
Personal Protection During Treatment of Patients at Risk for Coronavirus Disease (COVID-19) and Decontamination of Equipment after Use

Purpose: To outline precautions when providing treatments for patients who are at risk for COVID-19. To outline the appropriate decontamination for people, equipment, and vehicles utilized in treatment and transport of patients at risk for COVID-19.

I. Applicable patients –

- a. Patients encountered by EMS personnel who:
 - i. Have signs and symptoms of respiratory illness (cough, shortness of breath, hypoxia) AND fever (may be subjective)
 - ii. Have signs and symptoms of respiratory illness (cough, shortness of breath, hypoxia) AND known exposure to patient with confirmed COVID-19
- b. Patients who have been identified prior to arrival as at risk for COVID-19 by a 911 Public Safety Answering Point (PSAP) and/or Emergency Medical Dispatch Center (EMDC), local health department, or CDC quarantine station.

II. Initial assessment –

- a. Standard, contact, and airborne precautions, per **Destination and Transport for Patients at Risk for Coronavirus Disease Protocol** must be observed if within six feet of the patient.
- b. The number of responders within six feet of the patient should be limited to the fewest number to provide essential patient care.
- c. A (surgical type) facemask should be placed on the patient for source control, if tolerated. Do not place N-95 or similar masks on patients as these increase the work of breathing.
- d. Assess the patient respiratory symptoms and fever. If patient has fever AND cough or shortness of breath, refer to **Clinical Treatment of a Patient with Suspected COVID-19**, maintain source control and appropriate PPE.

III. Treatment Precautions –

- a. Oxygen administration
 - i. Nasal cannulas may be worn by the patient **under** a facemask as clinically indicated.
 - ii. Non-rebreather masks should be used when clinically indicated (e.g., moderate to severe respiratory distress, significant hypoxia, failure to improve with nasal oxygen).
- b. Aerosol Generating Procedures-
 - i. In addition to PPE, there should be **extreme caution** in aerosol-generating procedures (BVM, suctioning, emergency airways, nebulizers, etc)
 - ii. Perform aerosol-generating procedures only **when necessary**, according to **Clinical Treatment of a Patient with Suspected COVID-19**.

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- iii. Keep patient and aerosolization away from others without PPE (e.g., bystanders, EMS personnel not in PPE, etc).
 - iv. Do not reach into drug box/ bag with contaminated gloves.
 - v. Close drug/bag box when performing aerosolized procedure to prevent contamination of drug box/ bag.
 - vi. When treating patient in the ambulance, activate patient compartment exhaust fan at maximum level.
 - vii. When possible, consider using HEPA filtration to expired air from the patient.
- IV. Patient Compartment –
- a. When practical, utilize a vehicle with an isolated driver and patient compartment.
 - b. Only necessary personnel should be in the patient compartment with the patient.
 - c. All compartments should have ventilation maintained, with outside air vents open and set to non-recirculated mode.
- V. Patient Transfer and Documentation-
- a. Friends and family of the patient should not ride in the transport vehicle with the patient.
 - i. If they must accompany the patient, they should have a surgical mask applied and be in the driver compartment of the vehicle.
 - ii. This should be limited to **extenuating** circumstances (parents with minor children or similar).
 - iii. Family members with possible exposure should be advised to STAY AT HOME or in the current location and contact their local health department.
 - b. Personnel driving the transport vehicle should doff PPE (with the exception of respirator) and perform hand hygiene before entering the driver's compartment. Respirator (N95) should be maintained throughout.
 - c. Notification of infectious risk should be made to receiving facility as soon as feasible and on a secure channel.
 - d. Maintain mask on patient and filtered exhaust while transporting patient to room.
 - e. Avoid transporting the patient within 6 feet of others (e.g., unprotected hospital staff, patients, bystanders, etc.)
 - f. Do not carry drug box or bag into hospital until it is decontaminated.
 - g. Transfer patient care via verbal report.
 - h. Doff PPE after leaving patient room and perform hand hygiene before touching documentation tools.
- VI. Cleaning of Transport Vehicle & Equipment-
- a. Leave patient compartment open for ventilation while patient is taken into receiving facility.
 - b. Personnel should wear disposable gown and gloves for decontamination of the vehicle & equipment. A face shield or facemask and goggles should be worn if there is a potential for splashing or sprays.
 - c. Maintain doors open during cleaning.

MCA Name:

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Protocol Source/References: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>,
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>,
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>,
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>



Michigan
***EMERGENCY* SYSTEM PROTOCOL**

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- d. Clean exterior of drug box or bag prior to taking it into the receiving facility.
- e. Any medication that have been handled
- f. Driver's compartment should be included in the cleaning process.
- g. Disinfect after cleaning using EPA-registered, hospital-grade disinfectant to all surfaces that were touched, or all surfaces if aerosol-generating procedures were performed. Products with statements for emerging viral pathogens should be used.

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<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>,
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>,
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>