

COVID-19 EMS Personnel Update

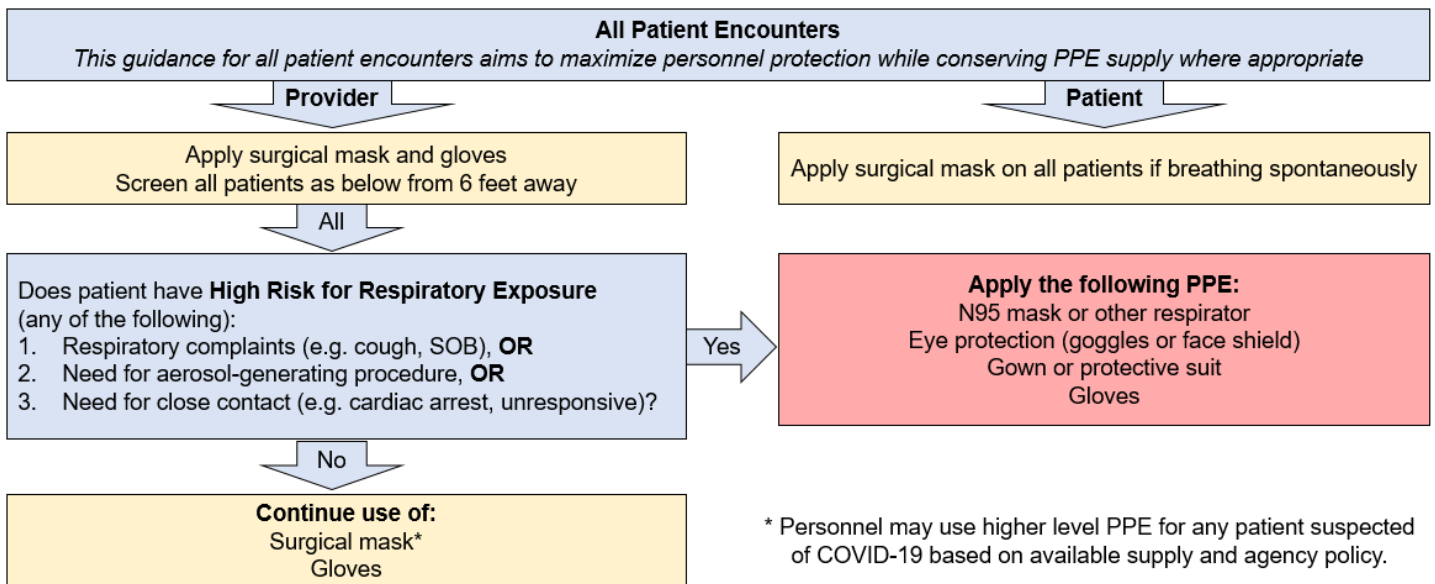
Key Information

- COVID-19 is a flu-like illness that causes fever and respiratory symptoms, now with community spread.
- Appropriate use of PPE is critical, most importantly a mask on the patient and a mask on the provider.
- Individuals at increased risk of severe illness are older and/or with comorbidities. Younger individuals, especially children, are more likely to have mild disease or be asymptomatic.

MASK and ASK

- Don a **standard surgical mask** and gloves when responding to any patient.
- While standing 6 feet away, apply the screening tool below to guide appropriate use of PPE.
- A patient's face mask may be placed over a nasal cannula or an oxygen mask if clinically indicated.
- Eye protection (when indicated) includes goggles or face shield.
- Refer to local agency policy for donning and doffing sequence based on your available equipment. UPMC's suggested procedure is available as an online reference.
- Mask that were used with patients at low risk of COVID-19 and that are not soiled may be used multiple times during a shift. Refer to: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceeextuse.html>.

Screening Tool for PPE Use During COVID-19 Pandemic



Documentation

Ensure the following documentation in emsCharts or other ePCR equivalent if pertinent:

- **Page 1: Dispatched As: Infectious Disease, Positive Pre-Arrival Screen**
- **Page 1: Medical Category: Infectious Disease, Positive Pre-Arrival Screen**
- **Page 2: Impression** → Identify if suspected or confirmed COVID-19 patient.
- **Page 2: Exposures** → Identify use of PPE by each provider.

It is very important to complete documentation within 24 hours with information above to aid in follow up of any potential COVID-19 exposure.

Patient Management for Patients with Respiratory Illness +/- Fever

- Review the **High-Risk Medical & Clinical Criteria** below. If patient does not meet any of these criteria and has symptoms consistent with a viral respiratory illness, **consider if treatment at home is appropriate** and discuss with the patient. **If needed, contact UPMC Medical Command, especially if meeting High-Risk Criteria.**
Patients staying at home should be:
 - Capable of making an informed decision** after weighing risks and benefits of staying at home.
 - Provided Self Care at Home document** including self-quarantine and self-monitoring instructions.
 - Able to support themselves** at home, with access to food, water, and any needed medications.
- If transporting, treatment is supportive; treat based on signs and symptoms with these **precautions**:
 - If SpO₂ <94%, administer oxygen (NC or O₂ mask with overlying surgical mask).
 - Avoid aerosol treatments and CPAP. Consider use of patient's bronchodilator MDI and bring their MDI to the hospital if possible, due to shortages of MDI's. **5 Albuterol MDI puffs = 1 neb treatment.**
 - For respiratory failure, ET intubation is preferred. If available, use HEPA filter with BVM/vent.
- Be particularly careful to avoid self-exposure when performing or present for an aerosol-generating procedure while providing airway and respiratory interventions and wear N95 or higher protection.
- Complete or stop nebulized treatments prior to entering an Emergency Department. If patient requires CPAP, ensure ED staff is aware and room is assigned to minimize exposure in common spaces (e.g. hallways).
- If you are concerned about a potential COVID-19 exposure without appropriate PPE, contact your supervisor.

High-Risk Medical Criteria	High-Risk Clinical Criteria
<input type="checkbox"/> Age 50 years or greater <input type="checkbox"/> Resident of a Nursing Home or long-term care facility <input type="checkbox"/> Chronic medical condition / immunocompromised <ul style="list-style-type: none"> Diabetes Chronic heart, lung, or kidney disease Sickle Cell Disease Immunosuppression, cancer, organ transplant, HIV Pregnant <input type="checkbox"/> Any other condition that compromises respiratory function, the ability to clear secretions, or increases the risk of aspiration	<input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Shortness of breath, labored breathing, rapid breathing, difficulty talking breaths <input type="checkbox"/> Pulse ox < 95% <input type="checkbox"/> Respiratory rate >24 <input type="checkbox"/> Heart rate >100 (adult) <input type="checkbox"/> SBP <100 mmHg (adult)

Guidance for Scene or Interfacility Transport of Patients with Proven or Suspected COVID-19

PREPARATION

- Avoid transporting family/friends to minimize exposures. If transported, they should wear a facemask.
- If transport is to a UPMC facility, please advise any family/friends that UPMC Emergency Departments will restrict all visitors unless the visitor is essential for the patient's assistance and care.
- When possible, isolate vehicle driver and patient compartments.
- Use the non-recirculated mode of ventilation and exhaust fan(s) if available.

NOTIFICATION

- Notify the receiving healthcare facility via UPMC Medic Command or destination notification that the patient is diagnosed with or may have COVID-19. Use the words "POSITIVE COVID SCREEN".

ARRIVAL

- Engage a member of the ED team to notify of the arrival. The ED team member should identify a room assignment or triage location and ensure patient continues to have a facemask in place.

TRANSFER OF CARE

- The crew will transfer care at the bedside or triage location as identified by the ED team.
- At UPMC facilities, all patients, visitors, and EMS personnel should wear a mask while in the facility. A mask will be provided on arrival if one is not already being used.
- Allow vehicle to air out for 10 minutes after transport and perform standard cleaning and disinfection of vehicle according to your agency guidelines. Products with EPA-approved emerging viral pathogens claims (or for SARS-CoV-2 like viruses) are recommended.

If you have any questions about the information provided, please email EMS_COVID_Support@upmc.edu.