

**COVID-19 Emergency Standards for EMS**

**Scope** – Applies to emergency care of possible COVID-19 in the setting of anticipated or declared epidemic.

**Effective Date** – 3/20/2020 until rescinded.

**Authority** – In effect when authorized by the Anchorage Area EMS Medical Director and endorsed by the Chief of the Anchorage Fire Department.

**Goal** – Decrease the chance of infection of EMS personnel during the treatment of patient with suspected or confirmed COVID-19 infection.

**Specific Changes to Initial Patient Encounter**

1. All patients are initially assessed from a 6-foot separation for the potential for an infectious cause of their current symptoms. There will be situations in which this will be automatically excluded by the nature of the call.
2. Patients with potential infection will be asked to apply a mask that will be supplied by EMS, if possible from the 6-foot separation.
3. Bystanders and family will be asked to maintain the minimum same separation from personnel.
4. **Communication by cell phone is acceptable for initial size-up.** When and if remote means of providing the initial interview become practical such as telemedicine or “facetime” videoconferencing, it will be considered as an acceptable means for initial patient encounter.
5. High Risk PPE will be used if COVID-19 cannot be reasonably excluded.

**Approach to the Patient**

1. When circumstances permit, only one provider will directly assess the patient.
2. If circumstances allow, interview the patient outside the residence in open air.
3. The minimal expected amount of equipment will be brought to the patient’s side however SpO2 is required.
4. The interview should be done from the maximal distance that still allows for clear communication.
5. Avoid standing directly in front of the patient.

**Patient Assessment**

1. Temperature becomes a crucial first vital sign. NO ORAL TEMPERATURE.
2. Respiratory rate must be accurately recorded.
3. The routine use of stethoscopes will be discouraged as it brings the provider closer to the patient and is a source of infection spread.
4. Recording of the BP is best done by automatic device, but a palpable systolic pressure will often be sufficient.
5. The need for the LP15 will be determined by the situation but it will require careful decontamination if brought into the environment.

**COVID-19 Emergency Standards for EMS (Cont.)**

6. Avoid asking the patient to open mouth.
7. Auscultation of breath sounds will not routinely be done. Asking the patient to take a deep breath may stimulate cough. If the patient is considered for non-transport, auscultating posterior lung fields may be considered.
8. Movement to the ambulance: allow the patient to self-ambulate if appropriate following "High Risk Incident Management" guidelines above.

**Patient Treatment**

1. Avoid all aerosol-generating procedures to the extent possible.
  - a. Bronchodilator treatments by nebulizer.
  - b. Nasal medications including naloxone - give IM/IV only.
  - c. CPAP.
  - d. BVM.
  - e. Suctioning.
  - f. SGA and endotracheal intubation.
  - g. Examination of the oropharynx.
  - h. High flow O<sub>2</sub> treatment.
  - i. Always use viral filter/HEPA filter on BVM/airway, or alternate HEPA device.
2. If patient requires bronchodilator:
  - a. Consider IM epinephrine.
  - b. Give the treatment outside of the ambulance prior to transport.
  - c. Patient may use their own MDI - strong preference prior to transport and in open air - coughing may occur!
  - d. If EMS has albuterol MDI with spacer may give 8 puffs every 20 minutes. Caution – this is an aerosol-generating procedure. This may stimulate cough.**
3. If patient requires airway support:
  - a. First line - iGel.
  - b. This may in some cases require pharmacological treatment with sedative and paralytic.
4. If endotracheal intubation is required:
  - a. Provider should have High Risk PPE
  - b. Minimize the number providers in immediate area.
  - c. Preferably in best ventilated available area. If in the ambulance, open rear doors as possible.
  - d. Goal-directed therapy with achievement of SpO<sub>2</sub> goals may have to be suspended to achieve the most rapid intubation and balloon inflation.
  - e. Pharmacological adjuncts should be used to optimize the attempt.

Viral Syndrome Epidemic and Pandemic Triage Protocol

Effective March 20, 2020 until rescinded or superseded

Currently Limited to MICP Scope of Practice

YES NO

- Patient age is between 2 and 50 years
- Patient has a suspected viral syndrome with at least two (2) of the following symptoms: fever, cough, body aches, or sore throat
- Patient has a history of immunosuppression, or is taking medicines that depress the immune system (cancer undergoing chemotherapy, transplant patient, HIV, etc.)
- Patient has a history of diabetes
- Patient has a history of heart disease
- Patient has a history of COPD or lung disease
- Patient has a heart rate between : 50 - 110 bpm (age 13-55 years); (age 2-5 years: 80-140 bpm; age 6-12 years: 70-120 bpm)
- Patient has a systolic blood pressure between: 110-180 mmHg (age 13-55 years); (age 2-5 years: > 80mmHg; age 6-12 years: > 90mmHg)
- Oxygen saturation (SpO2) greater than or equal to 94%
- Respiratory rate between 12 - 22 breaths per minute, and the patient does not complain of shortness of breath
- Patient is able to ambulate without difficulty
- Patient has intact mental capacity

If **ALL CHECKS** are in the **NON-SHADED BOXES**, patient may provide self-care at home

Any patient under this protocol may be transported or be refused transport at the MICP's discretion (MICP must be on scene)

Providers may contact the EMSV for assistance

Leave pathogen specific self-care and referral paperwork with patient

**All patients transported, agree to not be transported, or are refused transport under this protocol require a Patient Care Report completed**

# AFD Special Protocols Checklist for COVID-19

## All EMS Responses

### 1. PPE – Contact Precautions Minimum for All Providers/All Responses:

- Gloves worn on all responses.
- Eye protection on all responses – order of preference based on availability: 1 – Full face shield with goggles, 2 – Full face shield with medical safety glasses, 3 – Medical safety glasses.
- N95 respirator or higher respiratory protection.
- Station Uniform – No structural PPE (change and wash your uniform if exposed or contaminated).

### 2. Dispatch Instructions/Door Triage and Room Scan/6 Foot of Separation on All Patients:

1. Dispatch positive screen for **PPE Advised**? **YES – Move to High Risk Precautions**
  - a. Attempt to contact caller via cell phone for verbal assessment of situation.
2. Does anyone have fever, cough, respiratory distress? **YES- Move to High Risk Precautions**

### 3. Treatment Precautions:

- If safe/feasible, consider having the patient brought to the entry point of the building.
- Minimize providers in the building required for patient care. See “High Risk Incident Management.”
- Give mask to patient; nasal cannula can be used under mask.
- A mask can be placed over NRB oxygen mask.
- Consider applying foam disinfectant to patient hands if they have capacity and can follow instructions.
- NO ORAL TEMPERATURES

### 4. Transport Precautions:

- Driver will doff gloves and use alcohol-based hand sanitizer.
- Minimize providers in the back of unit.
- Ventilation guidance during transport, see “Transporting Instructions.”

**Long Term Care Facilities, ALFs, Clinics, Jail, Other High-Risk Facility = Move to High Risk Precautions**

## HIGH RISK PRECAUTIONS

1. Does anyone have a fever, or cough, or respiratory distress?
2. Is the patient or the facility suspected to have confirmed COVID-19?
3. Did the patient have previous contact with a presumed or confirmed COVID-19 patient?
4. Is patient from a high-risk facility (Long Term Care Facility, ALF, Clinic, Jail, other High Risk)?
5. Will the patient require aerosol-generating procedure or NRB oxygen mask?

**If Yes to any question = High Risk PPE**

**If No to all questions = Use Contact Precautions Above**

### 1. PPE- Gloves, N95 or higher, Eye Protection, and Gown or Tyvek coveralls. Give mask without valve to patient.

2. Follow all Instructions from **All EMS Responses**.
3. Contact destination hospital and advise you have an isolation patient.

## Precautions for Aerosol Generating Procedures

### If patient condition REQUIRES use of invasive airway interventions:

- High Risk PPE required during all aerosol generating procedures.
- **If feasible, perform aerosol-generating procedures outside or in well-ventilated area, e.g., nebulizer treatment before entering ambulance. Nasal medications including naloxone – IM/IV only.**
  - BVM, Suctioning, CPAP, iGel, Intubation, nebulized meds, NRB (if no surgical mask).
  - Nebulized meds used as a last resort - consider other appropriate treatments first.
- BVMs should be equipped with HEPA filters or equivalent replacement.
- Use iGel instead of intubation for suspected/known COVID-19 patients.
  - Intubation allowed if iGel will not oxygenate and ventilate.
- DO NOT USE MECHANICAL VENTILATORS
- Maximize area ventilation during these procedures-open doors, use exhaust fans.
- Contact receiving facility attending physician as needed for guidance.

### High Risk Incident Management

- Ambulance – Single provider with direct patient contact; High Risk PPE ensemble.
- Engine Co. – Remains in Cold Zone and prepares the corridor outside to the ambulance and prepares MICU for transport. The Officer will manage the incident. Contact PPE only – N95 not required.
- EMSV – On location as medical subject matter expert and coordinate hospital notification including a needs assessment to the ED for PPE levels, isolation, treatment, et al. The EMSV should remain out of the Hot Zone unless directly involved with patient care including High Risk PPE.
- Company Officer Responsibilities:
  - Slow the incident down! A slow pace will ensure proper PPE use, sequencing and precautions are met prior to movement.
  - If not completed prior to arrival, attempt to make contact on cell phone with caller if Dispatch able to obtain it.
  - Ensure that a single, or the minimum necessary providers needed at patient side, are in High Risk PPE.
  - Ensure everyone is aware of the plan – Single provider has 6-foot separation and follows COVID-19 protocol for patient isolation and care.
  - Engine Co. crew facilitates the corridor – Once provider(s) and patient are in movement toward the prepositioned and prepared MICU, the Engine Co. crew relocates to safe area upwind and away.
  - MICU driver is already in position in the cab.
  - EMSV coordinates at a safe distance the interface with the Company Officer and receiving hospital.
  - All personnel doff gloves and sanitize hands as per policy.
- There is no reason for the Engine Co. or EMSV to become contaminated or even be in the Hot Zone, or Warm Zone corridor, once established.
- The MICU transports the patient, decontaminates the MICU, and properly doffs PPE.
- Reminder to all crews that the doffing of PPE is critical. Follow proper PPE doffing protocol for the type of gear used.
- Properly dispose of biohazards in biohazard receptacles.
- Notify the Safety Officer of any breaks in the use of PPE or unprotected exposures.

### Transporting Instructions

- Family members and contacts of patients with possible COVID-19 should **not** ride in the transport vehicle.  
  
**NOTE: Per CDC, hospitals not accepting any visitors. Only parents/guardians, POA, special needs persons  
Service Animals: Follow guidance as outlined in AFD P&P 100-32 Service Animals**
- All ambulance cabs shall be isolated from patient compartment with a red barrier and taped visquine covering the opening. Change the visquine after each suspected High Risk transport, or at shift change if no suspected transports occurred.
- During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle. Use rear exhaust fan to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
- If aerosolized procedures or treatments are necessary and it is safe to do so for both provider and patient, if possible before start of transport or by pulling off the road safely, open the rear doors of the ambulance and activate the HVAC system during aerosol-generating procedures. Avoid areas where people are at for their safety and patient privacy.

## Decontamination Checklist

Daily - Deep cleaning of stations and apparatus will be conducted at the start of every shift, including replacement of visquine barrier between cab and patient care compartment.

**ALL PRIMARY DECON TO BE DONE BEFORE ENTERING STATION-DO NOT CONTAMINATE STATION**

PPE

Gowns = single use

Eye Protection = decontaminate and reuse

**All EMS Responses** – Properly dispose of PPE. Wash hands. Deep clean apparatus.

**High Risk Precautions** - Transport units will perform decon at hospital:

Properly dispose of PPE. Wash hands. Reapply contact precautions. Deep clean apparatus. Disinfect goggles then wash with soap/water. Launder uniforms as appropriate per agency infection control guidelines

**If any aerosol-generating procedures were performed on a COVID-19 SUSPICIOUS PATIENT (symptoms or possible contact with COVID patient) or any time providers feel that higher level decon is warranted**

1. After patient transfer, properly dispose of PPE and wash hands.
2. Deep clean apparatus wearing PPE (see guidelines below). Decon boots with spray **CaviCide**.
3. Carry change of clothing on all apparatus!
4. Outside rig or in hospital decon room, doff and bag uniforms.
4. Place bagged uniforms in exterior compartment.
5. Return to station. Launder uniforms wearing contact precautions.
6. Shower and don fresh uniforms.

### Cleaning EMS Transport Unit after Transporting a Patient with Suspected/Confirmed COVID-19

1. Allow for maximum ventilation in patient compartment by keeping all doors open while delivering patient.
2. PPE for rig decon: gloves and eye protection. Face shield or N95 if splashes or sprays anticipated.
3. Routine cleaning and disinfection procedures (e.g. using cleaners and water to pre-clean surfaces prior to applying disinfectant) are appropriate for SARS-CoV-2 (COVID-19). Pre-cleaning removes gross contaminants prior to disinfection.
4. Follow directions on CaviCide bottle for thorough disinfection. Products with EPA-approved emerging viral pathogens claims may also be used.
5. **Primarily use CaviCide spray, and allow a dwell time per instructions. CaviWipes are for items that are difficult to clean with a liquid, e.g., EKG leads.**

**Donning PPE Sequence: MEGG**

1. **M**ask
2. **E**yes
3. **G**own
4. **G**loves

**To Doff PPE, just reverse the donning sequence: GGEM**

1. **G**loves
2. **G**own- Wash Hands
3. **E**yes
4. **M**ask- Wash Hands

**Note: Crew members involved in High Risk Precaution incidents who do not transport:  
See decon guidance next page**

**Decontamination Guidance for Non-Transport Crews on High Risk Incidents**

- 1) Doff and place carefully in biohazard bag all PPE.
- 2) Decon boots.
- 3) Place biohazard bag in transporting MICU biohazard receptacle.
- 4) If MICU has already transported, place biohazard bag in exterior compartment for disposal in station's biohazard receptacle.
- 5) Launder contaminated uniforms wearing PPE.
- 6) Shower and don fresh uniform.

## COVID-19 HOSPITAL NOTIFICATION CHECKLIST

**YES to both questions in this RED box = Advise Hospital of a HIGH probability isolation patient:**

**Symptoms: Has the patient had any of the following symptoms of acute respiratory infection?**

- Fever (or subjective fever)
- New cough
- New shortness of breath (without alternative diagnosis)

**Exposure: Has the patient had any of the following in the last 14 days before symptom onset?**

- Close contact with, or part of, an COVID-19 illness cluster in a facility or group
- Close contact with a suspected or lab-confirmed COVID-19 case
- Healthcare worker or in a high-risk occupation (e.g. fire/EMS, law enforcement)

**IF NO to all questions in this RED box proceed to next checklist**

**YES to any questions in this YELLOW box = Advise Hospital of a MEDIUM probability isolation patient:**

- Cough
- Runny nose
- Sore throat

**IF NO to all questions in this YELLOW box proceed to next box**

**IF NO to ALL RED and YELLOW box questions = Advise Hospital of a LOW probability isolation patient**

**NOTE: Per CDC, hospitals not accepting any visitors. Only parents/guardians, POA, special needs persons.**