COVID-19 SCREENING AND RESPONSE FLOWCHART

FOR ALL PATIENTS, DON STANDARD BODY SUBSTANCE ISOLATION PRECAUTIONS AND ENTER THE SCENE
MAINTAIN AT LEAST A SIX (6) FOOT DISTANCE AND DETERMINE THE FOLLOWING:

NOTE: IF DISPATCH ADVISES OF POSSIBLE COVID-19 PATIENT PRIOR TO UNITS ARRIVING ON SCENE,
PERSONNEL WILL DON APPROPRIATE PPE (LISTED IN RESPONDER GUIDANCE BELOW) PRIOR TO MAKING
ENTRY INTO SCENE.

YES

Signs and symptoms of acute respiratory illness (e.g., fever, cough, shortness of breath, difficulty breathing)

CONTINUE WITH ROUTINE ASSESSMENT, CARE AND TRANSPORT

NO

RESPONDER GUIDANCE

• Limit the number of providers that make patient contact, based on the patient’s condition and level of care needed.
• All patients with any concern for respiratory illness of any kind should have a surgical mask applied immediately.
• Utilize PPE for all patients with signs and symptoms of acute respiratory illness (fever, cough, shortness of breath, difficulty breathing):
  • Gloves
  • Gown or NFPA 1999-2013 approved bloodborne pathogen protective clothing – SHOULD TO BE PRIORITIZED FOR HIGH-RISK PATIENTS AND/OR AEROSOLIZING PROCEDURES
  • Goggles or disposable full-face shield
  • N95 or higher (if available) respirator
• Treat patient per VCEMS policies and procedures
  • Limit the performance of high-risk procedures unless the patient has an unstable condition that requires intervention
  • Refer to Ventura County EMS Agency COVID-19 prehospital guidelines document for additional information.
• Establish base hospital contact as soon as possible and advise of “possible COVID-19 patient.” Include signs and symptoms, history of present illness, and any other relevant information.
• Ensure the ambulance’s ventilation system is in non-recirculating mode in order to maximize the volume of fresh air brought into the vehicle from the outside. Utilize the exhaust fan in the ambulance patient compartment to draw air out of the vehicle.
• Family members should only be taken as a rider in the event the patient is an unaccompanied minor or has some other special circumstance that limits the personnel’s ability to assess the patient.
• Dispose of disposable respirator, respirator filters (if applicable), gown, and gloves.
• Non-disposable items should be cleaned with an approved cleaning solution, in accordance with manufacturer’s recommendation and established agency guidelines
• Once call is complete, clean all equipment with medical disinfectant wipes, such as sodium hypochlorite prior to returning to service
• For cases of unprotected exposure to a high-risk or confirmed COVID-19 patient, notify agency supervision and request notification of EMS Agency Duty Officer through FCC

VENTURA COUNTY EMS AGENCY COVID-19 PREHOSPITAL GUIDELINES

General Guidelines / Best Practices
1. Assume that possible COVID-19 patients may have called for EMS assistance with some type of non-respiratory complaint. Be prepared and screen every patient for signs and symptoms until you are able to rule out respiratory illness.
2. Begin assessment from a distance of at least six feet.
3. Limit the number of providers that make patient contact, based on the patient’s condition and level of care needed.
4. Do not rely on dispatch pre-arrival instructions and PPE recommendations to catch all possible COVID-19 cases. Maintain a high degree of suspicion and repeat screening on every call, for every patient. Protect yourself and your prehospital teammates.
5. Have all necessary PPE ready and available on every single call.
6. Ask the patient if they have tested positive for COVID-19 (coronavirus), or if they have been exposed to someone that has tested positive. If the answer to either of these questions is yes, treat the patient as a positive covid-19 patient.
7. PPE should be worn in any situation where history is limited or unobtainable (language barrier, cardiac arrest, altered mental status, etc.)
8. If in doubt about a patient’s status, don PPE.

Treatment and Transport Guidelines
1. Limit treatment activities unless patient has an unstable condition that requires intervention.
2. Ensure patient is wearing a procedure mask.
3. Ensure all personnel are wearing appropriate PPE.
   a. If the ambulance does not have an isolated driver’s compartment, the driver should remove the goggles, gloves, and gown or NFPA rated clothing and perform hand hygiene. An N95 respirator should continue to be used during transport.
4. Nebulized albuterol has no documented clinical benefit over the administration of albuterol via metered dose inhaler with a spacer. If available, use the patient’s MDI with a spacer and defer nebulizer treatment.
   a. Dose of MDI is 4 puffs x 1, then 2 puffs q 15 min prn shortness of breath and/or wheezing
   b. If nebulizer treatment must be given, attempt to complete in an open setting (e.g. outside of ambulance)
5. CPAP and nebulizer treatments shall be discontinued prior to entering the Emergency Department.
   a. Place patients on a nonrebreather mask and titrate supplemental oxygen to goal oxygen saturation of > 94%.
   b. Advise the base hospital if you don’t feel CPAP can be discontinued so that they can take appropriate actions prior to ambulance arrival.
6. Remember - PPE is essential for prehospital personnel caring for patients that require any respiratory intervention(s).
   a. An N95 or higher-level respirator, gown or NFPA 1999-2013 rated protective clothing, and goggles or disposable full-face shield will be worn when any aerosolizing procedure is performed.
   b. BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air – if available.
7. Family members should only be taken as a rider in the event the patient is an unaccompanied minor or has some other special circumstance that limits the personnel’s ability to assess the patient.
8. Ensure the ambulance’s ventilation system is in non-recirculating mode in order to maximize the volume of fresh air brought into the vehicle from the outside. Utilize the exhaust fan in the ambulance patient compartment to draw air out of the vehicle.
9. If transported, ensure that exhaust vent is on in-patient compartment to draw air out.
10. Establish base hospital contact as soon as possible and advise of “possible COVID-19 patient.” Include signs and symptoms, history of present illness, and any other relevant information.
11. For cases of unprotected exposure to a high-risk or confirmed COVID-19 patient, notify agency supervision and request notification of EMS Agency Duty Officer through FCC

**Decontamination of Gear and Equipment**
1. Decontamination of gear and equipment should be performed in PPE.
2. Dispose of disposable respirator, respirator filters (if applicable), gown, and gloves.
3. Non-disposable items should be cleaned with an approved cleaning solution, in accordance with manufacturer’s recommendation and established agency guidelines
4. NFPA 1999-2013 protective clothing that is visibly contaminated with bodily fluid should be washed following agency’s prescribed laundry procedures
5. Ambulances used to transport symptomatic patients should be cleaned utilizing approved commercially available cleaning products or diluted bleach solution (1/4 cup bleach in 1 gallon of water). Refer to agency guidelines in regard to authorized cleaning procedures.

**Miscellaneous Items / Points to Remember**
1. Prehospital personnel are considered low risk for exposure as long as proper PPE is utilized and the patient (even a positive COVID-19 patient) is wearing a facemask. Utilize the established exposure risk matrix and guidelines issued by CDC for further information on COVID-19 exposure categories.
2. Ensure that all personnel on scene are adequately prepared for patient contact and that they aware of surroundings and sharing any/all information related to patient signs and symptoms and history.
3. Adhere to established PPE guidelines for any patient that has signs or symptoms of acute respiratory illness.
4. Ensure crew rosters are accurate in CAD. In the event there is an exposure, this information may be helpful in the crew identification and notification process.
5. To reduce contamination and possible exposure, minimize loose and uncovered equipment in the patient compartment area.
6. Follow manufacturer recommendations and agency guidelines related to cleaning and disinfection of all reusable equipment/devices and protective clothing.

**Current CDC Guidance for EMS Personnel**

**Current CDC Guidance for Healthcare Personnel Exposure Risk**
# Epidemiologic Risk Factors

<table>
<thead>
<tr>
<th>Exposure Category</th>
<th>Recommended Monitoring for Covid-19 (Until 14 Days After Last Potential Exposure)</th>
<th>Work Restrictions for Asymptomatic HCP</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>Medium</td>
<td>Active</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>Medium</td>
<td>Active</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
<td>Low</td>
<td>Self with delegated supervision</td>
</tr>
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<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
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</tr>
<tr>
<td><strong>Prolonged close contact with a symptomatic patient who was not wearing a facemask (i.e., no source control)</strong></td>
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### Exposure Category

#### Low Risk

*Low-risk* exposures generally refer to brief interactions with patients with COVID-19* or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

#### Medium Risk

*Medium-risk* exposures generally include HCP who had prolonged close contact with patients with COVID-19* who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered low-risk.

#### High Risk

*High-risk* exposures refer to HCP who have had prolonged close contact with patients with COVID-19* who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were not protected, is also considered high-risk.

*HCP exposures could involve a PUI who is awaiting testing. Implementation of monitoring and work restrictions described in this guidance could be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. A record of HCP exposed to a PUI should be maintained and HCP should be encouraged to perform self-monitoring while awaiting test results. If the results will be delayed more than 72 hours or the patient is positive for COVID-19, then the monitoring and work restrictions described in this document should be followed.*