

**PPE for All Skilled Nursing Facility Patients and All Patients with Suspicion for Respiratory Illness (Fever, Cough, Shortness of Breath, Difficulty Breathing):**

1. Gloves – One Time Use
2. Gown – One Time Use
3. Full-face shield or goggles – Re-usable 24hrs
4. N95 respirator or P100 (Re-usable 24 hrs). If not available, surgical mask
5. **All patients with any concern for respiratory illness of any kind** should have a surgical mask applied immediately. **MASK BEFORE YOU ASK**

**General Guidelines/Best Practices:**

1. Assume that possible COVID-19 patients may have called EMS with a non-respiratory complaint (syncope, fall, cardiac arrest)
2. Begin assessment from > 6 feet distance
3. Limit the number of providers with patient contact to minimum needed to safely treat
4. Do not rely on dispatch pre-arrival screening to catch all possible screened positive patients
5. Necessary PPE readily available on all calls. **Required for cardiac arrest responses**

**Dispatch/EMS/Pre-Hospital Screening (as of 03/19/2020): For all calls**

1. Have you tested positive for COVID-19 (Coronavirus)? Or been exposed to someone in your *home* who has tested positive? If YES, the patient should be considered a **SCREENED POSITIVE PATIENT**. For these patients, Dispatch and/or Responding Unit should request that patient be moved to an isolated area for assessment if possible

**EMS/TRANSPORT PROCEDURES: (For Suspected /Screened Positive/Cardiac Arrest Patients)**

1. PPE procedures activated for close contact responders
2. Place surgical mask on patient
3. Limit treatment activities unless patient is unstable. Prepare medication and equipment (IV kit) in advance when possible. Obtain MD consultation as needed.
4. **Airway management: Exercise caution and limit treatments that may be aerosol-generating:** intubation (King tube preferred) and bag valve mask (BVM) ventilation. **N95 or P100 is required for provider administering these interventions.** Hepa filter for BVM if available. If tolerated, place clear plastic sheet over patient during airway interventions.
5. **No nebulized treatments or CPAP** without MD Consult and require N95/P100 for provider. Only asthmatic/copd patients are likely to benefit from albuterol and may use albuterol

**COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel**



- inhaler if available. Adults: 5 puffs w/spacer preferred / Children < 12: 2 puffs w/spacer preferred. Repeat q 15 min prn
6. Nasal cannula oxygen (2-4 liters/per min) if pulse oximetry <90% & mask over cannula
  7. Transport according to Destination guidelines
  8. Follow employer guidance on PPE procedures for ambulance driver/compartment
  9. Set the vehicle's ventilation system to non-recirculating mode to maximize volume of outside air brought into the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area & out the back end of the vehicle
  10. Upon arrival at the ED, make phone or radio contact with ED and advise of your arrival, await further instructions from staff before unloading patient
  11. Transfer Patient to ED per their instructions and ask accepting MD if patient is likely a PUI
  12. If patient is a PUI and appropriate PPE not worn or breached during care or transport refer to your Battalion Chief for exposure guidance
  13. **All patients being transported, regardless of call type or complaint**, will have a red wrist band placed. The band should be labeled with the call F# as well as the transporting unit designator. (Example: F#20-001234 M61). Ask hospital to follow PUI notification protocol.

## DECONTAMINATION OF GEAR and EQUIPMENT:

1. Complete transfer, doff PPE, don new PPE.
2. Dispose of disposable equipment at the scene as bio-hazardous waste.
3. If the turnout gear or station uniform is visibly contaminated by bodily fluid, it should be placed in a biohazard bag at the scene and washed following prescribed laundry procedures. Chlorinated bleach shall not be used with any fire fighter protective clothing.
4. For decontamination of non-disposable equipment, follow manufacturer & departmental procedures
5. Vehicles used to transport persons suspected of having COVID-19 should be cleaned by staff wearing protective equipment and following county and provider decontamination procedures.
6. **PPE Discard Guidelines:** Discard N95/P100 respirators/face shields following use during aerosol generating procedures and those exposed to blood, secretions or bodily fluids.
7. **PPE Re-use Guidelines:** Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator when feasible to reduce surface contamination of the respirator. Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. UV light/heat treatment or rotation of masks are acceptable alternative strategies for re-use. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator. Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene.
8. **P100 respirators** and other **reusable** equipment/devices shall be cleaned & disinfected in accordance with manufacturer's recommendation

## MISCELLANEOUS ITEMS:

1. Ensure crew rosters are correct, all personnel documentation is correct
2. Minimize loose and uncovered equipment in the patient area of the ambulance.
3. The EMS/Fire/Law Enforcement personnel are considered "low risk" if wearing appropriate PPE prior to making contact with the patient or if > 6 feet distance. If appropriate PPE is worn, the following may occur: May remain on shift and continue providing patient care. Shall self-monitor daily for fever or any cold/flu or respiratory symptoms and report these to their physician.