COVID-19 SCREENING AND RESPONSE

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.

Fever and/or signs and symptoms of acute respiratory illness (e.g., cough and/or difficulty breathing)

CONTINUE WITH ROUTINE ASSESSMENT, CARE AND TRANSPORT

YES

RESPONDER GUIDANCE

- Limit number of personnel that come in contact with patient, based on severity of condition and level of care needed.
- Prehospital Care team will don appropriate PPE:
  - NIOSH-certified disposable N95 respirator
  - Eye protection (goggles or face shield)
  - Non-sterile, fluid-resistant gown
  - Exam gloves
- Place patient in a surgical mask if it does not interfere with treatment (i.e. oxygen, CPAP, BVM, etc). Note: some patients may not be able to tolerate mask due to respiratory symptoms.
- Treat patient per VCEMS policies and procedures
  - Consider limiting the performance of invasive airway procedures
- 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 recent travel history
- Notify agency supervision of suspect COVID-19 patient and request notification of EMS Agency Duty Officer through FCC
- Once call is complete, clean all equipment with medical disinfectant wipes, such as sodium hypochlorite prior to returning to service