

Patient Care Considerations

1. High risk exposures include prolonged contact with patients with COVID-19, being in close proximity (< 6 feet) to the patient, and being directly exposed to any coughing, sneezing, mucous, or other respiratory secretions. The risk of exposure declines significantly if the patient is wearing a surgical mask and the clinician wears appropriate PPE (to include wearing a surgical mask as opposed to a respirator). Low risk exposures are thought to include brief patient interactions (e.g. briefly entering the area around the patient but not having any direct contact).
2. To the best of the clinician's ability, try to assess ALL patients from a safe distance (> 6 feet) until able to confirm that the patient is or is not at risk for COVID-19 infection and appropriate PPE can be donned (if not previously done). Patients should be provided a surgical mask at the beginning of their evaluation.
3. The current recommendations for contact precautions and handling patients who are suspected to have COVID-19 have been previously communicated and can be easily referenced on the [CDC website](#). This information is consistent with prior guidance published in the ASPR:TRACIE [EMS Infectious Disease Playbook](#) (2017). This includes the use of a respiratory (N95 or PAPR), fluid resistant gown or coveralls, face shield or eye protection, and gloves. All of our staff should be properly FIT tested with the make and model number respirator that is currently available in accordance with OSHA standards.
4. New guidance from the CDC (10 Mar 2020) has suggested that, should we continue to experience a shortage of respirators, that the clinician can substitute a standard surgical mask for an N95 respirator (i.e. implement droplet precautions as opposed to airborne precautions). The patient should continue to wear a surgical mask, if able to. In this situation, respirators should be reserved only for situations where aerosol-generating procedures (e.g. intubation, suctioning, sputum induction, nebulizer treatment) are going to be performed.
 - a. N95 respirators continue to be in short supply nationally and F&ES should continue to work with local BUMED MTFs regarding N95 supplies
 - b. Should the supply of respirators become more reliable, we will revert back to preferentially using respirators for all suspected patient contacts.
 - c. Respirators will be continued to be used preferentially in all suspected PUI cases until further notice.
5. The proper donning and doffing procedure is described in the ASPR infectious disease playbook (attached). All personnel should be familiar with this procedure and should be signed off by their training officers as being competent to safely don and doff prior to contacting a patient with a suspected coronavirus infection.