

FOR IMMEDIATE RELEASE:

Updated 06/23/20

### **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) or chills?
  - Do you have any new respiratory symptoms (cough, runny nose, congestion, sore throat, sneezing)?

\*Note: Travel and exposure questions have been removed due to community spread, and are to be considered irrelevant.

If the patient has a fever **and/or** respiratory symptoms (examples listed above), the treating provider will don all 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 with a simple earloop facemask (*NOT N95*) 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 pertinent answers obtained to the questions above.

If receiving hospital personnel meet the ambulance on the drive wearing PPE, the driver of the ambulance should stay with the ambulance and not don PPE in an effort to minimize PPE use.

### **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. Care should be taken to not touch the outside portion of any mask.

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

In order to reduce risks of transmission to personnel and others, aerosol generating procedures should be avoided unless deemed absolutely necessary. These procedures include: Administration of nebulizers, CPAP/BiPAP, use of BVM, intubation, CPR, suctioning, and insertion of airway adjuncts. (Intranasal administration of medications is not considered aerosol generating). If it is necessary to perform these procedures, full PPE (Face Shield, N95 mask, gown, gloves) needs to be worn by all personnel directly caring for the patient.

**Effective this update**, CPAP and nebulizer administration may be utilized if needed with the following guidelines. It is recommended that if a patient has respiratory symptoms felt to be infectious in nature (e.g., fever, cough, runny nose, sore throat), or the patient has respiratory symptoms and is coming from an extended care facility known to have COVID-19 outbreaks, that these procedures be avoided.

**CPAP:** If CPAP is deemed necessary, treatment should ideally be limited to one provider only (if possible), with that provider in full recommended PPE (Face Shield, N95 mask, gown, and gloves). If additional personnel are needed to care for the patient, they also must be in full PPE. The patient

compartment of the ambulance *must* be sealed and isolated from the driver's compartment, and the exhaust fan should be on during transport.

**Nebulizer Administration:** If a nebulizer treatment is deemed necessary, and no other alternative treatment is feasible or safe, efforts should be made to administer the treatment in the patient's home prior to transport. Alternatively, if weather permits, the nebulizer may be administered outside in open air prior to transport. If absolutely necessary, nebulizers may be administered in the back of the ambulance while the ambulance is on scene, with the doors/windows of the patient compartment open to the outside and exhaust fans on. Administration of nebulizers during transport should be avoided, and should be looked upon as a last resort treatment option. In all cases, personnel should be limited to those absolutely necessary for care of the patient, and all recommended PPE should be utilized. A HEPA filtration device is recommended.

IM Epinephrine may also be considered according to PAEMS protocol (ALS only) for severe bronchospasm. A Medical Control order is now required for epinephrine administration for any patient over the age of 50.

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. Direct laryngoscopy is to be avoided.
- Use of an inline HEPA filter on BVM's is highly recommended, and should be used if available.

#### **Note on Steroid Administration**

**Restriction of Solu-Medrol administration has been lifted.**

#### **Keep at Home Decision Pathway (BLS and above only)**

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% on room air)
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, the crew will provide patients 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, the crew will instruct patients to contact their primary care provider **and** their public health departments for further direction (contact information on home care sheet).

***Delayed Transport Option (Level III Protocol 36 only)***

***\*\* If the patient meets above low risk criteria, but is insistent on seeking hospital care and refuses the Keep at Home/Home Quarantine strategy, EMS may offer delayed ambulance transport if needed. In such cases, Medical Control must be contacted to obtain approval for this pathway. Once Medical Control approval has been obtained, the patient will be asked to sign the Delayed transport Acknowledgement form, and ambulance transport will be arranged when available. Once this has occurred, the provider(s) may clear the scene.***