

Coronavirus Disease 2019 (COVID-19)^{1.2}

Safety Precautions for All Patients

EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

a. 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.

b. 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. If COVID-19 is suspected, EMS should use all personal protective equipment (PPE), as follows:

- Facemask,
 - N-95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.
- 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.
- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.,
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS personnel (e.g., moving patient onto a stretcher).
- As available, fit-tested EMS personnel should return to use of respirators for patients with known or strongly suspected COVID-19.

c. If a patient is stable and ambulatory, it is acceptable to allow the patient to walk to the ambulance, as long as that will not aggravate the patient's condition (e.g. chest pain patients should not be walking). Utilizing a stair chair or stretcher for a stable patient who is ambulatory places EMS personnel in a close proximity to the patient, which may not be necessary given their clinical condition.

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. 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 supraglottic airway. N95 or better respiratory protection should also be used for supraglottic airway placement.

Protocol Continues

1.2 Coronavirus Disease 2019 (COVID-19) Safety Precautions for All Patients



EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

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. If a patient is refusing to go by ambulance, EMS must follow Protocol 7.5 Refusal of Medical Care and Ambulance Transport standards for informed patient refusals, but may dispense with the portion that requires obtaining the patient's signature for patient refusal, which would require unnecessary close proximity to the patient. Instead, EMS must document the patient's refusal in their patient care report.

h. 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 supraglottic airways as part of airway management in cardiac arrest patients.

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

E

/

A

/

P