tracking.

- The patient care report should be completed and locked as soon as possible following delivery of the patient to the emergency department
- Follow CDC guidelines for cleaning the ambulance prior to using the vehicle for another transport.
- The standard agency process for follow-up of any potentially infectious disease should be in place in the case of lab confirmation; as well to assess if everyone used appropriate PPE, monitor workers for symptoms, and perhaps exclude from work according to CDC guidance keeping in mind this guidance might change.

Additional implications and cultural/system changes of the COVID-19 outbreak on routine clinical care:

- Providers are encouraged to identify patients not medically requiring EMS transport.
- ALL aerosolized procedures should be minimized where possible, regardless of initial suspicion level for COVID 19.
 - Avoid nebulizer therapy. Encourage MDI use (with spacer) Consider IM epinephrine for bronchospasm for patients in distress (Adult dose epinephrine: 0.3mg IM Pediatric dose epinephrine: 0.01mg/kg IM (minimum dose 0.15mg, maximum 0.3mg)
 - Consider iGel placement over intubation (lower risk of aerosolization) for airway management
 - Avoid CPAP where possible

NOTES:

Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment



**Matthew F. Russell
Skagit County EMS
Medical Program Director**

Skagit County EMS COVID-19 Decision Tree

- Single EMS responder entry for initial assessment (leave EMS kits at the door)
- Communicate patient care needs to other responders - radio/voice
- N95 (if not available, then surgical mask), protective eyewear, and gloves for responders
- Place surgical mask on patient (if potential respiratory illness / COVID-19)
- Assess/interview patient from 6 feet away
- Open window / door for airflow

Interview From the Door
(Multi-occupancy facility, check with staff at main entry)

DOES THE PATIENT HAVE:
Cough, Shortness of Breath, Fever, Sore Throat,
Body Aches, Respiratory Distress
Nausea/Vomiting, Diarrhea?

NO

YES

NO

Transport Necessary? (1)

YES

Utilize Standard Precautions & necessary responders can enter

Provide copy of **CDC Sick with COVID-19 Directive** and encourage patient to:

- Stay at home for 7 days or 72 hours after resolution of symptoms (whichever is greater)
- Follow up with PCP
- Call 911 if symptoms worsen

NO

Aerosolizing Procedure?
(avoid if possible)
CPAP, Neb Treatment,
Intubation/i-Gel, BVM, Suctioning
(2)

YES

Documentation of Personnel and PPE
(3)

Airborne Precautions:
Goggles or Full Face Protection
Gloves, Gown, N95

1. Transport consideration should be made for the following patients: Hypoxic, clinically dyspneic, or appears clinically ill (sick vs not sick - if they appear sick)
In order to leave patient at home they must meet all criteria: <60 years of age, Normal vital signs (O2 Sat >93%, HR <110, SBP >110)
2. These procedures should be deferred if possible. Consider MDI with spacer for respiratory distress. Consider i-Gel over ETI.
3. EMS documentation must include ALL personnel present on the scene as well as the level of PPE each crew member was wearing. This should be documented in ESO. Should you not have ESO in place at this time, paper documentation should reflect the same components. For patients left at home, use ESO Disposition: "Patient Treated, Released (Per Protocol)"

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate. When working with your local health department check their available hours.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

