Response Guideline to Respiratory Distress/Potential Coronavirus (COVID-19) Patients

Version 03/06/2020

9-1-1 RESPONSE & INITIAL PATIENT ASSESSMENT

Dispatch is using modified caller queries to assess for possibility of COVID-19:

[ ] IF dispatch (SS911) advises of EMS response to patient with potential COVID-19, or respiratory distress, responders should put on appropriate PPE before entering the scene.

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

[ ] Perform "Doorway Triage" at the scene of all 911 calls—ask following:
"Does anyone here have a FEVER / COUGH / SHORTNESS OF BREATH or RESPIRATORY DISTRESS?"

[ ] If YES—crew members should immediately don PPE recommended for potential COVID-19 patients.

[ ] HIGH PRIORITY—get surgical mask (not N95!) or NRB Mask onto patient ASAP to limit large droplet spread!

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 exam gown, disposable gloves

PPE for Medic unit drivers:

[ ] If providing direct patient care—including loading patient—drivers should wear same PPE, as above

[ ] After completion of patient care & loading patient—drivers should remove and safely dispose of all PPE to avoid contaminating front compartment.

[ ] Driver should use alcohol-based hand cleanser for hand hygiene.

[ ] If driver area is not sealed from back of unit—they should don new N95 for use during transport.

[ ] All personnel should avoid touching face/mucous membranes while working.

PATIENT CARE—TREATMENT GUIDELINES

[ ] Medic unit driver--set rig ventilation to NON-recirculating & open driver's air vents.

[ ] Try to avoid non-essential "aerosol-generating " procedures, including nebulized breathing treatments, CPAP, suctioning, BVM ventilation and ET intubation.

[ ] If airway management can not be deferred, consider using a Supraglottic Airway to limit exposure.

[ ] If possible, perform procedures with back doors of unit open, HVAC system on, away from pedestrians.

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

[ ] Contact the receiving hospital E.D. BEFORE leaving the scene for instructions.

[ ] Limit number of EMS providers in back of Medic unit during transport—preferably one (1) provider only

[ ] Family members should not ride in Medic unit—if NO viable alternative, have them sit in patient compartment while wearing a surgical mask.

[ ] Receiving hospital ED staff should come out to meet crew in ambulance bay so crewmembers don't need to bring patient into ED while wearing potentially contaminated PPE.

[ ] After patient turnover to ED, fire/EMS providers should carefully remove and discard PPE as medical waste.

[ ] Crews should immediately perform good hand hygiene—thoroughly washing hands.

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

[ ] Open doors to Medic unit to allow for air flow to remove potentially infectious particles.
(Time to transfer patient, dispose of PPE, clean hands and complete ePCR should be more than enough time.)

[ ] Don new PPE (gloves, gown, with face mask and goggle if splashes during cleaning anticipated).

[ ] Carefully clean equipment/ surfaces using Cavicide or other provided cleaning equipment and disinfectants.

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

[ ] Notify BC-111 if contact with suspected or confirmed COVID-19 patient. (Crew is monitored if COVID-19 pt.)

[ ] Contact Tacoma Pierce County Health Department ASAP: 253-798-6410

Wash your hands frequently—use Good Hand Hygiene
Avoid shaking hands (use an elbow bump for greetings!)
Stay home if you're sick!

Frequently Asked Questions Regarding the COVID-19 Virus

1. ***Is COVID-19 simply a new, different type of influenza virus?***
   No. COVID-19 is a new (novel) type of coronavirus, also responsible for diseases ranging from the common cold to SARS. It is different from influenza (flu) viruses. However, signs and symptoms of COVID-19 illness can be indistinguishable from influenza.

2. ***What are the signs and symptoms of COVID-19?***
   Symptoms generally include fever and respiratory illness, congestion, and "dry" coughing and sneezing. In some patients, the disease progresses to severe pneumonia with respiratory failure and septic shock. Some patients are infected with COVID-19 show no signs or symptoms of illness.

3. ***Who is most at risk from COVID-19, and do all patients need to be hospitalized?***
   Elderly patients, and those with underlying chronic medical diseases, including cardio-respiratory diseases and patients who are immune-compromised, appear to be at highest risk of severe disease or death.
   Many patients present with very mild symptoms and are treated, while isolated, at home. These patients receive medical monitoring in case they get worse. Patients with COVID-19 are sick for up to two weeks.

4. ***Is the new coronavirus (COVID-19) spread through airborne transmission?***
   No. It appears that COVID-19, like other coronaviruses—and flu viruses—is NOT "airborne"—but is transmitted in large aerosolized droplets transmitted by coughing and sneezing. Generally, these droplets will fall out of the air about six feet from the patient. This is why we need to don PPE before we get close to the patient, and whenever possible, limit the number of providers within that close distance to the patient.

5. ***Can COVID-19 be spread by patients who have the virus but are not symptomatic?***
   There are limited reports that infected asymptomatic patients were able to transmit the virus to others. According to the CDC and other infectious disease experts, they are unclear as to how frequently this occurs. Most experts suggest that the bigger problem is infections from patients who present as ill.

6. **What is the incubation period for COVID-19?**
   The incubation period, according to the CDC, appears to range from two to three days up to three weeks.

7. ***Should we ask patients with flu/respiratory illness if they've traveled from China, Japan, Iran, Italy in the last two to three weeks to help determine risk of COVID-19?***
   You can still ask these questions to help determine risk factors of COVID-19. However, "community transmission" of COVID-19 in now occurring in WA state and the U.S. With this person-to-person transmission of COVID-19 now occurring, ***responders need to use the recommended COVID-19 level of PPE on all respiratory/sick calls***, to be safe, even if the patient and family report no recent travel or contact with infected persons. (Obviously a patient with known CHF or asthma/COPD exacerbation is a different story…)

8. ***Can we take suspected flu, and even potential COVID-19 patients to the Bonney Lake Off Campus ED?***
   No. Suspected influenza and potential COVID-19 patients should go to a hospital such as Good Sam, since they are likely to be admitted. Additionally, hospitals such as GSH, have infection control specialists on staff.

9. ***What will happen with crews which transport a patient who ends up as being confirmed with COVID-19?***
   Crews involved in patient care, *who were wearing appropriate PPE*, will go back in-service and continue working. However, the department is supposed to provide medical monitoring for these members, per Tacoma PC Health, which involves checking temperatures twice per day to assess for fever, for two weeks.

   Crews involved in caring for a patient who were not wearing recommended PPE when they treated and/or transported a COVID-19 patient, will need to be excluded from work and be monitored by the Tacoma Pierce County Health Department, probably with isolation at home, although that remains to be determined. The department is looking at various options if members needed to be isolated and housed within the jurisdiction.