Clinical Care Guidelines during Covid-19

Pre arrival/On scene PPE

- Signs and Symptoms of suspected Covid-19 are Shortness of Breath, Cough, Sore Throat or Fever
- Communications will be updating crews with any needed information
- Crews should be prepared to wear proper PPE on all calls with COVID-19 suspect cases. Proper PPE including Gloves, N95 mask, Eye protection & Gown
- Crews should place a surgical mask on all patients under suspicion
- All Cardiac Arrests will be managed with full PPE including N95 masks, face shields and gloves
- All Airway Management cases will be managed wearing N95 masks and face shields, and gloves

Patient Transfer & Movement

- Patients under suspicion who can walk, and whose condition will not be exacerbated by walking, can self-extricate vs. using a stair chair. If a patient is not able to walk to the ambulance or if walking would exacerbate underlying health condition, they should be carried down per protocol.
- Pre-arrival notification to receiving facility at least 10 minutes prior to arrival is necessary. This will ensure the receiving hospital has prepared resources needed in potential COVID-19 cases. Please call in "Patient in need of Isolation" upon entry note.
- Upon arrival, provider and patient should remain in the ambulance until the driver has notified triage and ensures the facility is prepared to receive the patient and continue care.
- Hospitals are not allowing visitors. Transporting of family members in the ambulance is prohibited unless it is a parent or guardian that is accompanying a pediatric patient, or a person essential to the care of the patient. Any questions/problems please contact Shift Command.

Treatments

- If the patient under suspicion requires oxygen, a surgical mask must be placed over the nonrebreather mask or nasal cannula to assist in protection of others.
- Aerosolized type procedures such as nebulized medications, CPAP/BiPAP, and humidification can spread respiratory airborne and droplet infections. Please adopt the following changes:
    - If your patient has mild respiratory distress and is speaking in full sentences, use of nebulized medications and CPAP is strongly discouraged.

- Lung sounds should no longer be auscultated for routine medical assessments. For ALS providers who may need to perform a needle thoracostomy, auscultation of lung sounds is still standard procedure.
- If your patient is having significant respiratory distress with clinical signs of hypoxia, nebulized medications or CPAP can be used with the following changes- Providers must utilize N95 Mask, **the nebulizer or CPAP must be stopped**, replaced with a NRB, covered by a surgical mask, when exiting the ambulance, and prior to entering the hospital. If nebulized medications must be used, and it will not delay patient care, consider giving nebulized medicine prior to entering the confines of the ambulance or on scene with rear door open.
- If you are unsure about the clinical care, please contact medical control. There are no changes to the use of other medications for patients.
- As a reminder, Medical Control must be contacted for all BiPAP/CPAP IFT transports prior to a decision about patient care or treatment during transport to receiving facility. BiPAP/CPAP may be stopped for a transfer if the patient can tolerate it. In this circumstance, the receiving facility must be notified so CPAP/BiPAP can be started on patient arrival.