



# 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, Eye Protection, Fit-tested N-95 Respirator\*\*

\* N-95 respirators should be used by clinicians providing direct patient care to PUI patients or personnel working within 6 feet of PUI patients.

\*\* Full PPE should be used for all cardiac arrest patients.

**Arrival Patient**

- Limit EMS personnel and perform an initial assessment at a minimum distance of six feet
- Don the appropriate PPE
- Place a simple facemask (NOT N-95) on the patient unless that patient is unable to do so due to a significant disability or if the patient is under 2 years of age

**Assessment and Treatment**

- Limit respiratory procedures to 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
- 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
- Advanced airway procedures should be performed by the most experienced EMS clinician, and they should utilize video laryngoscopy whenever available
- Cardiac arrest patients should be intubated at the earliest possible opportunity after any necessary defibrillation has occurred, pausing chest compressions to intubate
- Mechanical CPR devices should be utilized whenever possible
- An FDA-approved exhalation HEPA filter should be used when providing ventilation by BVM, CPAP, or endotracheal tube
- Intramuscular administration of 1 mg/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)
- Patients using their own albuterol inhaler and spacer should be encouraged to continue to do so as an alternative to EMS-administered nebulizers

**Transport**

- Activate the patient compartment's exhaust fan in non-recirculating mode and limit the number of EMS clinicians in the patient compartment
- No individuals may accompany a patient during transport unless absolutely necessary; if someone must accompany the patient, they **must** wear a simple facemask

**Arrival at ED**

- Individuals accompanying the patient during transport must remain outside of the ED
- Turn off nebulizers and CPAP before entering the ED if patient condition allows
- Leave all ambulance doors open to allow for air exchange
- Transfer patient and promptly return the stretcher to the ambulance, ensuring not to contaminate any surfaces along the way

**Returning to Service**

- Don PPE (if removed) and decontaminate ambulance according to established policies
- Remove PPE and perform hand hygiene

*This document replaces the "COVID-19 EMS Guidance" (dated 10.6.2020)*