[1.2 Coronavirus Disease 2019 (COVID-19](#bookmark)) Safety Precautions for All Patients

**EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS**

1. When treating a patient (since any patient may be at risk for COVID-19), minimize the number of responders providing care unless life-threats need to be addressed.
2. EMS clinicians should exercise appropriate precautions when responding to any patient, not just individuals with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient.
3. If COVID-19 is suspected, EMS should use all personal protective equipment (PPE), as follows:
	* 1. Facemask: N-95 respirators or respirators that offer a higher level of protection should be used instead of a facemask for suspect or proven COVID-19 patient or ANY aerosol-generating procedure in ANY patient not known to be COVID-19 negative.
		2. Eye protection (i.e., 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.
		3. A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated.
		4. Isolation gown.

d. EMS may defer CPAP or other respiratory therapies (such as nebulizer or inhaler therapies) to the receiving hospital, to reduce aerosol-generation risk. Keep in mind that the Protocols permit MDI use in place of nebulizers anyway, even for patients not specifically noted to be at risk for COVID-19, and it is acceptable to do so for all patients during this period. If the patient does require an aerosol-generating procedure and has not had a negative COVID-19 test within the past 72 hours, then EMS personnel should don a N95 or higher respirator. Parenteral therapy (e.g. intramuscular epinephrine) may be necessary for the safer treatment of severe bronchospasm. When in doubt, please discuss individual cases with on-line medical control.

e. Note that endotracheal intubation is an aerosol-generating procedure. In patients who require intubation, it is acceptable to instead place a supra-glottic airway. N95 or higher respirator should be also used for supraglottic airway placement.

f. All EMS personnel, when trained by their ambulance service and approved by their affiliate hospital medical director, may obtain swab samples for COVID-19 testing, and deliver these samples to appropriate testing facilities. Services should train their personnel on the appropriate technique based on the following link and the test being utilized by their service: <https://www.cdc.gov/flu/pdf/freeresources/healthcare/flu-specimen-collection-guide.pdf>.

g. EMTs, even in a BLS service, *when properly trained by their Affiliate Hospital Medical Director and in a program that does 100% QA review of all such cases*, may place supra-glottic airways as part of airway management in cardiac arrest patients.

h. If available, ensure all patients being ventilated with a BVM, have an in-line filter.