

## **SwedishAmerican EMS Recommendations During COVID**

### **All EMS Calls**

- Work with Dispatch / 911 to screen for high risk patient
- PPE minimum of gloves and procedure mask
- Begin assessment from at least 6 feet from patient
- Have one EMS provider make patient contact
- If possible hand the patient a mask and have them put the mask on
- Assess to determine if patient is high risk for COVID
  - Fever, cough, nasal congestion, sore throat, body aches, lack of smell or taste
- If O2 needed – place procedure mask over nasal cannula or NRM
- Avoid aerosol generating procedures – nebulizers, CPAP, BVM, suction and advanced airway
  - Use full PPE with any of these aerosol generating procedures - N-95 masks, gloves, eye protection, gowns
  - If possible cover vent with procedure mask to limit droplet spread
  - Possible alternative to nebulizer: Does patient have a metered dose inhaler (MDI) if so have patient use as needed and bring to hospital for possible use in hospital.
  - Discontinue nebulizers and CPAP when going through E.D.
  - Consider supraglottic airways over ETT in cardiac arrest to minimize potential exposure
- Avoid touching your face and perform hand hygiene
- Document PPE used and if mask was placed on patient

### **High Risk COVID Patients**

- Items listed above
- If patient is identified by dispatch as a high risk COVID patient, if possible have patient walk outside to meet EMS
- Full PPE, N-95 masks, gloves, eye protection, gowns
- Limit numbers of providers in contact with patient
- If shortage of N-95 mask or gowns prioritize for aerosol generating procedures
- Isolate driver and patient compartments if possible
  - Drivers compartment should have ventilation on in non-recirculation mode
  - Patient compartment should have ventilation on and rear exhaust fan on
- provide early notification to the receiving facility on inbound medical report that you have a patient that you suspect may have the COVID-19 virus
- Once the EMS provider arrives at the emergency department please wait in the ambulance in the ambulance bay and do not unload the patient until someone from the ED comes out or provides direction to assist the crew to the proper room

- Ensure that the patient has a surgical/procedure mask in place before the ED staff escorts you to the assigned room in the ED

### **Cleaning Ambulance after Transport of high risk COVID patient**

- After transport leave rear doors open to allow for air change
- When cleaning vehicle where PPE
- Clean in a ventilated area
- Clean and disinfect per standard operating procedures. All surfaces or materials that may have come in contact with patient or contaminated during patient care should be thoroughly cleaned and disinfected using a hospital grade disinfectant.
- Clean and disinfect patient-care equipment
- Use caution when removing PPE – Health care works are often relaxed at this point and contamination may occur
- Properly dispose of PPE and any medical waste

### **Agencies Responsibilities**

- Have infection control policies in place
- Supply PPE
- Ensure EMS personnel are trained on PPE use and cleaning and disinfecting
- Ensure EMS personnel are documenting the PPE they used and if mask was placed on patient
- Completion of pre-shift temperature check and questions
- When high risk COVID patients are transported the agency needs to follow-up with receiving facility to determine if the patient was tested.
  - If patient was tested, ensure that minimal PPE was used - gloves and procedure mask or with aerosol generating procedures full PPE
  - Complete a tracking form on these calls