# Response Checklist - COVID-19

## All EMS Responses - Medium Precautions - Level II

1. **PPE** – minimum for all providers:
   - **Gloves & Goggles or Faceshield & N-95 or APR.**
   - Post response, if patient determined to be effectively no risk for COVID-19?  
     - N-95 respirator may be stored in paper bag for later use (keep for no longer than 8 hours).

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 be using Goggles or Face Shield on all responses.
   - 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.”

## High Precautions - Level III

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

**If Yes to any question = High Precaution Level III PPE**

**If No to all questions = Level II PPE**

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

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## 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.
  - If afebrile, nebulized meds used as a last resort-consider other treatments first.
- BVMs should be equipped with HEPA filters.
- 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.
Daily - Cleaning of stations and apparatus will be conducted at the start of every shift per cleaning checklist.

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

PPE:  N-95's = consult guidelines for Limited Reuse of N-95s.

Gowns = single use  Goggles and APR = 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.

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. Clean apparatus wearing PPE (see guidelines below). Decon boots with spray bleach solution.
3. Outside rig or in hospital decon room, doff and bag uniforms, don personal clothing in Go Bag as per post-fire procedures.
4. Place bagged uniforms in exterior compartment.
5. Return to station. Launder uniforms wearing PPE.
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: 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 disinfectant) 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**

- Gloves
- N-95 or APR
- Goggles/Face Shield

**Level II / Medium**

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

**Level III / High**

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

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**Donning PPE Sequence:** ME
g

**To Doff PPE, just reverse the donning sequence:** GG
e

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

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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 procedures.
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.

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Note: Subject to change based on current recommendations
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 or inline if no other option
2. Ensure and maintain mask seal
3. Titrate oxygen flow rate to patient need

**I-gel**
1. Place HEPA filter on exhalation port
2. Place ETCO2
3. Ensure I-gel is seated appropriately

EMS - 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 off the following symptoms of acute respiratory infection?
  - Fever (or subjective fever)
  - New cough
  - New shortness of breath (without alternative diagnosis)
  - New onset myalgias (soreness/achiness in muscles)

- **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
  - Is patient a healthcare worker or in a high-risk occupation (e.g. EMS, firefighter, public safety)

**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**