# Protocol Supplement

**COVID EMS Response Guide**


## Providers: Start Here

<table>
<thead>
<tr>
<th>ON ALL CALLS:</th>
<th>Before Each Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wear <strong>Appropriate PPE</strong></td>
<td>• Affirmation</td>
</tr>
<tr>
<td>• Follow the <strong>SCOUT Model</strong></td>
<td>• Take temperature</td>
</tr>
<tr>
<td>• Decon after each call</td>
<td>• Record temperature</td>
</tr>
</tbody>
</table>

### By reporting for duty, I affirm that:

- I am using the most **up to date version** of this guide. - The link and QR always provide the latest update.
- I have been **monitoring** my own health at home.
- I do not have any of the following:
  - Fever, Cough, Dyspnea, or Sore Throat ¹ (prior 24h)
  - Diagnosis of COVID (by test or physician) (prior 14d)
  - Housemates with symptoms or diagnosis (prior 14d)
- In the event **any** of these change during my shift I will:
  - Don a mask, wash my hands, and isolate myself
  - Notify my supervisor immediately

## Wear COVID PPE

- PPE is required for all patients.²
- Any Provider **within 6ft** needs PPE.³
- Put patient mask over any NC/NRB.

- Gloves
- Surgical Facemask
- Eye Protection
- Mask on Patient

## Decon After Calls

- Use appropriate **PPE** for decon.
- Use clean gloves with viral wipes.⁴
- Leave vehicle doors open.⁵

- Remove PPE
- Wash Your Hands
- Wipe Down Gear
- Air Out Vehicle

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1- Occasional chronic clearing of the throat (like seasonal allergies) is normal and healthy. [h]
2- PPE is now required for all patients and any provider that will come within 6ft. of the patient. [a]
3- Limit the number of exposed providers to the minimum necessary.
4- Follow directions for viral pathogen wipes. If any splash risk, wear gown, eye pro and mask. [a]
5- CDC: The time to transfer the patient and finish your documentation is “sufficient”. [a]
Only Essential Personnel in the Hot Zone

Consider: public, BC’s, PD, etc. Move civilians and public outside of hot zone with a mask for interview.

Fire Rescue personnel able to maintain 6 foot distance from patient / citizen and facility is NOT a high risk facility (nursing home, jail, etc.)

No PPE is Necessary

Fire Rescue personnel NOT able to maintain 6 foot distance from patient / citizen

OR

entrance into high risk facility (residential facility, nursing home, jail, etc.) must be made

Scout (1 person) dons standard PPE and makes contact with patient - or - investigates the situation.

- If EMS - Provide mask to patient and administer COVID-19 Screening.
- Maintain communication with other crew members

Assess patient / situation and communicate to other personnel need for additional personnel required PPE level

Not Sick

• Obtain initial vital signs
• If COVID patient, consider remain at home guideline
• If Non-COVID Patient, continue with normal patient care guidelines

Sick

• Determine resource needs from crew members.
• Use minimum number of providers to treat and move patient
• Enhanced PPE for aerosolizing procedures
• Move to open air environment for treatment, when possible
• Follow ambulance preparation guidelines for transport

NON EMS

Mitigate situation as necessary

DECONTAMINATE ALL EQUIPMENT USED ON INCIDENT OR TAKEN INTO HIGH RISK FACILITY

Cloth Face Cover

Surgical Facemask

N95 Respirator

2- Homemade masks or scarves or tissues held over the nose and mouth.
3- Certified “FDA surgical” facemask.
4- N95 preferred, but any NIOSH (N, R or P) filtering facepiece respirator at any level (95,99 or 100)

Standard PPE

• Gloves
• Surgical Face Mask
• Eye Protection

Standard PPE

• Gloves
• Surgical Face Mask
• Eye Protection

Standard PPE

• Gloves
• Surgical Face Mask
• Eye Protection
### History Risks
- Age > 60
- Pregnant
- Diabetes
- Heart Disease
- Lung or Kidney Disease
- Immunosuppressed

### Exam Risks
- Pulse > 110
- SpO2 < 95%
- Resps ≥ 22
- SBP < 100 mmHg
- Temp > 100
- Acute Altered LOC

### Care for Symptomatic COVID
- **Suspect COVID** if any: Fever, Cough, Dyspnea, or GI
- **Oxygen** administration: Facemask over any NC/NRB

**COVID-19 Self Care Guidelines (Must meet all conditions)**
- Pt must be A&O
- No respiratory distress
- SPO2 < 92% room air
- Resp Rate < 10 > 25 without accessory muscle usage
- Oral fluid intake without vomiting
- No other complaints beyond general illness/flu-like
- No high-risk medical conditions including pregnancy
- No chronic medical conditions: Heart, lung disease, liver, neurologic, metabolic disorders, current cancer patient (in treatment or not), dialysis or recent transplant

### Aerosol Generating Procedures (AGPs)
- **Includes:** Nebs, Bi/CPAP, CPR, BVM, Intubation, Suction
  - Avoids APGs on all calls unless absolutely necessary
- **Consider alternatives:** *Wait until ED*, BIAD, Video Scope, etc.
- If AGP is needed, **anyone within 6ft must wear PPE:**
  - N95 respirator, face shield/eye pro, isolation gown gloves.
- Perform **at scene or outside** before transport if possible.
- Use **exhaust fan** if en route. **Stop AGPs** before ED entry.

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1. Consider calling **Medical Control** for advice if the patient is stable and has **only one** risk factor.
2. N95 or better (like PAPR etc) required, eye pro also appropriate, impervious gown preferred. [a]
3. Coordinate with ED staff if you must continue (ex: CPR/BVM). They may need to clear the hall.
Exposures
COVID EMS Response Guide
https://qrs.ly/tdbetzc

First Steps

- If there is any doubt about a potential exposure:
  - Don a mask, wash your hands, and isolate yourself.
- Evaluate simple exposures using this guide & FAQ.
- Contact your supervisor. If any further questions:
  - Contact Designated Infection Control Officer (DICO)

<table>
<thead>
<tr>
<th>Provider:</th>
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<tbody>
<tr>
<td>NO Mask&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Mask but NO Goggles</td>
</tr>
<tr>
<td>Mask &amp; Goggles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient:</th>
</tr>
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<tbody>
<tr>
<td>NO Mask&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Med/High Test Source</td>
</tr>
<tr>
<td>Low/Med/High Call Dico</td>
</tr>
<tr>
<td>Low: Shower &amp; Change</td>
</tr>
<tr>
<td>Low: Decon</td>
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Exposure Risks

Med / High Risk?

- Decon: Shower & Change<sup>3</sup>
- Known COVID: Isolate 14d
- Maybe COVID: Test Source
  - Can complete shift

Test Source Patient

- DICO: Rapid Test Source<sup>4</sup>
  - Negative: Return to duty
  - Positive: Isolate 14d
- Quarantine until results

Return to work after having COVID

- Early w/ Test: OR Early No Test:
  - No fever x24h &
  - 2x neg. tests &
  - Symptoms better
  - Requires PCP & DICO approval<sup>5</sup>
  - No fever x72h &
  - 7d from start &
  - Symptoms better

- Standard Return:
  - No fever x72h &
  - 14d from start &
  - Symptoms gone
  - No Restrictions

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1- Cough only applies if the subject had NO mask on. The subject coughing inside their mask is OK.
2- Risk from NO mask only applies to “prolonged close contact”. Brief contact with no mask is low risk. [i]
3- Scrub any exposed skin and launder any clothes that are obviously soiled with fluids. [k]
4- May continue work (with facemask) for up to 72h while waiting for source test. Isolate if pos. [i]
5- Wear a mask at work x14d from start of symptoms. [j]
COVID-19 Cases in Virginia

<table>
<thead>
<tr>
<th>Number of People Tested^</th>
<th>Total Cases*</th>
<th>Total Hospitalizations**</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data no longer reported by VDH</td>
<td>30,388</td>
<td>3,775</td>
<td>1,009</td>
</tr>
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</table>

Self Care Guidelines

- Information to leave with non-transport pts.²
  - [https://qrs.ly/g1betyq](https://qrs.ly/g1betyq)

CDC PPE Procedure

- CDC recommended PPE don/doff procedure
  - [www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf](http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)

EMS Response Guide

- This document
  - [https://qrs.ly/tdbetzc](https://qrs.ly/tdbetzc)

LEO & Fire Response Guide

- Similar response guide, but for Fire.
  - [https://qrs.ly/2ebetzl](https://qrs.ly/2ebetzl)

2- Consider printing several before shift to hand out on appropriate calls. Try printing double sided.
Q: What is this document? These are the most current CDC guidelines adapted for EMS Responders who will physically interact with potential COVID patients. They are streamlined for daily use. [k]


Q: Is this the most current information? If you are reading this directly from the internet, then yes. But if this is a paper copy, you should check the link above for the most current version. COVID is a rapidly evolving situation and this document updates very frequently. https://gls.rly/tdbetzc

Q: What counts as a fever? It can be subjective or objective. It is not necessary to take a temp. [i]

Q: What counts as a cough? Any sudden increase in cough strength, frequency and/or production (like a cold or the flu). Isolated chronic and/or occasional clearing of the throat (like seasonal allergies) is not concerning. [h]

Q: Do I really need a mask? Yes. This is the absolute minimum. Do not come within six feet of a potential COVID patient without at least a simple facemask. Also place a mask on the patient as soon as possible. [d]

Q: Is it mandatory to wear a fitted mask (N95), goggles and a gown? Mostly. The CDC suggests you use these if available. A simple facemask is appropriate if an N95 is not available (or if you are not fit tested). Goggles are important, especially if the patient cannot (or will not) wear a mask. [d]

Q: Will hand washing really help? Yes. More than any other recommendation, hand washing is the easiest and most effective way to control transmission. [d]

Q: Should I get tested for COVID? Usually no. Even if you are exposed, it is much better to test the patient suspected of COVID than it is to test the first responder. [i]

Q: Is my uniform contaminated? No. CDC decon for first responders concentrates on hard surfaces. But make sure to wipe down any contaminated gear such as your radio. Clean and/or launder any fabrics (pants, jacket, etc.) that are obviously contaminated with body fluids. [a]

Q: Is my truck contaminated? No. CDC decon for vehicles concentrates on allowing clean air to circulate and wiping down all hard surfaces. Specifically: “The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.” Clean and/or disinfect any fabrics (seatbelts, etc.) that are obviously contaminated with body fluids. [a]

Q: Is my family at risk? No. CDC does not recommend any special management for people exposed to asymptomatic people with potential exposures (ie. contacts of contacts). [c]

Q: What counts as a med/high risk exposure? When can I come back to work? Ask your supervisor or Designated Infection Control Officer (DICO). []

Q: Where do the case numbers come from? The VDH is the most accurate source for case numbers for the state of Virginia. Data for the USA/World has several potential sources. The ECDC records data slightly faster than the CDC/WHO, and publishes the most up to date numbers every morning at 0500 EST. The ECDC numbers are slightly higher because they are more current than CDC/WHO reports. [f,g]

Q: Can I share this document? Yes! These pages (and attachments) are published to be freely available to any first responder that may find them useful.