**SOUTH PLAINS EMS**

**CoVID-19: RESPONSE GUIDELINES**

**Purpose:**

To provide guidelines and information for all emergency medical personnel during the dispatch, treatment, and after the response for CoVID-19.

**Indications:**

* When dispatch advises “PPE” or at the EMS providers discretion, one crew member should don the department mandated PPE prior to entering the scene to make patient contact. (Gloves, N-95 mask\*, gown, goggles or face shield) (\*N-95 mask can be reutilized as long as the integrity remains intact. Store mask in a closed paper bag as the virus can live for several days on plastic).
* Assess the patient from at least 6 feet away, if you are unable to do that immediately put a surgical mask on the patient while completing the assessment.
* Once the patient is assessed, the primary crew member determines if the additional crew member must take full PPE precautions. If possible, limit exposure to both crew members.

**Patient Transport:**

* Limit the number of providers in the back of the ambulance. If possible, patient care should be performed by one provider.
* Follow SPEMS CoVID-19 Patient Care Protocol
* If not in a public area leave the back doors of the ambulance open until ready to transport.
* Utilize rear exhaust fan.
* No one is allowed to ride in the ambulance except in the case of transportation of a minor and one guardian can go with the minor if department policy allows. However, remember that they could be a carrier.
* Do not utilize the tough book (Patient documentation device) in the back of the ambulance.
* If possible, preplan and have anticipated supplies out of the cabinet and accessible to lessen contamination of ambulance compartments.
* If possible, use a covert method of relaying CoVID-19 concern to the receiving facility. If not possible, on arrival at the facility, have the crewmember that is driving the ambulance make contact with the charge nurse and wait patient disposition instruction while the patient care attendant remains in the ambulance with the patient.

**Crew Member Driver:**

* Prior to entering the front of the ambulance, remove\* all PPE in correct doffing procedure and dispose of contaminated PPE utilizing red bag containment. (\*N-95 mask can be utilized multiple times as long as the integrity of the mask remains intact. Store mask in a closed paper bag as the virus can live for several days on plastic).
* Upon arrival at the ED, follow correct procedure as guided by the receiving facility.

**Documentation:**

* PCR report should be performed after:
* Completed transport
* Removal of PPE
* After performing hand hygiene.
* Documentation should include:
* A listing of all EMS and other first responders involved in the response.
* A description of each provider’s level of contact with the patient.

**Cleaning:**

* Leave rear doors open to allow for air exchange.
* Wear PPE
* All surfaces with patient contact require thorough cleaning and disinfection.
* Leave ambulance doors open even after cleaning to allow for additional air flow.

**Thinking Points:**

The Corona virus COVID-19 is an infectious respiratory virus. Symptoms include flu like symptoms. These symptoms can range from mild to severe and even cause death in some cases. Symptoms may appear 2-14 days after exposure. The virus is spread person to person and through contaminated surfaces. The following are thinking points.

* Educate yourself to protect yourself, use proven sources. (CDC, Medical Director, SPEMS office, Public Health Department)
* This is new territory for all of us. There will be frequent changes to protocol, approach and best practices. What may be policy today may not be tomorrow. Things have changed, pay attention to those needed changes but remember that we have good strong patient care protocols as well as proven operational procedures, with the exception of infection/exposure concerns be careful changing your foundation as this can cause increase in patient care errors and crew injuries. Be smart, be careful and take a breath.
* Involve and educate your dispatch. It all starts with proper screening on their part. Provide them a list of interview questions and a covert way of communicating information to the EMS crew.
* Follow airborne and bloodborne pathogen precautions
* Use PPE (N-95 masks, gloves, gowns and eye protection) during any suspect patient contact.
* Limit personnel to the minimum required to limit exposure
* For infection control purposes keep ambulance cabinets closed while the patient is in the ambulance. (preplan and have needed disposable supplies available)
* Remove\* all contaminated PPE prior to driving the ambulance. (\*N-95 mask can be reutilized)
* Keep the window between the patient compartment and the driver closed.
* Do not allow family members or friends to ride in the ambulance with the possible exception of transportation of minors.
* Advise and educate family members of limited visitor and access at all hospitals
* Inform the receiving facility of possible CoVID transport as soon as possible and do so covertly if possible.
* Remember infection control measures when writing your reports. (Clipboards, pens, paperwork…Anything that you or the patient have touched may be contaminated). Take precautions.
* Use hospital grade disinfectants
* Use PPE while cleaning the ambulance.
* After transporting patient, leave ambulance doors open during and after cleaning for air exchange.
* If possible, remove contaminated footwear and clothing prior to entering your home.
* Consider alternate sites other than home to launder your uniforms. Make sure to properly disinfect your footwear.
* Report any unprotected exposure to your supervisor.

**EMS Pandemic Plan:**

Things may get much worse before they get better. Our approach to patient transports and destinations as well as alternate destinations will have to be re-evaluated regularly as recommendations change and resources become limited.

* Implement SPEMS Non-Transport Guidelines for Minor Cases of Suspected CoVID-19
* Consider contingency plan for worst case scenarios (staffing, ambulance or hospital bed shortages)
* If resources allow consider a dedicated CoVID EMS response unit.