Clinical Treatment for Patient with Suspected COVID-19

Purpose: To reduce the increased risk associated with the performance of treatments and procedures on patient who screen positive for risk of COVID-19 infection.

I. Applicable Patients

Request for EMS should be screened for risks of COVID-19.

a. Each EMS provider should exercise due caution when responding to all emergency calls and assure that each patient is thoroughly vetted through a screening process for risk of COVID-19 infection, based on community spread. A patient reporting any of the following symptoms will be considered at risk for COVID-19 infection

i. Symptoms include, but are not limited, to:
   1. Fever, chills or shaking chills
   2. Cough
   3. Difficulty breathing
      a. Shortness of breath
      b. Chest tightness/chest pain
   4. Myalgias (muscle soreness/aches/weakness)
   5. Fatigue
   6. Sore throat
   7. Headache
   8. Loss of appetite
   9. Loss of sensation of taste or smell

II. Treatment

a. Follow General Prehospital Care Protocol with the following exceptions listed below:

i. For patients identified as at risk for COVID-19 infection, whenever possible, avoid performing aerosolizing procedures. When aerosolizing procedures must be performed, use appropriate PPE and use a surgical mask, HEPA filter or other barrier over the device to minimalize aerosolization. Aerosolizing procedures include:
   1. Non-rebreather mask
   2. CPAP/BiPAP
   3. BVM assisted ventilations
   4. ET intubation
   5. Nebulized medication
   6. Suction

ii. Alternative treatments that present a low risk of producing aerosolized droplets should be utilized to mitigate the risks to EMS providers associated with the performance of these procedures.
   1. Provide the minimum amount of oxygen liter flow to achieve improved oxygen saturation.
HEMS MCA
*EMERGENCY* COVID-19 PANDEMIC
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Section 16-7

1. Paramedic, Basic EMT, MFR: Use a nasal cannula to deliver oxygen. Place a surgical mask over the patient’s nose, mouth and nasal cannula. If no improvement in oxygen saturation apply a non-rebreather mask set at the minimum liter per minute flow to improve oxygen saturation. Place a surgical mask over the non-rebreather mask. If the oxygen saturation is improved and sustained with the non-rebreather mask, the non-rebreather mask may be replaced with a nasal cannula to maintain oxygen saturation prior to transport. If the oxygen saturation drops, re-apply the non-rebreather mask, covered by a surgical mask.

2. Paramedic, Basic EMT, MFR: If the patient is experiencing bronchospasms, initial bronchodilator treatment should be with the patient’s own albuterol MDI with spacer, if available. Administer 4 puffs over 30-60 seconds (equivalent to 2.5 mg of albuterol).

3. If not relieved or improved by their own metered-dose inhaler, consider administration of Epinephrine 1 mg/1mL, 0.3 (0.3 mL) IM for adult patients weighing > 30 kg and Epinephrine 1 mg/1mL, 0.15 mg (0.15 mL) IM for pediatric patients weighing between 10 kg and 30 kg. If necessary, administer bronchodilators as usual but do so in an open area with maximum air ventilation.

4. Use N95 and appropriate PPE with a single provider monitoring the patient from maximal possible distance.

5. Contact medical control for guidance as needed.

iii. In cases where alternative treatments are ineffective, or cannot be avoided, EMS providers should attempt to isolate themselves from the increased production of aerosolized droplets associated with these procedures. Risk mitigation strategies include:

1. EMS provider should wear a N-95 or greater mask, gloves, gown and goggles.

2. When performing assisted ventilations, use a BVM with a HEPA filter.
   a. If a BVM with a HEPA filter is not available, attempt to contain the exhausted air from the BVM by another means.
   b. Whenever possible, while performing rescue breathing, avoid hyperventilation.

iv. For patients who have a risk of COVID-19 and the patient has a history of COPD or CHF and is not tolerating other oxygen strategies, consider CPAP with a HEPA filter on the exhaust.

1. EMS providers should wear a N-95 or greater mask, gloves, gown and goggles.

2. If the CPAP does not seal well or is ineffective, remove and return to alternative basic support treatment.

v. If hypotensive, target BP < 90 mmHg. Give only small fluid boluses of NS 250 mL, repeat to a maximum of 1 L for persistent hypotension.
III. Transport
   a. Interventions should be performed PRIOR to loading into or closing a patient compartment of the ambulance when possible.
   b. Only one provider will remain with patient for transport, if possible.