

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.

MASK and ASK for all patient encounters

- Don a **standard surgical mask** and gloves, then apply screening tool from 6 feet away as below.
- A patient's face mask may be placed over a nasal cannula or an oxygen mask if clinically indicated.
- Refer to local agency policy for donning and doffing sequence based on your available equipment. UPMC's suggested procedure is available here: https://www.emswest-covid.org/wp-content/uploads/2020/03/Donning_and_Doffing_Personal_Protective_Equipment.pdf.
- 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/recommendedguidanceextuse.html>.

Screening Tool for PPE Use & Notifications During COVID-19 Pandemic

| All Patient Encounters | | | | | |
|--|---|---------------------------|------------------------|------------------------------|--|
| This guidance aims to identify patients at risk of COVID-19 and maximize personnel protection while conserving PPE supply | | | | | |
| STEP 1 | Apply surgical mask and gloves on self and surgical mask on all patients if breathing spontaneously Screen all patients as below from 6 feet away | | | | |
| STEP 2 | Identify ANY COVID-19 Patient Under Investigation (PUI) Screening Criteria : 1. Complaint of shortness of breath, fever, cough, altered mental status, or unresponsiveness ? 2. Is patient or someone in the patient's house self-quarantined for COVID-19 ? 3. Has the patient had close contact with someone suspected to have, OR tested positive for COVID-19 in past 14 days? | | | | |
| STEP 3 | | Screening Criteria | PPE Use | Hospital Notification | |
| | PUI | Positive | Droplet + | Notify of COVID-19 PUI | |
| | Not PUI | Negative | Surgical Mask & Gloves | Standard Notification | |
| <table border="1"> <tr> <td>Droplet+ PPE: N95 mask or other respirator Eye protection (goggles or face shield) Gown or protective suit Gloves</td> </tr> </table> | | | | | Droplet+ PPE: N95 mask or other respirator Eye protection (goggles or face shield) Gown or protective suit Gloves |
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| Possible Mask Conservation Strategy (refer to agency policy) | | |
|--|--|--|
| STEP 4 | Identify ANY High Risk for Respiratory Exposure : 1. Respiratory complaints (e.g. cough, SOB)? 2. Need for aerosol-generating procedure? 3. Need for close contact (e.g. cardiac arrest, unresponsive)? 4. Patient is not able to keep mask on? | |
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| | <ul style="list-style-type: none"> • As part of N95 mask conservation, if COVID-19 PUI has NO High Risk for Respiratory Exposure Criteria, a surgical mask may safely be used instead of an N95 or other respirator when worn by both patient and EMS personnel. • An N95 or other respirator should be worn if ANY High Risk for Respiratory Exposure Criteria are met. | |

Documentation

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

- **Page 1: Dispatched As & 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.

Complete documentation within 24 hours to aid in follow up of any potential COVID-19 exposure.

| High-Risk Medical Criteria | High-Risk Clinical Criteria |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Age 60 years or greater <input type="checkbox"/> Chronic medical condition / immunocompromised <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic heart, lung, liver, or kidney disease <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Immunosuppression, cancer, organ transplant, HIV <input type="checkbox"/> Pregnancy >24 weeks <input type="checkbox"/> Obesity (BMI >40) <input type="checkbox"/> Any other condition that compromises respiratory function | <ul style="list-style-type: none"> <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 <12 or >24 <input type="checkbox"/> Heart rate <50 or >100 (adult) <input type="checkbox"/> SBP <100 mmHg or >200 (adult) |

Patient Management for Patients with Respiratory Illness +/- Fever

- If patient does not meet any **High-Risk Medical & Clinical Criteria** and has symptoms of 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 **guidelines:**
 - If SpO2 <94%, administer oxygen (NC or NRB with overlying surgical mask). **If still hypoxic:**
 - Ensure patient is sitting up and use NC (6 lpm) + NRB (10-15 lpm).
 - If patient can tolerate, consider moving patient to a prone position.
 - 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.

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

- 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 compartment, use non-recirculated ventilation and use exhaust fan(s).
- **Upon arrival in the ED:**
 - 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.
 - 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 and disinfect vehicle according to your agency guidelines.

Guidance for Management of Patients in Cardiac Arrest During COVID-19 Pandemic

- Ensure use of Droplet+ PPE prior to initiating resuscitation of any cardiac arrest patient.
- Determine Code Status and goals of care whenever possible. Refer to EMS Durable DNR or POLST form if available. Obtain contact information for a Power of Attorney if possible.
- Management of patients without specific suspicion of COVID-19 should be per existing statewide protocols.
- If patient is suspected of having COVID-19 (e.g. preceding febrile respiratory illness prior to cardiac arrest):
 - After 10 minutes of resuscitation on scene, contact Medical Command to discuss plan based on location, response to interventions, or other patient factors.
 - Transport should be initiated after patient has been stabilized on scene (typically over 10 minutes) to include 12-lead assessment, blood pressure stabilization (e.g. epinephrine infusion if needed), and extrication.
 - If cardiac arrest occurs during transport, pull over to safe location to initiate resuscitation while wearing Droplet+ PPE. Contact Medical Command to discuss destination if no ROSC after 10 minutes.

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