



NUMBERED NOTICE

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From: Ben Weston, MD, MPH, Medical Director

To: All EMS Providers

Subject: COVID-19 Novel Coronavirus

Purpose: Directive

This information is based on the most up to date knowledge from medical resources including the Centers for Disease Control (CDC) and the WI Dept of Health. Information is changing daily. Department level information awareness is critical.

Situation

- With the current COVID-19 pandemic, EMS awareness of up to date protective measures is critical.

Background

- Presents as an influenza-like illness with symptoms including fever, cough, shortness of breath and others as outlined on the [CDC website](#)
- We are seeing community spread of the disease.

Assessment

- EMS awareness, screening and infection prevention/control measures are important to mitigate community transmission.
- Understanding of COVID-19 is constantly evolving. At the bottom of this document are key CDC and Wisconsin Department of Health links that should be monitored on a regular basis.

Recommendation

- The CDC, [WI Dept of Health](#) and local health departments will serve as our sources for accurate information—with changing information, please monitor guidance on EMS [here](#) and screening guidelines [here](#).
- ALL EMS patient encounters should:
 - minimize number of providers contacting suspected patient
 - evaluate and treat patient outdoors as possible
 - patient and family members should wear their own face covering or be provided a face covering (exceptions may include those under age 2, those with trouble breathing, those unable to remove their own mask, or others on a case by case basis per provider judgement)
 - don gloves, paper surgical mask, eye protection, prior to entering facility/dwelling
 - N95 as discussed below under “PPE Guidelines”
 - minimize use of aerosol generating procedures (AGP) – defined as nebulized medications, CPAP, high flow O2 (≥6L) and advanced airway support as possible based on patient severity
 - supraglottic airway should be used over intubation for provider safety
 - use in line HEPA filter as available for BVM, CPAP, and advanced airways as long as able to effectively ventilate—HEPA filter should be placed between patient and any

exhalation port

- for bronchospasm treatment
 - prioritize patient use of home albuterol inhaler (MDI) over nebulizer treatments
 - may use five puffs of home albuterol inhaler every 20 minutes up to three doses
 - have patient bring own inhalers to hospital if transported
 - in severe cases progress in guideline to dexamethasone and then IM epinephrine before nebulizers as possible
 - nebulized medications reserved for severe respiratory distress with clear evidence of bronchospasm (wheezing, difficulty with exhalation) and no improvement with MDI
 - stop nebulized medications, as able, one block from the hospital to allow dissipation prior to entering hospital
- Alert receiving facility of positive isolation alert screening via EMSCOM
- Alert receiving facility of any aerosol generating procedures and whether you have an inline HEPA filter in place via EMSCOM
- Decontaminate ambulance and equipment via department and manufacturer instructions for airborne infection
- PPE Guidelines:
 - N95 masks and gowns are required for patients requiring aerosol generating procedures and treatment of pulseless, non-breathing patients
 - If local supply chain is deemed sufficient, N95 masks or higher should be used for all personnel providing direct patient care or traveling in the patient compartment or known or suspected COVID patient encounters
 - Per CDC guidelines, at this time, paper surgical masks and [N95](#) masks can be extended use over multiple patients for the duration of a shift
 - Proper donning and doffing technique of PPE and hand hygiene should be emphasized
 - Tyvek suits (coveralls) should be cleaned and decontaminated based on [CDC](#) and [manufacturer guidance](#)
- Patient can be transported to the closest, most appropriate hospital per policy; no specialty resource hospital is identified
- Additional screening procedures are in place for EMS 9-1-1 Dispatch as well as EMS Communications to provide a multi-layered approach



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The above information is reviewed and compiled by the MCW Division of EMS Medicine.

