

Note 2

- Do not rely solely on EMD personnel to identify potential exposure patient

Note 3

- Full PPE is required and includes a N95 mask, gown, eye protection and gloves

Note 4

- Limit patient contact to only one provider, if at all possible
- All providers should attempt to maintain a distance of 6 feet or more, when feasible, and does not interfere with patient care

Note 5

Great care should be used with procedures that create aerosolization of infectious particles. These Include:

- CPR
- Intubation
- Nebulization
- Oropharyngeal and Nasopharyngeal Suctioning
- CPAP
- Bag Valve Mask Use
- Oxygen Use at >6 L/min (nasal cannula and non-rebreathers) with open exhalation ports

If one of these procedures is being performed, all caregivers should be in full PPE

In order to reduce aerosolization, these measures are to be taken with patients having high suspicion for COVID or active COVID diagnosis

- Intubation should be supraglottic airway device (i-gel). Direct laryngoscopy should be used if the (i-gel) fails
- For mild to moderate respiratory distress, ask the patient if they have a home albuterol inhaler. If so, bring and utilize the patient's home albuterol inhaler. If a home albuterol inhaler is not available, utilize the albuterol inhaler provided by CEMS. This inhaler should be left with the patient at receiving facility to allow for further treatments. Albuterol nebulization can be utilized for patients in moderate to severe respiratory distress. It is preferable if the neb be given outside (weather permitting). If the neb must be given within the ambulance, all members of the treatment team must be in full PPE including the driver and any first responders. The window separating the cab from the treatment compartment should remain closed. Nebulization should be stopped before entering the facility.
- Suctioning should only be performed if secretions are preventing adequate oxygenation and ventilation.
- HEPA filters should be used on BVM's & CPAP devices to decrease particle aerosolization (See HEPA Filter procedure).
- A maximum of 6L/min should be used for oxygen flow for nasal cannula and non-rebreathers. A NRB with ports covered with ECG electrodes can be used at 15 L/min. Higher rates aerosolize contaminates into the air. A nasal cannula or non-rebreather can be used. A surgical mask should be placed over the nasal cannula or non-rebreather. Passive oxygenation can still be used during intubation but with a maximum rate of 6 L/min.