

# EMS Guideline for Care of Patients with Suspected COVID-19



Clinical concern for COVID-19 infection & Symptoms requiring EMS Treatment and Transport

updated on  
7/6/20

Don Enhanced PPE\*\*  
Place surgical mask on patient (may use NC under mask)

## Stabilizing Measures

1. Perform all basic and advanced airway procedure in enhanced PPE \*\*
  - Administer oxygen (NC preferred) and titrate to  $\text{SaO}_2$  of  $\geq 88\%$ , using  $\leq 6\text{LPM O}_2$ .
  - Avoid high flow oxygen.
  - Place surgical mask over nasal cannula or oxygen mask.
2. Obtain IV/IO access as indicated
3. Administer IVF only to treat shock (SBP  $<90$ )
4. Modify standard guidelines to minimize aerosolization of the virus.\*
5. When available, insert viral filter between BVM/SGA/ETT and bag/ventilator

1. Transport to the closest appropriate receiving facility
2. Provide receiving facility notification:
  - "Possible COVID-19" and Primary Symptoms
  - If any aerosolizing measures (SVN, CPAP, BVM, CPR) are in use
3. If a patient is not transported, provide strict follow-up or call back instructions.

### \*Medications:

- No nebulizer use for patients with likely COVID-19, when nebulizer is absolutely necessary, administer in open air space and discontinue prior to entering any enclosed space, including hospital hallways.
- Consider using patient's own MDI, 1-2 puffs every 5 minutes.
- Administer 0.3 mg of IM epinephrine, 1mg/1mL, no more than once every 20 minutes, if needed for respiratory distress, use caution in patients over the age of 50 or with known cardiac disease.

### \*Noninvasive Positive Pressure Ventilation (NIPPV):

- Avoid CPAP/BIPAP unless absolutely necessary and discontinued prior to entry into a public space, including hospital hallways. If viral filter is available, place between the mask and oxygen delivery port.

### \*Advanced Airway Management:

- Early RSI is not recommended in the prehospital setting.
- **Avoid endotracheal intubation and high flow  $\text{O}_2$ .**
  - Insertion of supraglottic airways (SGA) is preferred.
  - Passive oxygenation during cardiac arrest may be achieved with a SGA device with viral filter if available.
  - When ventilation is necessary, agencies should use available devices to limit exposure to aerosolized particles (examples: viral filters, etc.)

\*\*Enhanced PPE: prioritize use of masks blocking aerosolized particles (N95, P100, etc.) when any medication or procedure is being provided that generates aerosolized particles (nebulizers, PPV, airway suction, etc.) and when available wear gown, gloves and eye protection.