Contagious Respiratory Illness COVID- 19 Pandemic Guideline

Designation of Condition: Contagious respiratory illnesses are transmitted from person to person via respiratory droplets produced when an infected person coughs or sneezes. Most are caused by viruses, and can range from the "common cold" to more serious infections like influenza, SARS, MERS, and COVID-19. Most cause similar symptoms, including fever, cough, and shortness of breath Crews should approach patients in full PPE, including N95 mask, goggles, gown, and gloves to minimize their risk of exposure. Dispatch will attempt to alert crews to a high risk viral patient, however, crews should do their own assessment for fever, cough, or influenza like illness and proceed accordingly. The transporting vehicle operator (for AFR-driver) should keep N95 mask on but remove gloves, gown, and eye protection, and should wash hands or use alcohol-based hand sanitizer before driving and re- don PPE upon arrival at the hospital.

Arrival to Patient:
One provider in full PPE approaches patient, assess for cough and/ or fever or viral respiratory symptoms from 6 feet away, and places a surgical mask on patient with a positive screen

Move the patient to an open outside area for assessment if possible- Please encourage Nursing homes, Skilled nursing facilities, rehab centers to bring patient to entrance of facility.

Minimize number of providers in direct contact with the patient, clear other units and EMS personnel from the scene as soon as practical based on the patients' clinical need

Treatment:
Obtain a full set of vital signs and patient medical history

Provide supplemental O2 to maintain O2 sat >90%- Cover respiratory device (NC, NRB) with a surgical mask to minimize aerosolization

Avoid nebulizer treatments if possible, use home MDI if available. Base nebulizer treatment on:
Patient signs consistent with previous asthma, COPD exacerbation with moderate to severe respiratory distress and hypercapnia with shark fin obstructive pattern. If possible, complete the neb while on scene but do not delay transport. At arrival to hospital, complete or terminate nebulizer before entering ED.

If a nebulizer is used, remove the oxygen reservoir on an NRB and replace with nebulizer, cover with a surgical mask to reduce aerosolization, and initiate exhaust fan in transport unit.

CPAP will aerosolize droplets, **ONLY USE IN PATIENTS WITH SEVERE RESPIRATORY DISTRESS/ IMPENDING FAILURE**. **YOU MUST GIVE AN EARLY ALERT TO AAS DISPATCH FOR HOSPITAL NOTIFICATION IF TRANSPORTING A PATIENT ON CPAP ANY PATIENT ON CPAP SHOULD BE TRANSPORTED TO A CORE FACILITY**

Supraglottic airway devices should be used instead of endotracheal intubation for provider protection.

Transport:

Limit the number of EMS providers in the patient compartment

Family members and other contacts of patients with possible COVID- 19 should NOT ride in the transport vehicle. Only one parent or guardian may ride with a pediatric patient, and must wear a surgical facemask and remain in the patient compartment during transport

Once patient is determined to be moderate to high risk, all transporting units should call Albuquerque Base Dispatch for an early alert- Dispatch will then call the internal hospital operator who will then alert the ED charge RN for early preparation

Decontamination of ambulance and removal of PPE will be performed as per established individual agency policies and procedures.

Contagious Respiratory Illness COVID- 19 Pandemic Patient Refusal Assessment Tool

Designation of Condition: During declared pandemics and other disaster situations that severely stress EMS systems, it may be necessary for EMS to suggest home monitoring rather than transport to the hospital. This assessment tool should be reviewed with the patient and if the answers are **NO** to all the below questions, patients should be encouraged to decline transport as this may suggest they do not need further treatment at the hospital.

This guideline is to be used in conjunction with the **Contagious Respiratory Illness Guideline** to evaluate appropriateness of EMS transport for patients with fever and/or cough; this guideline does not apply to patients with any other symptoms

EXCLUSION CRITERIA FOR EMS REFUSAL	
Does the patient have difficulty breathing, shortness of breath, increased work of breathing or otherwise look ill?	**YES/NO**
Is the patient < 18 or > 60 years old?	**YES/NO**
Does patient medical history include: Diabetes, Cancer, HTN, Heart or Lung problems, Immunosupression, Pregnancy?	**YES/NO**

Does the patient have ONE OR MORE abnormal vital sign(s)?
     Respiratory rate < 8 or > 20
     SpO2 < 90% on room air
     Heart rate >110 bpm
     Systolic blood pressure < 100 mmHg
     GCS < 15
	YES/NO

If **YES** to any of the above, EMS shall offer transport to a hospital If **No** to all of the above, go to the Patient Support/ Patient Safety checklist below	

PATIENT SUPPORT/ PATIENT SAFETY
Explain to the patient the reasons you are encouraging importance of staying at home instead of going to a hospital
Make sure the patient has a family member/ support person in the house or nearby; discuss situation with that person if possible and allowed
Provide patient with a COVID- 19 information packet to include CDC COVID- 19 handout
Ensure patient chart is complete with the patient's contact information
Remind the patient to call 911 if condition worsens
Discuss case with on- call UNM EMS Consortium Physician
Provide patient with NM DOH Coronavirus hotline at 855-600-3453

KEY POINT
Patients meeting exclusion criteria for EMS initiated refusal may still decline transport of their own volition; reference **Refusal Criteria Guideline** as needed

Care of the infectious patient needing oxygen or nebulizer

NASAL CANNULA

Non- Rebreather

Nebulizer