

RESPONSE GUIDE

RESPIRATORY DISTRESS

Date: 03/17/2020

Time: 1400

To all responders during Covid-19

911 Response and Initial Patient Assessment
<p><i>Dispatch is using a questionnaire to better define possible Covid-19 patients</i></p> <ul style="list-style-type: none"> ○ If responding to a Sick (EID), Respiratory Distress, Sick, Cardiac please don all PPE for potential Covid-19 exposure ○ This should include glasses/goggles, Gown, and double gloves
<ul style="list-style-type: none"> ○ These calls will have the same layout of a Haz-Mat scene with; a Hot Zone, Warm Zone, and Cold Zone ○ Perform all patient interviews as “Phone/Door Triage” attempting to ascertain Fever/Cough/Shortness of Breath/and/or Respiratory Distress ○ Only if there is an immediate need for intervention will we provide care ○ A single responder should be the only entry while the duty officer or paramedic remain outside unless needed
Immediate Need
<ul style="list-style-type: none"> ○ IF YES- get a mask or covering over the patients mouth ASAP ○ If possible, avoid airway management ○ If it can't be deferred utilize Supraglottic airways
<ul style="list-style-type: none"> ○ Avoid unnecessary “aerosol-generating” treatments, including nebulizers, CPAP, suctioning, BVM ventilations, or intubation ○ If performing any of the above, have a good ventilation profile with doors and windows open.
Arrival Procedures
<ul style="list-style-type: none"> ○ Ascertain callers' phone # for “Phone/Door Triage” ○ Once arrived, phone patient and have them come to the window if able ○ Interview utilizing the above screening questions ○ If there is no immediate need wait for ambulance and do not enter structure unless needed by ambulance ○ Always use minimal entry numbers

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- If PPE is donned and entry made, bag all ppe except mask utilizing second gloves to remove glasses and mask before entering apparatus
- Once secure in the station maintain distance from all persons
- Shower and change into secondary clothes that were brought to station
- Once showered and changed self-monitor for fevers, respiratory ailments, etc.
- Report exposure via chain of command
- There may be need for Work exclusion for 14days as well as examination follow-up for confirmed cases

Definitions

- **Self-monitoring:** HCP perform self-monitoring for fever or respiratory symptoms for 14 days from last exposure under the supervision of an EMS Agencies occupational health or infection control program.
- **Active monitoring:** Daily communication to assess for the presence of fever or respiratory symptoms (cough, sore throat, or shortness of breath) conducted by an EMS Agencies occupational health or infection control program.
- **Work Exclusion:** Once a COVID-19 case has been confirmed, work exclusions and home monitoring plans should be implemented immediately. In general, staff with the following risk factors should be excluded from work and monitored for fever or respiratory symptoms:
 - Providing patient care that did not include aerosol-generating procedures without a regular facemask or respirator and eye protection (goggles or face shield).
 - Providing patient care that involves extensive contact with the patient and their immediate environment (e.g., Assisting to stretcher, removing clothing, etc.) without using gown and gloves in addition to facemask or respirator and eye protection
 - Providing patient care that did include aerosol-generating procedures without all elements of full PPE requirements (respirator, eye protection, gown, and gloves).

During this time please avoid touching your face and maintain hand washing practices