

**PPE for those with Known COVID-19 and/or Suspicion for Respiratory Illness (Fever, Cough, Shortness of Breath, Difficulty Breathing) and for Cardiac Arrests**

1. Gloves and Gown (optional) – One time use only
2. Full-face shield or goggles – Re-usable for 24 hours
3. N95 respirator or P100 – Re-usable for 24 hours
4. **All patients** should have a surgical mask applied immediately. MASK BEFORE YOU ASK

**General Guidelines/Best Practices:**

1. Assume that COVID-19 patients may have called EMS with a non-respiratory complaint (syncope, fall, weakness)
2. Begin assessment from > 6 feet distance
3. Limit the number of providers with patient contact to minimum needed to safely treat
4. Necessary PPE readily available on all calls
5. Ask for and review POLST/Advanced Directive prior to transport.

**Dispatch Screening (as of 5/1/2021)**

1. Has the patient tested positive for COVID in the last 14 days? If YES, the patient should be considered a **SCREENED POSITIVE PATIENT**
- 2) Has the patient received a COVID vaccination?

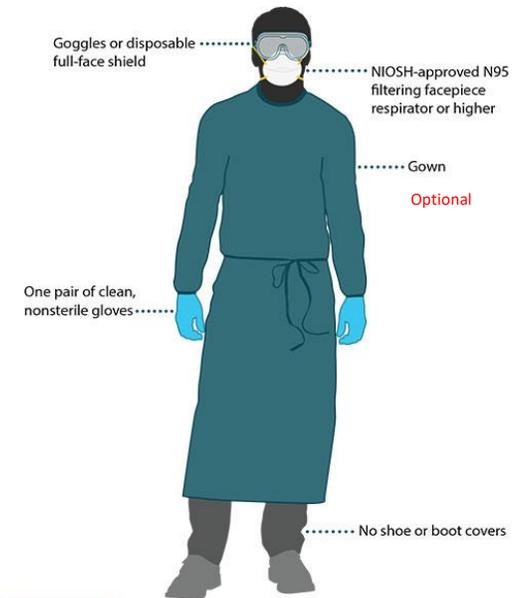
**EMS Screening (as of 5/1/2021)**

2. Have you tested positive for COVID in the last 14 days? Or been in close contact with someone who has recently tested positive? If YES, the patient should be considered a **SCREENED POSITIVE PATIENT.**

**EMS/TRANSPORT PROCEDURES: (For Screened Positive/Cardiac Arrest Patients)**

1. PPE procedures activated for close contact responders and place surgical mask on patient
2. Limit treatment activities unless patient is unstable. Prepare medication and equipment in advance when possible. Obtain Hospital/Base MD consultation as needed
3. **Airway management: Exercise caution and limit treatments that may be aerosol-generating:** Intubation (King Tube preferred), CPAP and bag-mask ventilation. **N95 or P100 is required for provider administering these interventions.** HEPA filter for BVM if available.
4. **Nebulized treatments** require N95/P100 for provider. Only asthmatic/COPD patients are likely to benefit from albuterol and may use albuterol inhaler if available. **Adults:** 5 puffs w/spacer preferred / **Children:** < 12: 2 puffs w/spacer preferred. Repeat q 15 min prn
5. Nasal cannula oxygen (2-4 lpm) if pulse oximetry <90% & mask over cannula
6. **Cardiac Arrest Management:** Mechanical CPR preferred. NRB over face for 3 CPR cycles, then consider King Tube with BVM w/HEPA filter

**COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel**



For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

7. Transport according to Destination Guidelines & early notification to ED of cardiac arrest patients
8. Follow employer guidance on PPE procedures for ambulance driver/compartments
9. Set the vehicle's ventilation system to non-recirculating mode to maximize volume of outside air brought into the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab
10. Upon arrival at the ED, make phone or radio contact with ED and advise of your arrival, await further instructions from staff before unloading patient. Transfer patient to ED per staff instructions and ask accepting MD if patient is likely a PUI
11. If patient is a PUI and appropriate PPE not worn or breached during care or transport refer to your Battalion Chief for exposure guidance

**DECONTAMINATION OF GEAR and EQUIPMENT:**

1. Complete transfer, doff PPE, don new PPE and dispose of disposable equipment at the scene as bio-hazardous waste. If the turnout gear or station uniform is visibly contaminated by body fluid, it should be placed in a biohazard bag at the scene and washed following prescribed laundry procedures. Chlorinated bleach shall not be used with any fire fighter protective clothing
2. For decontamination of non-disposable equipment, follow manufacturer & departmental procedures
3. Vehicles used to transport persons suspected of having COVID-19 should be cleaned by staff wearing protective equipment and following County and provider decontamination procedures
4. **PPE Discard Guidelines:** Discard N95/P100 respirators/face shields following use during aerosol generating procedures and those exposed to blood, secretions, or bodily fluids
5. **PPE Re-use Guidelines:** Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator when feasible to reduce surface contamination of the respirator. Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. UV light/heat treatment or rotation of masks are acceptable alternative strategies for re-use. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator. Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene
6. Reusable equipment/devices cleaned & disinfected per manufacturer's recommendations

**MISCELLANEOUS ITEMS:**

1. Ensure crew rosters and personnel documentation is correct
2. Document patient COVID vaccination status if known
3. Minimize loose and uncovered equipment in the patient area of the ambulance
4. EMS/Fire/Law Enforcement personnel are considered "low risk" if wearing appropriate PPE prior to making contact with the patient or if > 6 feet distance. If appropriate PPE is worn, the following may occur: May remain on shift and continue providing patient care. Shall self-monitor daily for fever or any cold/flu or respiratory symptoms and report these to their supervisors and physician