

EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

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a. When treating a patient who may be at risk for COVID-19, minimize the number of responders providing care unless life-threats need to be addressed.

b. EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, EMS should use all personal protective equipment (PPE), as follows:

- Facemask,
 - N-95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or 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, and 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 personnel (e.g., moving patient onto a stretcher).
- When the supply chain is restored, fit-tested EMS personnel should return to use of respirators for patients with known or suspected COVID-19.

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c. If a patient is stable, at risk of COVID-19 and ambulatory, it is acceptable to allow the patient to walk to the ambulance. Utilizing a stair chair or stretcher for a stable patient at risk of COVID-19 who is ambulatory places EMS personnel in a close proximity to the patient, which may not be necessary given their clinical condition.

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d. EMS may defer CPAP or other respiratory therapies (such as nebulizer or inhaler therapies) to the receiving hospital, to reduce aerosol-generation risk. Keep in mind that the Protocols permit MDI use in place of nebulizers anyway, even for patients not specifically noted to be at risk for COVID-19, and it is acceptable to do so for all patients during this period. Parenteral therapy (e.g. intramuscular epinephrine) may be necessary for the safer treatment of severe bronchospasm. When in doubt, please discuss individual cases with on-line medical control.

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e. When caring for a patient who may have been exposed to COVID-19, endotracheal intubation is a high-risk-exposure procedure. In patients at risk for COVID-19 who require intubation, it is acceptable to instead place a supra-glottic airway.

Protocol Continues 

1.2 Patient at Risk of COVID-19



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f. All EMS personnel, when trained by their ambulance service and approved by their affiliate hospital medical director, may obtain swab samples for COVID-19 testing, and deliver these samples to appropriate testing facilities. Services should train their personnel on the appropriate technique based on the following link and the test being utilized by their Service: <https://www.cdc.gov/flu/pdf/freeresources/healthcare/flu-specimen-collection-guide.pdf>.

g. If a patient at risk for COVID-19 is refusing to go by ambulance and insists on staying home, for this subset of EMS patients only, EMS may dispense with obtaining an informed written patient refusal, which would require unnecessary close proximity to the patient. Instead, EMS must document the patient's refusal in their patient care report and urge these patients to contact their local public health authority for further guidance in lieu of being transported to the hospital.

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Patient at Risk for COVID-19 1.2