

Response Checklist - COVID-19

All EMS Responses - Medium Precautions - Level II

1. PPE – minimum for all providers:

- Gloves & Standard Eye Protection & N-95 or APR

2. Door Triage/room scan/6 ft of separation:

- Does anyone have fever, cough, respiratory distress? YES- **Level III PPE**
- Dispatch positive screen for PPE? **YES-follow instructions 3 and 4 below:**

3. Treatment Precautions:

- Providers should have a low threshold for upgrading to Goggles/Face Shield
- If safe/feasible, consider having the patient brought to the entry point of the building.
- Minimize providers in the building required for patient care.
- Surgical mask for the patient, nasal cannula can be used under a surgical mask.
- A surgical mask can be placed over a non-rebreather mask.
- NO ORAL TEMPERATURES

4. Transport Precautions:

- Driver will remove eye protection/gloves. Minimize providers in the back of unit.
- CDC guidance for ventilation during transport, see “Transporting Instructions.”

Assisted care, adult family home, nursing home, clinic, jail, other high-risk facility = **Level III PPE**

High Precautions - Level III

- Does anyone have a fever, or cough, or respiratory distress?
- Is the Patient or Facility suspected to have COVID-19?
- Had previous contact with a COVID-19 patient?
- Is patient from a high risk facility (AFH, Nursing home, clinic, jail)?
- May require aerosol-generating procedures?

If Yes to any question = High Precaution **Level III PPE** ↓ If No to all questions = Level II PPE

- PPE- gloves, N-95, goggles or face shield, and gown. Surgical mask on patient.**
- Follow all Instructions in Level II
- Contact the MSO for support as needed.
- Contact destination hospital and advise you have an isolation patient.

Precautions for Aerosol Generating Procedures

If patient condition REQUIRES use of invasive airway interventions:

- Level III PPE required during all aerosol generating procedures:
 - BVM, Suctioning, CPAP, iGel, Intubation, Nebulized meds, NRB (if no surgical mask).
 - No nebulized meds for febrile patients.
 - Nebulized meds used as a last resort-consider other appropriate treatments first.
- BVMs should be equipped with HEPA filters on exhalation valve.
- Use Supraglottic airway (SGA) instead of intubation for suspected/known COVID-19 patients.
 - Intubation allowed if SGA will not oxygenate and ventilate.
- DO NOT USE VENTILATORS
- Maximize area ventilation during these procedures-open doors, use exhaust fans.
- Contact Medical Control as needed for guidance.

Transporting Instructions:

- Family members and contacts of patients with possible COVID-19 should **not** ride in the transport vehicle.
- Isolate the ambulance driver from the patient compartment.
- During transport, vehicle ventilation in both compartments should be on non-recirculated mode, pulling air from the outside, this should be the 'vent' setting on the A/C dial. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out side windows.
- Open the outside air vents in the driver area and turn on the ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.

Decontamination Checklist

Daily - Cleaning of stations and apparatus will be conducted at the start of every shift per cleaning checklists.

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

PPE Use - N-95 Masks & Gowns = single use. Eye Protection and Goggles = decontaminate and reuse.

Level II – Properly dispose of PPE. Wash hands. Clean apparatus.

Level III - Transport units will perform decon at hospital:

Properly dispose of PPE. Wash hands. 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 pt) or any time providers feel that higher level decon is warranted:

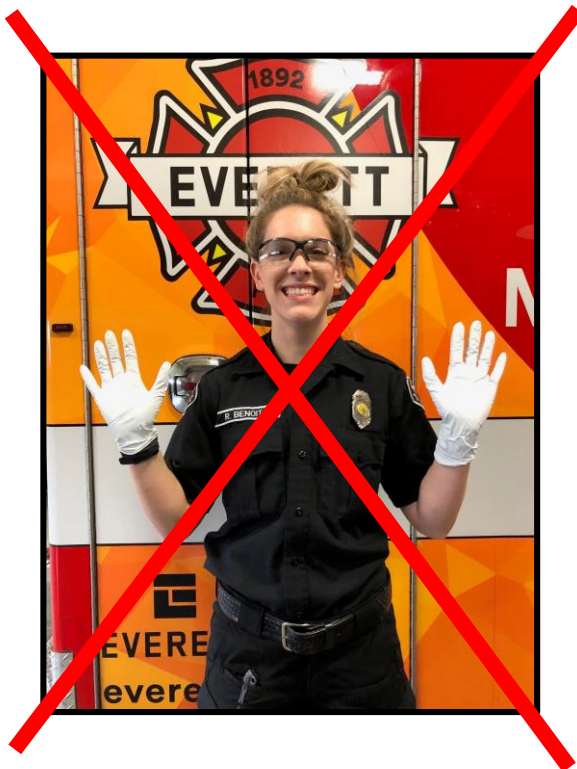
1. After patient transfer, properly dispose of PPE and wash hands.
2. Deep clean apparatus wearing PPE (see guidelines below). Decon boots with 10% bleach solution.
3. Outside rig or in hospital decon room, doff and bag uniforms, don personal clothing from Go Bag as per post-fire procedure.
4. Place bagged uniforms in exterior compartment.
5. Return to station. Launder uniforms wearing PPE.
6. Shower and don fresh uniforms.

Note: Crew members involved in invasive patient care who do not transport:
See decon guidance on page 3

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: gown and gloves minimum. Goggles and mask if splashes or sprays anticipated.
3. Routine cleaning and disinfection procedures (e.g. using cleaners and water to pre-clean surfaces prior to applying bleach solution) are appropriate for SARS-CoV-2 (COVID-19). Pre-cleaning removes gross contaminants prior to disinfection.
4. Clean and disinfect all surfaces that patient may have contacted and all surfaces that may have been contaminated by aerosol generation.
5. Clean and disinfect all reusable patient-care equipment before use on another patient.

PPE Precautions – Levels I, II, III



Level I / Standard



Level II / Medium

- Gloves
- N-95
- Eye Pro or Goggles



Level III / High

- Gloves
- N-95
- Goggles/Face Shield
- Gown

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

<ol style="list-style-type: none"> 1. Mask 2. Eyes 3. Gown 4. Gloves 	<ol style="list-style-type: none"> 1. Gloves 2. Gown- Wash Hands 3. Eyes 4. Mask- Wash Hands
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Decon guidance for non-transport crews when aerosol generating procedures were performed on COVID-19 SUSPICIOUS PATIENT

AT SCENE:

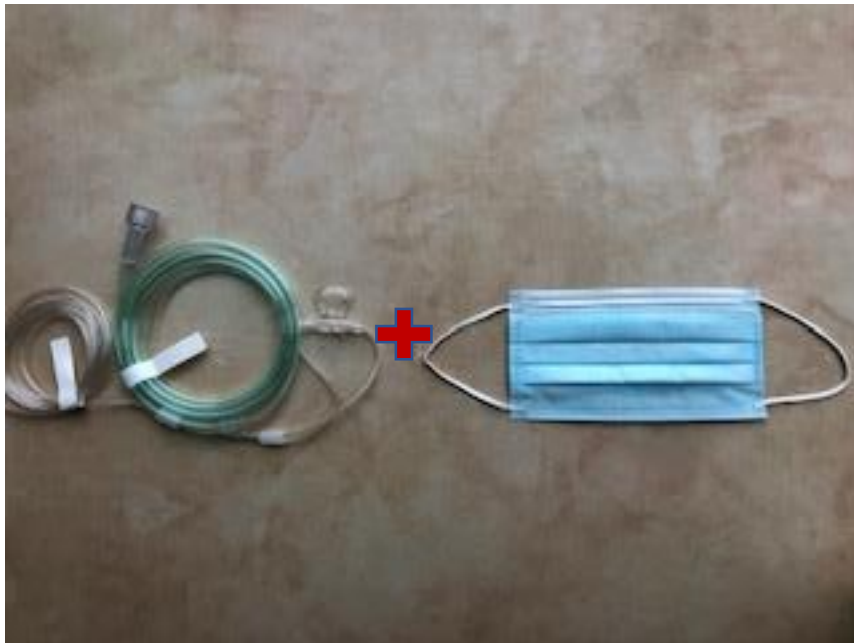
- 1) Doff and bag all PPE.
- 2) Decon boots.
- 3) Doff and bag uniforms.
- 4) Don personal clothing from Go Bag as per post-fire procedure.
- 5) Bagged uniforms placed in exterior compartment.
- 6) Return to station.
- 7) Launder contaminated uniforms wearing PPE.
- 8) Shower and don fresh uniform.

If unable to decon at scene:
 Do steps 1-4 on ramp-NOT INSIDE THE BAY
 Decon inside of rig wearing PPE per instructions on page 2.

Care of the infectious patient needing oxygen or advanced airway management

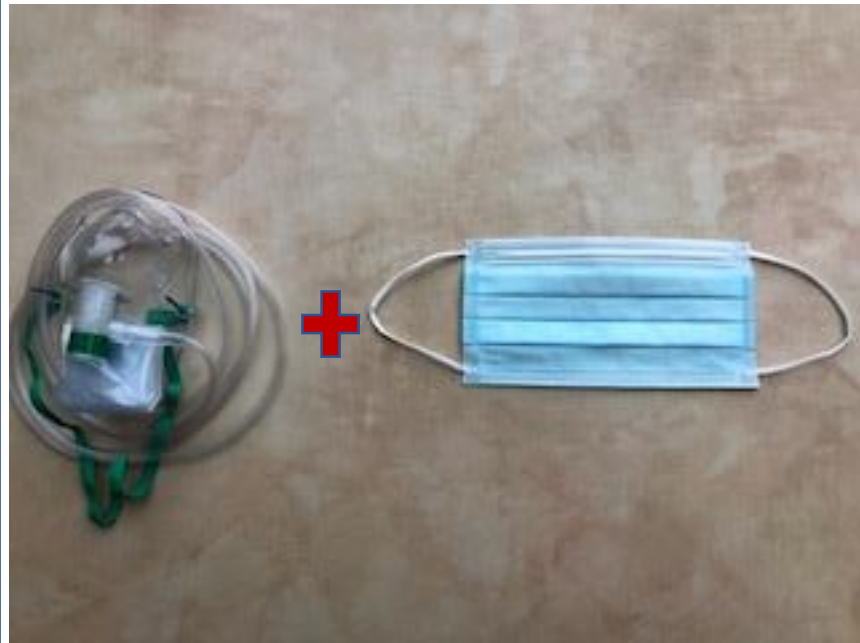
Nasal Cannula

1. Place nasal cannula
2. Place surgical mask over the face
3. Titrate oxygen flow rate from 2-6 LPM



Non-Rebreather

1. Place non-rebreather mask
2. Place surgical mask over the face on top of NRB mask
3. Titrate oxygen flow rate from 6-15 LPM



BVM

1. Place HEPA filter on exhalation port
2. Ensure and maintain mask seal
3. Titrate oxygen flow rate to patient need



iGel

1. Place HEPA filter on exhalation port
2. Place ETCO2
3. Ensure iGel is seated appropriately



Disinfection and Cleaning Apparatus Checklist		Wipe Down
	Apparatus	NOTES
	Seats	
	Steering wheel	
	Cab Area (switches, controls, dashboard)	
	Seatbelt and buckle	
	Radios	
	Tablets	
	MDC (including mounting bracket)	
	Clip Boards	
	Door Handles	
	Remotes	
	Pump Panel controls	
	Clean all items that are shared between individuals (such as glucose meters, thermometers, BP cuffs, stethoscopes).	
	Aid Kit handles and frequently used case handles	