



## INFORMATION

- The “Med-Alert” pre-screening process begins with dispatch. If dispatch identifies a “Potential Med-Alert” then it will be documented in the CAD system. Dispatch will instruct the patient to wait outside and isolate themselves, if able, from close contact with others until EMS arrives. The patient will be instructed not to approach Fire Department personnel.
- **MED-ALERT CRITERIA:** If the patient meets any **TWO BLUE** criteria from Box 1 or any **ONE RED** criteria from Box 2, the patient is considered a “Med-Alert.”

### ANY 2 FROM THIS CATEGORY

- Does the patient have a fever greater than 100° F (or hot to the touch in room temperature)?
- Does the patient have a cough?
- Does the patient have difficulty breathing or shortness of breath?
- Does the patient have any other flu-like symptoms (sore throat)?

### ANY 1 IN THIS CATEGORY

- Has the patient been tested for or are they currently under investigation/isolation for COVID-19 by public health or any other healthcare provider?
- Has the patient been in close contact with someone known to be sick with or under investigation/isolation for COVID-19?



## PERSONAL PROTECTIVE EQUIPMENT

- **OPTIMAL PPE FOR COVID-19:** Inner gloves, gown, N95 mask/respirator, goggles or face shield, and outer gloves.
- Due to the PPE shortages during this pandemic, the PPE items worn on calls may be adjusted by the EMS Division in accordance with CDC guidance.
- If a “Med-Alert” is initiated, PPE should be donned before coming within 6 feet of the patient.
- Screen all patients from a safe distance (minimum 6 feet) and explain the purpose to the patient.



## TREATMENT

- Place surgical mask on the patient unless contraindicated.
- Surgical masks may be placed over nasal cannula (if being utilized PTA).
- NRM is the preferred method of oxygen administration.
- Utilize a HEPA filtration device when using BVM, if available.
- Limit the number of personnel who come in contact with the patient to one (1) or two (2), unless additional personnel are necessary.
- All applicable protocols shall be followed for “Med-Alert” patients.
  - **Exception: DO NOT** administer **Albuterol** treatments.

- I-gel shall be used in lieu of ETT unless clinically contraindicated



## ADULT TREATMENT LISTED,(UTILIZE HANDTEVY SYSTEM FOR PEDIATRIC DOSAGE) continued...



### BRONCHOSPASM SECONDARY TO COPD OR ASTHMA DO NOT GIVE ALBUTEROL

- **EPINEPHRINE (1:1,000, 1mg/mL):**
  - 0.3mg (0.3mL) IM
  - May repeat 2x prn, in 5 minutes intervals
- **MAGNESIUM SULFATE :** (If available)
  - **Dilute:** 2g of Magnesium Sulfate in a 50mL bag of **NORMAL SALINE**
    - Administer over 10 minutes IV/IO by utilizing a 10 gtt set delivering 1 gtt/sec
  - **Contraindication - 2<sup>nd</sup> and 3<sup>rd</sup> Degree Heart Blocks**
  - **Precaution - Rapid infusion may cause hypotension**



### TRANSPORT

- **During Transport**
  - Patients should **NOT** be accompanied by individuals in the transport vehicle if possible.
  - If a patient **must** be accompanied, (i.e. minor), place a surgical mask on the individual and transport them in the **patient** compartment only.
  - Open outside air vents in cab, turn rear exhaust to the highest setting.
  - Driver doff all PPE except N95 mask/respirator for transport.
  - Encode to the hospital a **"Med-Alert- strict respiratory precautions"**.
- **Upon Arrival To The Hospital**
  - After unloading patient, leave the rear and side doors of the rescue open allowing for air exchange.
- **Prior To Leaving Hospital**
  - Clean visibly soiled surfaces prior to disinfecting.
  - Clean equipment prior to returning it to the patient compartment.
  - Use disinfectant wipes and sprays to disinfect the entire patient compartment and all high-touch areas after **ALL** calls.

**\*\*\*WARNING\*\*\***

### **DISCARD N95 MASKS AFTER THE BELOW PROCEDURES**

- Bag valve mask (BVM) ventilations
- Intubation or i-GEL insertion
- Cardiopulmonary resuscitation (CPR)
- Continuous positive airway pressure (CPAP)
- Airway suctioning