## **PRESUMPTIVE COVID - Incident Checklist-BFR**

RESPONDING  Review DC911 notes. Designate lead medic.  ON SCENE (Medic Unit Assisting Apparatus - Le appropriate PPE as dicta	vel 1 Stage, dons		Lead Medic Waits for SCMC staff to exit building Exits ambulance off-loads ambulance gurney Assists SCMC staff in transferring pt. to SCMC gurney with all sheets & gives nurse report
where needed  □ Lead Medic:  - Makes size-up from do door (if possible) & have isolation/surgical mask.  - Enters structure only if  - Has pt. self-don isolate can't self-don mask, percent of the content of the cont	N95 for all calls, eye oves)  Ind medic unit & exclude th crew  Yellow Sheet) & moves  For; advises pt. to come to ove pt. self-don  In pt. can't come to door tion/surgical mask; If pt. places mask on pt. ASAP obtains is suspected mmunicates to outside esistance (as necessary) to entainment sheet RR, PR, SaO2 then oppropriate erare (O2, IV, etc.) as as to stay in house until ER for update e moving pt. to ambulance eeps mask on, doffs other	-	Medic Driver Dons appropriate PPE for assist Assists lead medic with doffing Doffs PPE & disinfects hands Lead Medic Disinfects medic and cot Doffs PPE, disinfects shoes, doffs duty uniform if necessary & disinfects hands (showers only as needed)  SAFETY All Pts. will be immediately masked on all calls-(Have pt. don isolation/surgical mask, if unable assist with donning mask) Respiratory arrests, severe respiratory distress & AMS should be presumed COVID positive until Hx indicates negative Caregivers who come into contact with presumptive COVID pt. will use gown, Tyvek suite, goggles of face shield, N95 mask, & gloves Bag, tag & dispose of all medical waste Bag & tag any reusable medical equipment All crews advised to don N95 on all patients with fletlike symptoms
report  Lead Medic provides car	2" pt. & gives initial HEAR e ck of medic and pressurize		
☐ Medic Driver			

Let's ER know ambulance is in bayExits medic after pt. enters ER