

EMS Response Guidelines to Respiratory Distress/ILI/Potential COVID-19 Patients

Kittitas County EMS - Version #3 (revised 4/6/2020, 10/1/2021)

Wash your hands frequently • Avoid touching your face & avoid shaking hands • Stay home if you are sick!!

9-1-1 RESPONSE & INITIAL PATIENT ASSESSMENT

Dispatch is using modified caller queries to assess for possibility of COVID-19 for law/Fire/EMS:

- If KITTCOM advises of a patient with potential Influenza Like Illness (ILI = "illy") or CPR in Progress, responders should don appropriate PPE before entering the scene or making contact w/patient or bystander.

Do not rely solely on 911 dispatch for alerts to don PPE:

- Perform "Doorway Triage" at the scene of all 911 calls—ask the following:
"Does anyone here have a FEVER/COUGH/SOB/RESPIRATORY DISTRESS/SORE THROAT /ABDOMINAL PAIN OR DIARRHEA" (or CPR case!)
- If YES—crew making patient contact should immediately don recommended PPE (Try to limit to 1-2 providers with stable patients, depending on circumstances and need to transport.)
- HIGH PRIORITY**—put surgical mask or NRB Mask w/surgical mask (not N95) onto patient ASAP to limit large droplet spread and family if not keeping distance! Advise family members & bystanders stay away >6 ft.

RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT & MEDIC UNIT SET-UP

PPE for crew providing direct patient care, or members who will be in Medic unit patient compartment:

- PPE: Eye protection (i.e. goggles or face shield), N95 mask, disposable or cloth gown, disposable gloves
- If Medic unit drivers provide direct patient care—drivers should wear same PPE, as above.
- After completion of patient care & loading patient—the driver & any other member riding in front, should
 - Remove & place disposable PPE in medical waste bag (gown & gloves) before touching or entering cab to avoid contaminating front cab. If cloth gown or other reusable items, bag for cleaning when appropriate.
 - Driver and other member in front should keep goggles and mask on during patient transport.
 - Driver & other member should use alcohol-based hand cleanser for hand hygiene before getting in cab.
- Crew should keep goggles and mask on to be used during cleaning process as needed.

PATIENT CARE—TREATMENT GUIDELINES

- Medic unit driver--set rig ventilation to EXHAUST & open driver's air vents on high if transport.
- Avoid non-essential "aerosol-generating" procedures, including: nebulized treatments, CPAP, suctioning, BVM ventilation, NRB mask, and nasal cannula. If procedure is necessary, use with HEPA-filter if available and applicable or cover with surgical mask and/or towel to reduce aerosolization.
- If advanced airway management cannot be deferred to include ETI, iGel, BVM, and nebulizer mask follow local protocol and use HEPA-filter if available.
 - If possible, perform advanced airway procedures outside in fresh air or in rig with back doors open, HVAC system on, away from bystanders and contaminated environments.
 - ETI via glidescope before iGel is preferred to distance provider and minimize aerosolization
 - Drape a towel over the patient's face, BVM and hands of the provider ventilating patient to decrease aerosolization
 - Use a surgical mask over nasal cannula, NRB mask, and nebulizer mask.
 - When possible, use patient's prescribed MDI and take to hospital with patient. If a nebulizer treatment is necessary, do not nebulize without a mask if possible.
 - If procedure is necessary enroute to hospital for any patient, crew should pull over, open back doors, and take appropriate ventilation precautions
 - Oxygen flow should be reduced to 5-6 lpm per nasal cannula for apneic oxygenation
 - Ketamine should be utilized for an induction agent
 - Rocuronium should be utilized for a paralytic
 - Inline breathing filter post intubation: ETT-HEPA filter- end tidal CO2 detector-BVM
 - Larger ET tube is better for long-term ventilation. Patient's frequently present with significant airway edema
- On all 911 calls during pandemic, limit exposure to personnel by only using those needed for patient care.
- Consider Non-Transport for stable patients—evaluate risk factors—contact & discuss with online MD required.
- For Non-Transport, see page 2 for instructions.

EMS TRANSPORT TO HOSPITAL WITH CONFIRMED OR SUSPECTED FLU LIKE or COVID-19 PATIENT

- [] Contact the receiving hospital E.D. BEFORE leaving the scene for instructions. **KVH ED: 509-962-7345**
- [] Move tablet/laptop to front of unit--document EMS incident after the patient is transported to keep tablet/laptop clean.
- [] Limit number of responders in back of Medic unit during transport—prefer one (1) provider only.
- [] Family members should not ride in Medic unit and should be discouraged from going to the hospital. Give family the hospital number and ensure them updates will be provided. Exceptions include end of life, under 18, limited developmentally, and provider discretion.
- [] Re-contact receiving ED when arriving at Ambulance Bay & stay in Medic unit:
 - [] Receiving hospital ED staff should come out to Medic unit for transfer of care to the ED.
 - [] For critical patients--i.e. CPR, intubated patients—crew will take patient directly into ED while wearing “contaminated” PPE.
- [] After patient turnover to ED, fire/EMS providers should carefully remove and discard disposable PPE as medical waste (gown & gloves).
- [] Crew should keep goggles and mask on to be used during cleaning process as needed to preserve supplies (don't touch until removal.)
- [] Crew should place other reusable gear in identifiable bag to be cleaned when appropriate.
- [] Crews should immediately perform good hand hygiene—thoroughly washing hands as appropriate.

CLEANING MEDIC UNITS AFTER TRANSPORT OF SUSPECTED OR CONFIRMED COVID-19 PATIENT

- [] Open doors to Medic unit outside to allow for air flow to remove potentially infectious particles.
(Time to transfer patient, dispose of PPE, clean hands and complete PCR is enough time for unit air flow procedure.)
- [] Don new gloves when cleaning unit and other equipment.
- [] Maintain the mask and goggles in place during cleaning as needed
- [] Carefully clean equipment/ surfaces using Cavicide or other approved cleaning supplies and disinfectants.

FOLLOW-UP & REPORTING REQUIREMENTS AFTER CARING FOR SUSPECTED OR CONFIRMED COVID-19 PATIENT

- [] Notify EMS Agency Infectious Disease Control Officer if unprotected contact with suspected COVID-19 patient.
 - [] IF responder wore appropriate PPE during patient contact, EMS Agency will call members who had contact with COVID-19 patient & provide directions for self-monitor—responder will continue to work if asymptomatic—not an exposure.
 - [] IF responder suffers an exposure (no PPE worn—close patient contact or PPE failed); options for 14 days quarantine will be discussed with member.
- [] EMS Providers should contact their agency supervisor as soon as possible if suspected COVID-19 patient is left at home **and document appropriately for follow-up.**

NON-TRANSPORT OF SUSPECTED SYMPTOMATIC RESPIRATORY / FLU LIKE / COVID-19 PATIENT FOLLOW-UP

- [] Consider NON-Transport for stable patients:
 - [] Evaluate risk factors (see Pandemic Triage Guide on next page)
 - [] Contact & discuss with ED online Medical Control (509-962-7345) or MPD-Dr. Horsley (509-899-0348)
- [] IF NON-Transport, crew required to:
 - [] Provide copy –
 - CDC - “10 THINGS YOU CAN DO TO MANAGE YOUR COVID-19 SYMPTOMS AT HOME” (CS 325556-A | 07/16/2021) [10 Things to Manage COVID at Home.pdf](#)
 - WA DOH - “WHAT TO DO IF YOU HAVE CONFIRMED OR SUSPECTED COVID” (DOH 420-308 | 05/18/2021) [COVIDcasepositive.pdf](#)
 - [] Insure contact with the patient's health care provider if applicable.
 - [] Report to Kittitas County Public Health Department (509-962-7515) **if patient tested positive outside the county or tested with home COVID-19 test.**
 - [] **Document in Patient Care Report + v COVID user defined field to ensure patient follow-up by EMS Supervisor or Community Paramedic.**

Pandemic Home Triage Guide & Home Health Care Instructions – COVID-19

In most young healthy patients COVID-19 will present with fever and a cough. The course, although uncomfortable, will be benign and therefore not require EMS transport and hospitalization. Patients with mild symptoms may be treated at home with hydration, antipyretics and rest and only be transported to the hospital should their symptoms worsen.

The patients at greatest risk are > 60 (older) and those with co-morbid conditions. During the pandemic period, patients with fever, cough and/or shortness of breath should be assessed according to two variables:

1. **Vital Signs:** Regardless of age, if any of the following are present the patient should be transported to the hospital.

- Respirations > 30/min
- Pulse Ox. < 90 %
- Systolic BP < 90 mm Hg.
- Pulse > 125/min.
- Altered mental status

2. **High Risk Profile:** Patients with a history of fever, cough and/or shortness of breath who meet either of the following criteria should be strongly encouraged to be transported to the hospital.

- Age > 60 years
- Co-morbid conditions: CV disease, Diabetes, Chronic resp., Hypertension, Current Cancer

3. **Home Triage follow-up** – This will be conducted by primary ALS agency in service area. BLS EMS Agencies should contact appropriate ALS service, as soon as possible, if known or suspected COVID-19 patient is left at home.

- KCHD#1 – Kittitas Valley Fire & Rescue, DC Rich Elliott (509) 933-7233
- KCHD#2 – Medic One Ambulance, Operations Supervisor Geoff Schere (509) 674-4057