



## COVID-19 Quick Reference Guide

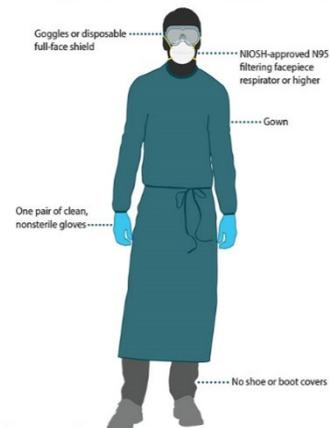
### Napa County EMS Agency

#### For all patients:

1. Gloves – One Time Use
2. Full-face shield or goggles (Re-usable for 24hrs)
3. N95 respirator or P100 (Re-usable for 24hrs)
  - a. If not available, use a surgical mask

#### For suspected COVID-19 patients identified through assessment or dispatch pre-arrival screening:

1. Gown – One Time Use
2. Gloves – One Time Use
3. Full-face shield or goggles (Re-usable for 24hrs)
4. N95 respirator or P100 (Re-usable for 24hrs)
  - a. If not available, use a surgical mask



For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

#### General Guidelines/Best Practices:

1. Assume that possible COVID-19 patients may have called EMS with a non-respiratory complaint (syncope, fall, cardiac arrest)
2. Begin assessment from > 6 feet distance
3. Limit the number of providers with patient contact to minimum needed to safely treat
4. Do not rely on dispatch pre-arrival screening to catch all possible screened positive patients
5. Necessary PPE readily available on all calls

## EMS/Transport Procedures:

1. PPE procedures activated for close contact responders
2. Place surgical mask on patient
3. Limit treatment activities unless patient is unstable. Prepare medication and equipment (IV kit) in advance when possible.
4. Cardiac arrest management: All personnel in contact with the patient (i.e. doing compressions, assisting with airway, giving medications) should be in full PPE.
5. Airway management:
  - a. ***In cardiac arrest patients:*** Avoid BVM to face utilization. For the first three cycles of compressions (i.e. first six minutes) place a non-rebreather mask on the patient with 15L of oxygen. Place a surgical mask over the NRB to minimize spread of possible viral particles. Once three cycles have been completed and a King tube is available, place the King tube and continue the code.
  - b. ***In all patients: Exercise caution and limit treatments that may be aerosol-generating, which include:*** intubation (King tube preferred), bag valve mask (BVM) ventilation, CPAP, nebulized treatments.
  - c. If pulse oximetry <90%, place nasal cannula oxygen (2-4 liters/per min) and surgical mask over cannula
  - d. **N95 or P100 is required for provider administering these airway interventions**
  - e. **If BVM/King tube is to be used, place Hepa filter/viral filter if available.**
6. Only asthmatic patients are likely to benefit from albuterol and may use own inhaler.
  - a. Adults: 5 puffs w/spacer preferred, repeat every 15 min as needed.
  - b. Children < 12 yrs: 2 puffs w/spacer preferred, repeat every 15 min as needed.
7. Transport according to Destination guidelines
8. Set the vehicle's ventilation system to non-recirculating mode to maximize volume of outside air brought into the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area & out the back end of the vehicle
9. Upon arrival at the ED, make phone or radio contact with ED and advise of your arrival, await further instructions from staff before unloading patient
10. Transfer Patient to ED per their instructions.