



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

Larry Hogan
Governor

Clay B. Stamp, NRP
Chairman
Emergency Medical
Services Board

Theodore R. Delbridge, MD, MPH
Executive Director

410-706-5074
FAX 410-706-4768

To: EMS Clinicians
Highest Jurisdictional Officials
Commercial Ambulance Services
EMS Medical Directors

From: Timothy Chizmar, MD, FACEP
State EMS Medical Director

Date: April 10, 2020

RE: **UPDATE: COVID-19 EMS Guidance**

In an effort to provide the latest guidance for Maryland EMS clinicians, please find the COVID-19 EMS Guidance document (revised April 10, 2020) attached to this memo.

Of note, this COVID-19 EMS Guidance replaces “Airway and Respiratory Considerations” and “COVID-19 Infection Control and PPE Guidance” documents (both dated March 25, 2020). These documents are removed from the MIEMSS Infectious Diseases website.

As we recognize that guidance regarding COVID-19 is ever-changing, we will post new documents to the www.miemss.org/infectious-diseases website.



~ Maryland Institute for Emergency Medical Services Systems ~
COVID-19 EMS Guidance



Signs & Symptoms: Any patient with or without fever who has respiratory symptoms (shortness of breath, cough, sore throat), muscle aches, new loss of sense of smell or taste, or diarrhea, regardless of travel history

Recommended PPE: Gowns, Gloves, Surgical Mask*, Eye Protection

*** If the patient presents in cardiac arrest, and/or respiratory procedures are performed (oxygen administration, nebulized medication administration, suctioning, CPAP/BiPAP, BVM ventilation, CPR, etc.) an N-95, not a surgical mask, should be used**

-
- | | |
|---------------------------|--|
| Arrival to Patient | <ul style="list-style-type: none"><input type="checkbox"/> Limit EMS personnel and perform an initial assessment at a minimum distance of six feet<input type="checkbox"/> Don the appropriate PPE, place a simple facemask (NOT N-95) on the patient |
|---------------------------|--|
-
- | | |
|---------------------------------|--|
| Assessment and Treatment | <ul style="list-style-type: none"><input type="checkbox"/> Limit respiratory procedures for patients presenting in severe respiratory distress, such as an inability to speak between breaths, increased number of breaths per minute, diaphoresis, accessory muscle use, tripodding, cyanosis, and respiratory/cardiac arrest<input type="checkbox"/> Supplemental oxygen should be titrated to an oxygen saturation between 94%-96%, and respiratory devices (NRB, nasal cannula, etc.) should be covered with a surgical mask<input type="checkbox"/> Advanced airway procedures should be performed by the most experienced EMS clinician, and they should utilize video laryngoscopy whenever available<input type="checkbox"/> Cardiac arrest patients should be intubated at the earliest possible opportunity after any necessary defibrillation has occurred, pausing chest compressions to intubate<input type="checkbox"/> Mechanical CPR devices should be utilized whenever possible<input type="checkbox"/> Intramuscular administration of 1mg/ml epinephrine OR terbutaline can be considered per protocol (refer to memo from OMD regarding epinephrine & terbutaline, dated 4.6.2020, updated 4.9.2020)<input type="checkbox"/> Alternatives to intranasal medication administration should be utilized whenever possible<input type="checkbox"/> Patients using their own albuterol inhaler and spacer should be encouraged to continue to do so as an alternative to EMS-administered nebulizers |
|---------------------------------|--|
-
- | | |
|------------------|---|
| Transport | <ul style="list-style-type: none"><input type="checkbox"/> Activate the patient compartment's exhaust fan in non-recirculating mode and limit the number of EMS clinicians in the patient compartment<input type="checkbox"/> No individuals may accompany a patient during transport unless absolutely necessary; if someone must accompany the patient, they must wear a mask |
|------------------|---|
-
- | | |
|----------------------|--|
| Arrival at ED | <ul style="list-style-type: none"><input type="checkbox"/> Individuals accompanying the patient during transport must remain outside of the ED<input type="checkbox"/> Turn off nebulizers and CPAP before entering the ED if patient condition allows<input type="checkbox"/> Leave all ambulance doors open to allow for air exchange<input type="checkbox"/> Transfer patient and promptly return the stretcher to the ambulance, ensuring not to contaminate any surfaces along the way |
|----------------------|--|
-
- | | |
|-----------------------------|--|
| Returning to Service | <ul style="list-style-type: none"><input type="checkbox"/> Don PPE (if removed) and decontaminate ambulance according to established policies<input type="checkbox"/> Remove PPE and perform hand hygiene |
|-----------------------------|--|
-

This document replaces the “Airway and Respiratory Considerations” (dated 3.25.2020) and “COVID-19 Infection Control and PPE Guidance” (dated 3.25.2020) documents.

-Revised April 10, 2020-