

	<p>STREMAC</p> <p>Policy Statement</p>	<p>Date: March 18, 2020</p> <p>Revised:</p> <p>Subject: EMS COVID Recommendations</p> <p>Policy # 2020-02</p> <p>Supersedes</p>
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EMS COVID Recommendations

Screening of providers

- All providers should be screened at the start of shifts to make sure they do not have fever, cough, or respiratory symptoms concerning for infectious illness. Providers that do have symptoms should be kept out of work until cleared by the agency medical director to return to work.
- Area hospitals may require confirmation of personnel being screened prior to allowing them into the hospital.

Screening of patients:

- When any agency is dispatched to **any call** it is recommended that providers make initial contact with patients from a minimum of six (6) feet away, if possible. Ask routine questions surrounding the patient's general health and well-being, fever, cough, respiratory distress, travel, whether they've been exposed to anyone who has tested positive for the COVID-19 or have they tested positive themselves. Agencies should limit the number of personnel making contact with any patient who is suspected of having a respiratory disease. (If fire or law enforcement is not required for the call, they should be kept away from the patient / out of the house.)
- Initial patient assessments phases for History of Present Illness (HPI) and OPQRSTI/SAMPLE should initially occur from about six (6) feet away from the patient who is considered to be at risk, to ensure proper donning of PPE when indicated;
- HPI questions should include asking about contact with anyone that has tested positive for COVID-19, patient travel history to the affected area; and if there is any close contact with anyone else who traveled to the affected area.
- As always, it is important to document pertinent negatives in addition to positives.
- Students / shadowers, etc. should be removed from patient contact until further notice

For suspected cases, providers should take the following precautions: (this includes the driver of the ambulance if the crew cab and patient care space are not completely separate)

- a. Standard precaution
- b. Contact precautions (gown and gloves)
- c. Eye protection (goggles or face shield)
- d. Disposable NIOSH-approved, fit-tested N95 respirator or PAPR
- e. Surgical mask on patient
 - i. For intubated patients use of BVM or ventilator with HEPA filter on exhalation port

Non-patients in the ambulance

- Ambulances should not allow family members/others in the cab space of an ambulance.

- Crews should not allow family members to ride not ride in the patient care compartment of the ambulance unless absolutely necessary. Generally, only minors should have a family member/care provider in the patient compartment. (Be aware that many area hospitals are enacting strict visitor restrictions, and family members transported in the ambulance outside of this policy may not be allowed into the hospital.)
- Family members/others with cough/fever/respiratory symptoms, if not being transported for ED evaluation, are not permitted in the ambulance and should remain at home.

Care En Route:

- Any patient with respiratory symptoms concerning for infectious illness should only receive nebulized medications if absolutely necessary in order to decrease aerosol generation.
- Remember to notify receiving hospital if you are bringing a patient with respiratory symptoms

Emergency Department Arrival:

- Patients being transported to area Emergency Departments with fever, cough, or symptoms concerning for infectious illness should have a surgical mask placed prior to entering the hospital
- Hospital presentations should be made in all cases where patients exhibit fever, cough and trouble breathing or contagious disease signs & symptoms well in advance of arrival at the hospital, and should include a transmission that you are transporting a patient with fever, cough and trouble breathing, contagious disease symptoms or have risk factors for the COVID-19. Depending on local conditions, you may be asked to remain in the ambulance until your patient can be triaged by emergency department staff, or you may be directed to an alternate location in the emergency department to transfer your patient.
- Patients with a mask in place (source control) can proceed directly into the hospital.
- Patients that cannot wear a mask due to facial features or clinical conditions (respiratory distress, etc.) must have prehospital notification prior to arrival and in most cases will be directed to the decontamination area through the exterior entrance to minimize exposure to others in triage. Do not enter the hospital with a potentially infectious patient unless masked or otherwise directed by the receiving facility.