



**Bureau of
Emergency Medical Services
and Trauma Systems**

POLICY STATEMENT

Supersedes/Updates:

No. 20-05

Date: March 19, 2020

**Re: COVID-19 Response
to Respiratory
Emergencies (V1.0)**

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**NOTICE: THIS IS A RAPIDLY EVOLVING SITUATION.
PLEASE CHECK BACK DAILY FOR ANY UPDATES TO THIS POLICY.
UPDATED 03.19.20**

PURPOSE

This policy statement addresses emergency medical services (EMS) as related to response to patients with respiratory issues including but not limited to fever, cough and respiratory distress.

SUMMARY:

While some patients can be recognized as meeting FC (fever cough) call-type, ***not all patients will have visible signs/symptoms for immediate identification and precautions should be taken whenever possible.***

APPROPRIATE PPE:

EMS Providers must don proper PPE (N95 respirator, eye-shield or goggles, gloves and gown) while a nebulizer treatment is administered and appropriately disinfect the ambulance after the transport has concluded.

PPE (gloves, gowns, N95 respirator, and eye protection) **MUST** be donned prior to any procedure with potential for aerosolization. This includes nebulization, intubation procedures and CPAP, particularly when administering nebulized medications. Even when using the alternative devices and procedures below to limit misting into the environment, use of full PPE, including N95 respirator is required.

- This applies to all patients, not just those identified/suspected as FC call type.
- An N95 mask shall never be applied to a patient during a treatment.

NEBULIZED MEDICATIONS:

Effective immediately, **ALL** patients requiring nebulized medication, inclusive of those identified/suspicious for the FC call-type, should have nebulized medication administered using a delivery device that limits misting into the environment, ***if available***. These devices may be available under the term, breath actuated nebulizers (BAN).

METERED DOSE INHALER:

If mist limiting nebulizers are not available and treatment is indicated, and the patient has a metered dose inhaler, instruct the patient to use the inhaler. If the inhaler is not effective AND the patient status requires medication urgently, provide nebulized medication using available device.

INTUBATION:

When appropriate and in line with local guidance, consider the use of alternative airways in order to decrease the possible risk of exposure.

MEDICAL CONTROL:

EMS Providers should contact Medical Control with any difficult or unclear situations.