

Emerging Infectious Disease – Suspected COVID-19

INCLUSION Criteria: Patients with known exposure to COVID-19 or suspicion for COVID-19 infection. This should be used in ADDITION to or as modification of symptom specific protocols.

EXCLUSION Criteria: No recommendations.

Other Protocols to Consider: Airway Management, Altered Mental Status, Chest Pain/Suspected ACS, Difficulty Breathing, Dizziness or Vertigo, Fever or Sepsis, Hypotension Shock, Tachycardia

Recognize this is a continually evolving situation. Follow up to date guidance from your medical director, public health department and the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>).

EMR	<ul style="list-style-type: none"> EMS Providers should perform their own risk and patient assessment upon arrival even if 911 screening has occurred. A patient should be considered to potentially have COVID-19 if they have traveled in the past 14 days to a place with sustained community spread, had close contact with a person under investigation or diagnosed with COVID-19, or if they are complaining of ANY of the following signs/symptoms: fever, chills, difficulty breathing or shortness of breath, persistent cough, any other new respiratory symptoms.
EMT	<ul style="list-style-type: none"> If acting as a first responder and there is no evidence of emergent life threat, maintain at least 6 feet from patient. Minimize number of providers who have close contact with patient: Consider having a single provider perform initial assessment and assume patient care unless additional providers are needed. If the patient can tolerate it, place a facemask on the patient (over nasal cannula if in place). Personal Protective Equipment (PPE) required if within 6 feet of patient: <ul style="list-style-type: none"> Droplet and Contact Precautions for all patients (this includes face mask, eye protection, gloves, and gown) Respirators (N95, PAPR) use should be prioritized for procedures that are likely to generate respiratory aerosols (e.g. suction, nebulizers, CPAP, BVM, SGA, Intubation). Consider equipping ventilatory equipment with HEPA filters. If there are a shortage of gowns, they should be prioritized for aerosol generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities
AEMT	<ul style="list-style-type: none"> When feasible, efforts should be made to avoid performing procedures that are likely to generate respiratory aerosols (e.g. suction, nebulizers, CPAP, BVM, SGA, Intubation). Consider preferentially utilizing supraglottic devices for advanced airway management over endotracheal intubation.
PARAMEDIC	<ul style="list-style-type: none"> Provide early notification to the emergency department of suspected COVID-19 patient. Decontamination: After arrival to the hospital, leave back door of ambulance open to air out while transferring patient into the ED. Standard operating procedure with routine cleaning and disinfectant procedures is appropriate for all surfaces and equipment that may have contact with patient or materials contaminated during patient care. Wash hands with soap and water for at least 20 seconds after doffing PPE according to standard procedure.
NOTES	<ul style="list-style-type: none"> Criteria for consideration for no-transport <ul style="list-style-type: none"> Age <60 years old History of viral syndrome (e.g. fever, cough, nasal/chest congestion, sore throat, body aches) Vitals <ul style="list-style-type: none"> Respiratory Rate between 8 and 20 bpm or upper limit of age based normal Pulse oximetry >93% Heart rate <110 or upper limit of age based normal Systolic Blood Pressure >90 or age based lower limit of normal Absence of high-risk medical history including: respiratory disease (asthma, COPD), active cancer, diabetes, morbid obesity, heart disease (CAD, CHF), neuromuscular disorders, immunocompromised Patient (or guardian) demonstrates medical decision-making capacity, ability to communicate understanding of risks and benefits or no transport, and agrees with no-transport recommendation Absence of shortness of breath, respiratory distress, syncope, cyanosis, diaphoresis, chest pain (other than mild with coughing), or otherwise concerning finding on assessment If ALL above criteria are met, consideration for recommending NOT to transport the patient to the emergency department. <ul style="list-style-type: none"> Discuss non-transport and recommended self-quarantine with script: <i>“Based on your age, medical history, and our assessment, a COVID-19 test may be appropriate, but the risks from emergent transport by ambulance to the emergency department likely outweigh the benefits. In order to limit exposures, would you be comfortable with us providing you alternative information regarding home care and recommendations?”</i> Provide patient handout with information regarding home management, prevention of infection transmission, and resources available for evaluation, testing, and contact information. Ensure proper support system in place to allow for calling of 911 if condition changes Transport if patient does not meet criteria or requests transport <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>Remember, we can offer guidance and recommendations but cannot refuse transport</p> </div>