

Effective: 03/20/2020

Expiration: N/A

Replaces Medical Directive #: 2003001

Subject: COVID-19 Pandemic - Identification and PPE

Given the current reports of community transmission in DFW, providers should wear a baseline level of PPE when responding to all emergent and non-emergent calls. The determination of this baseline will be agency dependent, but should at a minimum include a surgical mask and gloves.

If you are evaluating a patient with symptoms of respiratory illness (e.g., cough, difficulty breathing, fever), first maintain at least 6-feet of separation, if possible. Then, place the patient in a surgical mask, followed by the “Identify, Isolate, Inform” Process:

Identify

All patients with signs and symptoms of lower respiratory illness should be treated as if they are currently infected with COVID-19. Further, there may be patients who have recently traveled to areas with more wide spread community transmission, which should significantly raise the clinical suspicion of COVID-19. The same is true for patients who have been in close contact with confirmed or suspected COVID-19

Remember that fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Further, many patients with COVID-19 do not initially present with fever.

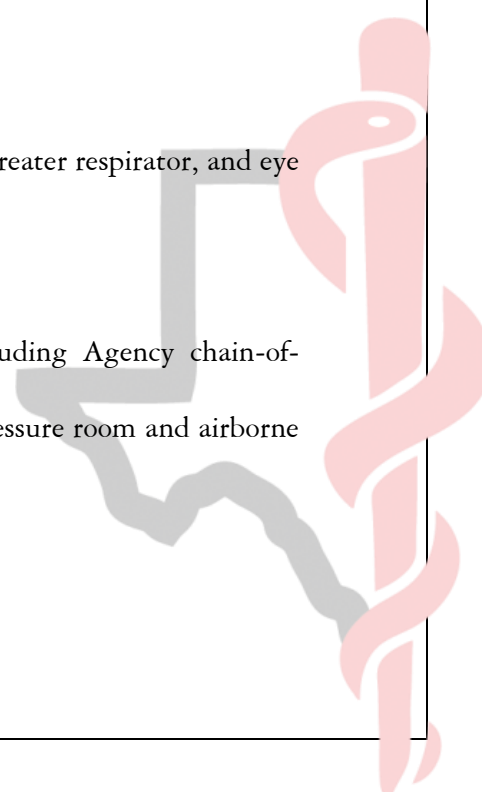
For patients identified through the 911 call-taking process, begin with below Isolation instructions while confirming screening questions.

Isolate

- Ensure patient continues to wear surgical mask
- Don airborne precaution PPE: gloves, fluid-resistant gown, N-95 or greater respirator, and eye protection

Inform

- Follow Agency institutional policy on notification for HCID, including Agency chain-of-command
- Notify destination receiving facility of a patient requiring negative pressure room and airborne precautions



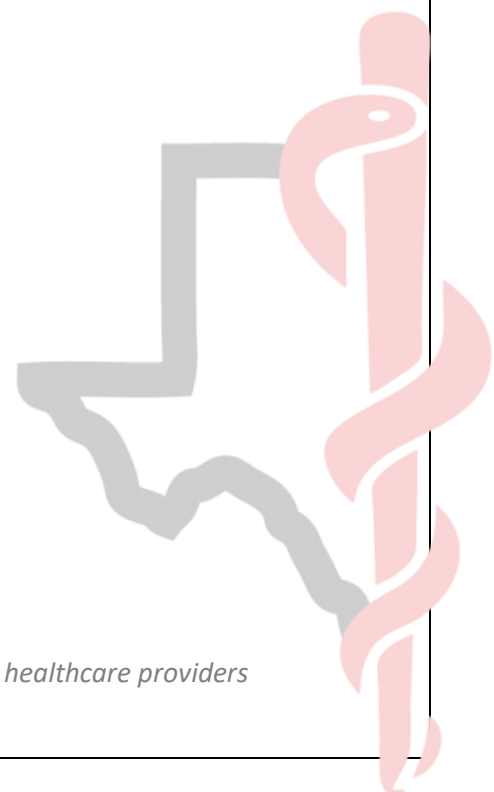
- For patients refusing treatment or transport, contact OLPG
- Plan for decontamination of personnel, equipment, and ambulance

Further background information is available at the CDC's Health Advisory Network:
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

If you have any questions, do not hesitate to contact me directly.



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Effective: 03/20/2020

Expiration:

Replaces Medical Directive #:

Subject: COVID-19 Pandemic - Aerosol Generating Procedure Minimization

Purpose: The purpose of this directive is to provide guidance regarding the use and minimization of aerosol-generating procedures (AGPs) in patients with signs and symptoms of lower respiratory infections, such as COVID-19, during times of pandemic declaration within the jurisdiction of the Metropolitan Area EMS Authority (MAEMSA).

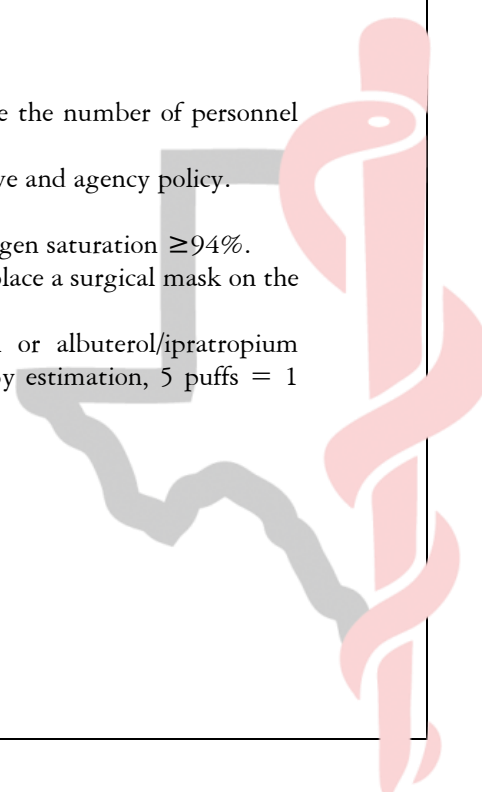
Definition: Aerosol-generating procedures (AGPs) include nebulization, suction, high-flow nasal cannula (>15 LPM), non-rebreather, non-invasive positive-pressure ventilation (CPAP or BiPAP), bag-valve mask ventilation (BVM), CPR, and endotracheal intubation.

Indications:

1. Patients with signs and symptoms consistent with COVID-19:
 - a. Fever
 - b. Cough
 - c. Shortness of breath
 - d. Sore throat
 - e. Nasal congestion
 - f. Body aches
 - g. Headache
 - h. Chills
 - i. Fatigue
 - j. Nausea / vomiting
 - k. Diarrhea

Procedure:

1. Minimize utilization of AGPs to when absolutely essential to patient care.
2. If possible, perform in an open space (i.e. outside the ambulance) and minimize the number of personnel present.
3. Follow PPE guidance per "COVID-19 Pandemic Identification and PPE" directive and agency policy.
4. **ONLY** perform AGPs when wearing full airborne isolation PPE.
5. Use the minimum amount of oxygen supplementation necessary to maintain oxygen saturation $\geq 94\%$.
6. Whenever nasal cannula or non-rebreather is used for oxygen supplementation, place a surgical mask on the patient over the device as well.
7. If bronchodilator therapy is needed, utilize the patient's personal albuterol or albuterol/ipratropium (Combivent) inhaler, if available, prior to consideration of nebulizer therapy. By estimation, 5 puffs = 1 nebulizer dose. This does not apply to other types of inhalers.



8. For respiratory failure thought to be secondary to asthma, consider early use of intramuscular epinephrine instead of nebulizer therapy.
9. If available, use viral filter when utilizing CPAP/BiPAP, BVM, or advanced airway.
10. For patients who require an advanced airway, a King airway should be the airway of choice.
 - a. Place tape over the gastric port if not in use.
 - b. Do not attempt endotracheal intubation due to the significantly increased risk of viral transmission associated with this procedure.
11. Minimize the use of suction. For advanced airways, only suction through the port of the green swivel adapter (do not disconnect the circuit to suction through the opening).
12. In the setting of cardiac arrest, place a King airway as soon as possible.
13. Whenever possible, avoid intranasal medications and utilize intravenous or intramuscular routes of administration instead.

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