

FOR IMMEDIATE RELEASE:

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### **Peoria Area EMS Policy Regarding COVID-19 response and Keep at Home Decision Pathway for suspected COVID-19 cases**

In order to protect crews from exposure and subsequent quarantine, diligence and a measured approach to evaluation of suspected COVID-19 cases is needed.

Accordingly, we are advising crews to do a “from the door assessment” initially (greater than 6 feet from the patient), to be performed by the highest level provider on scene, with everyone else outside.

- If the patient is exhibiting priority symptoms (e.g. altered level of consciousness, respiratory distress, cardiac arrest), providers will don all recommended PPE and immediately initiate patient care.
- If the patient is alert, does not exhibit priority symptoms, and is able to speak, providers will ask screening questions to include:
  - Have you had a fever? (body temp >100.4)
  - Do you have a cough or shortness of breath?

-And, if so:

- Have you had an exposure to anyone who is suspected of or has tested positive to COVID-19?
- Has the patient traveled internationally or domestically from an area known to be affected by COVID-19? (question not applicable if patient resides in an area affected by community spread of the virus)

If the patient has a fever **and** respiratory symptoms (cough, shortness of breath), the treating provider will don recommended PPE. Personnel should be limited to those absolutely necessary for the care of the patient.

A distance of greater than 6 feet from the patient **MUST BE MAINTAINED *unless*** all recommended PPE is worn. If a patient is able to stand with assistance or ambulate, the cot will be brought as close as possible to the patient, and the patient will be assisted to the cot. The patient will be masked as soon as possible, and placed in the ambulance. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures. All non-essential personnel will be kept separated from the patient and dismissed as soon as possible. Receiving facilities will then be notified that we have a possible Person Under Investigation (PUI) for COVID-19, relaying answers obtained to the questions above.

### **Personal Protective Equipment (PPE) Guidelines**

- EMS providers who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should use recommended PPE as described below. Recommended PPE includes:
  - Earloop facemask

- (N95 respirators or respirators that offer a higher level of protection should be reserved for use by providers only when performing or when present for an aerosol-generating procedure)
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated
- Disposable isolation gown.
  - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- Drivers of ambulances should wear all recommended PPE to help move the patient onto the stretcher or into the hospital. Prior to entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
  - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A facemask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- After the patient is released to the facility, EMS providers should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures. Earloop masks may continue to be used as long as they are in serviceable condition and unsoiled or wet.

### **Aerosol Generating Procedures requiring N95 masking**

In order to reduce risks of transmission to personnel and others, aerosol generating procedures should be avoided if possible. These procedures include: Administration of intranasal medication, nebulizers, CPAP/BiPAP, use of BVM, intubation, CPR, suctioning, and insertion of airway adjuncts. If it is necessary to perform these procedures, an N95 mask must be donned prior to the procedure.

Nebulizers should not be administered to suspected COVID-19 patients. IM Epinephrine may be considered according to PAEMS protocol (ALS only) for severe bronchospasm.

If a more definitive airway is required, consider the following:

- If intubation is necessary, a video laryngoscope is preferred. If a video laryngoscope is unavailable, consider use of an iGel over direct laryngoscopy.
- CPAP/BiPAP should be avoided as long as possible.

### **Note on Steroid Administration**

Solu-Medrol is to be avoided with these patients as it can prolong the disease and shedding of the virus (infectivity)

**Keep at Home Decision Pathway (BLS and above only- Refusals for EMR considered “high risk” refusals)**

The following policy will only take effect once there are confirmed cases of COVID-19 cases in the areas covered by PAEMS agencies, and the system is on Level 2 or 3 of the Pandemic Response protocol.

If you are notified by dispatch of a possible pandemic response (aka Code 36, Card 36, or Protocol 36), and the patient meets the following criteria, the provider may initiate a Keep at Home/Home Quarantine strategy in an attempt to keep select patients at home.

This applies for patients who meet all of the following criteria:

1. Do not have significant comorbidities: diabetes, heart disease, chronic lung disease (COPD/Asthma), chronic renal disease (dialysis), liver disease, cancer, autoimmune disorders, chemotherapy patients, or history of immunosuppression.
2. Are under 60 years old
3. Have stable vital signs (including pulse ox >95)
4. Do not have priority symptoms (altered mental status, tachypnea, altered vital signs)

The EMS provider will discuss strategy of staying home, and notifying their primary care provider/Public Health Department for further direction.

Once these patients have been identified, and if they are willing to stay home, the following must occur:

1. A completed and signed refusal will be obtained. Any patient not fitting **all** of the criteria above who want to refuse must be called to medical control for clearance as a high-risk refusal.
2. Prior to departing, all patients will be given the PAEMS approved instructions on home care and when to seek medical treatment (available on [www.paems.org](http://www.paems.org))
3. Prior to departing, all patients will be instructed to contact their primary care provider **and** their public health departments for further direction (contact information on home care sheet).

***\*\*If the patient is insistent on seeking hospital care and refuses the Keep at Home/Home Quarantine strategy, EMS will initiate transport.***