



COVID-19 Viral Respiratory Pathogen Exposure Reduction Procedure



CRITERIA:

Patients with signs and symptoms of a viral respiratory infection (e.g. COVID-19, SARS, MERS).

- Symptoms consistent with viral lower respiratory infection, including:
Fever and/or non-productive cough and/or shortness of breath and/or fatigue

AND / OR

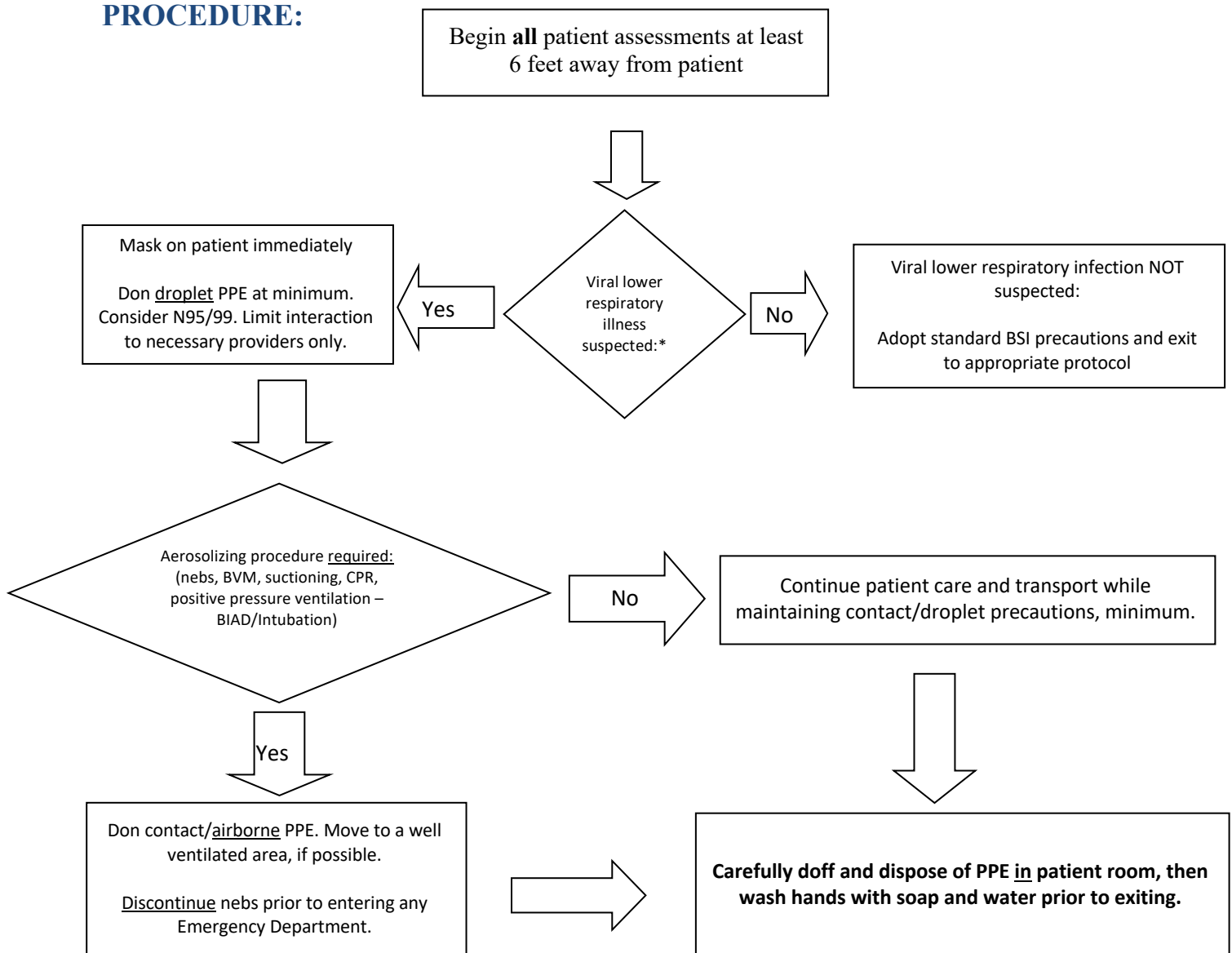
- Exposure to any person with known infection

AND / OR

- Hx of travel to area with known pathogens in the community in the past 21 days

During times of high levels of local infection and/or sustained community transmission, suspect all patients are potentially infectious

PROCEDURE:





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Contact/Droplet PPE: Gloves, gown, standard face mask, goggles/face shield

Airborne PPE: Required for aerosolizing procedures. N-95/N-99/P100, gloves, gown, eye protection.

Airway - noninvasive: Nasal Cannula/Smart Capnoline or NRB ***surgical mask overtop**

Airway – Invasive: Neb/CPAP/Suction/BVM//BIAD/Intubation/CPR ***perform in a well ventilated area**

Drivers & Support personnel: Doff, Dispose of PPE, and Wash/sanitize hands prior to entering hospital

Patient Care Providers: At *minimum*, all crew use contact/droplet precautions.

- Notify facilities early & enter receiving facilities at their direction
- Use Exhaust fan & non-recirculated HVAC
- **Doff PPE and wash hands for at least 20 seconds prior to leaving patients room**

Hospital Transport:

MINIMIZE Cross Contamination

- A single parent/legal guardian of a minor or any person able to provide information on behalf of a patient who is unable to provide information may ride to the hospital at the discretion of the AIC.
 - o The passenger is required to be asymptomatic and should ride in the patient compartment.
 - o The passenger must sanitize hands prior to entering the vehicle and wear a mask.
- Secure openings between cab & patient compartment
- Stop apparatus and open doors if needed for aerosol producing procedures

DO NOT DRIVE WITH REAR DOORS OPEN

PEMS Medication Box:

- Keep Medication Box clear from patient contact, such as behind the head of the stretcher, in the drug box compartment, at the far end of the bench seat, etc.
- Clean *Exterior* of Medication Box with appropriate wipes prior to exchange. [Click Here for CDC COVID-19 Cleaning & Disinfecting Guidelines](#)

Documentation:

- List all persons & level of contact – EMS/Fire/Law/Bystander & no contact vs indirect vs direct.
- Notify EMS Supervisor, Safety Officer, Infection Control Officer, Health and/or Safety Officer per individual agency policy.

Unit decontamination:

- Don contact/droplet PPE
- Open doors and windows
- Clean all exposed surfaces and equipment per individual agency policy & CDC/VDH Guidelines



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PEARLS:

- If faced with a limited supply of gowns and/or N95/99 masks, reserve use for potentially aerosol-generating procedures. Consider using cloth patient gowns in absence of isolation gowns.
- The 2020 COVID19 global pandemic is a continually evolving healthcare crisis. It is imperative that agencies and providers remain informed about latest recommendations for provider and patient safety. Refer to the CDC website “Interim Guidance for EMS Systems” for the most up to date information.
- [Click Here for CDC Guidance for EMS Personnel](#)
- [Click Here for CDC Guidance on Doffing and Donning PPE](#)
- As of March, 2020, there is evidence of community transmission of the SARS-CoV-2 virus in the PEMS region. Heightened precautions and a more conservative approach to patient interactions are both warranted and advised. Providers should carefully weigh the potential risk of any procedure against the likely benefit prior to proceeding and should clearly document their rationale for any deviation from standard procedure.
- If any aerosolizing procedure is performed, providers should remain in airborne PPE for the duration of treatment and transport. It is recommended that unit decontamination also be performed in airborne PPE with doors and windows open.
- **Provider Personal Care**
 - Providers should shower at station after shift
 - Providers should bring a clean change of clothes to wear home after shift
- If possible, have only one provider enter and conduct an initial assessment of the patient
- * As of April 2020, the Virginia Department of Health and CDC report sustained community transmission of COVID-19 throughout the state and PEMS Region. A standard facemask and goggles/ face shield (droplet PPE), at a minimum, are recommend for all patient encounters.