

PPE for All Skilled Nursing Facility Patients and All Patients with Suspicion for Respiratory Illness (Fever, Cough, Shortness of Breath, Difficulty Breathing):

1. Gloves – One Time Use
2. Gown – One Time Use
3. Full-face shield – Re-usable for 24hrs
4. N95 respirator (Re-usable for 24 hrs) or P100 if available. If not available, surgical mask
5. **All patients with any concern for respiratory illness of any kind should have a surgical mask applied immediately. MASK BEFORE YOU ASK**

General Guidelines/Best Practices:

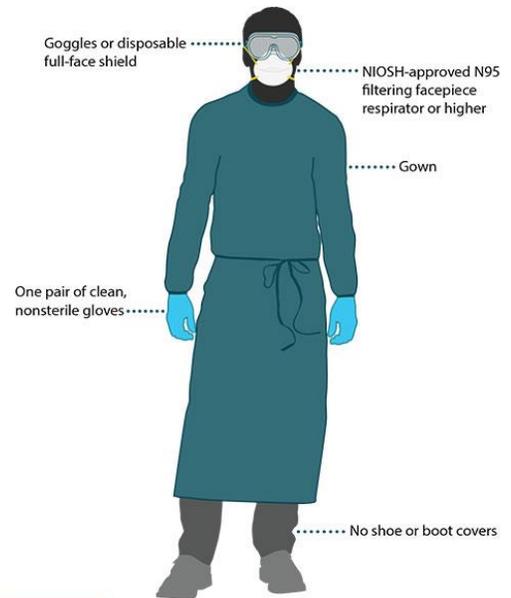
1. Assume that possible COVID-19 patients may have called EMS with a non-respiratory complaint (syncope, fall, etc)
2. Begin assessment from > 6 feet distance from the door
3. Limit the number of providers with patient contact to minimum needed to safely treat
4. Do not rely on dispatch pre-arrival screening to catch all possible screened positive patients, repeat screening yourself
5. Necessary PPE readily available on all calls

EMS/Pre-Hospital Screening (as of 03/16/2020): For all complaints

1. Have you tested positive for COVID-19 (Coronavirus)? Or been exposed to someone in your *home* who has tested positive? If YES, the patient should be considered a **SCREENED POSITIVE PATIENT**

EMS/TRANSPORT PROCEDURES: (For All Suspected or Screened Positive Patients)

1. PPE procedures activated for close contact responders including ambulance driver
2. Place surgical mask on patient
3. Limit treatment activities unless patient is unstable. Obtain MD consultation as needed
4. Airway management: **Exercise caution and limit treatments that may be aerosol-generating:** intubation (King tube preferred) and bag valve mask (BVM) ventilation. **N95 or P100 is required for provider administering these airway interventions**
5. **No nebulized treatments or CPAP** without MD Consult and require N95/P100 for provider. Asthmatic patients may use their own inhaler. Adults: 5 puffs w/spacer preferred / Children < 12: 2 puffs w/spacer preferred. Repeat q 15 min prn
6. Nasal cannula oxygen (2-4 liters/per min) if pulse oximetry <90% & mask over cannula
7. Transport according to Destination guidelines



For more information: www.cdc.gov/COVID19

8. If the transport vehicle does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene.
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, toward the patient-care area & out the back end of the vehicle

FOR A SCREENED POSITIVE PATIENT

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
 - a. MarinHealth Medical Center: 415-925-7203
 - b. Kaiser San Rafael 415-444-2415
 - c. Novato Community Hospital 415-209-1350
11. Transfer Patient to ED per their instructions
12. Ask accepting ED MD if patient is likely to be a PUI
13. If appropriate PPE not worn or breached refer to your Battalion Chief for exposure guidance

DECONTAMINATION OF GEAR and EQUIPMENT:

1. Complete transfer, doff PPE, don new PPE.
2. Dispose of disposable equipment at the scene as bio-hazardous waste.
3. If the turnout gear or station uniform is visibly contaminated by bodily 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.
4. P100 respirators shall be cleaned & disinfected in accordance with manufacturer's recommendation
5. For decontamination of non-disposable equipment, follow manufacturer & departmental procedures
6. Vehicles used to transport persons suspected of having COVID-19 should be cleaned by staff wearing protective equipment, using a bleach solution as a disinfectant cleanser (1/4 cup bleach in one gallon of water) or commercially available disinfectant used according to manufacturer's directions
7. **PPE Discard Guidelines:** Discard N95/P100 respirators/face shields following use during aerosol generating procedures and those exposed to blood, secretions or bodily fluids.
8. **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. 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.
9. **For other reusable** equipment/devices, follow manufacturer recommendations for decontamination.

MISCELLANEOUS ITEMS:

1. Ensure crew rosters are correct, all personnel documentation is correct
2. Minimize loose and uncovered equipment in the patient area of the ambulance.
3. The EMS/Fire/Law Enforcement personnel are considered "low risk" if wearing appropriate PPE prior to making contact with the patient. 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 physician.