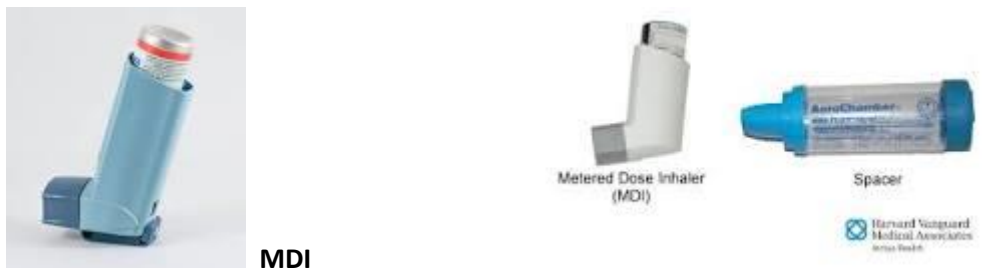


Precautionary procedures update:

Universal care: Mask all patients as soon as possible if feasible. Make sure mask is tight fitting. Fit over nose and bend into place if necessary. Place mask over O2 adjuncts.

Nebulizer therapy- Whenever possible, paramedics should attempt to use patients MDI therapy with albuterol or atrovent as primary treatment and reserve nebulizer therapy for circumstances where the patient cannot use the MDI or where MDI is not effective. Paramedics may also consider other alternative therapies for reactive airway disease to include IM low dose epinephrine, push pressor, or IV magnesium in order to limit use of nebulized therapy. Consider O2 therapy only if possible.



If nebulizer is needed please move patient outside or into a large well ventilated room. **Full PPE (Tyvek suit, goggles and/or face shield, N95, and booties) is required to administer nebulizer.** Attempt to complete nebulizer prior to transport. If ongoing nebulizer is required, please turn on ventilation in medic. Finish nebulizer prior to entry into ER.

No nebs in ER even if not considered COVID-19 risk. Finish it outside please. Mask the patient afterwards so their cough is covered.

CPAP- Consider O2 therapy only if possible. If CPAP is required crew is required to have Full PPE (Tyvek suit, goggles and/or face shield, N95, and booties) Minimize crew exposure to only personnel needed.

Patients on CPAP need to have their mask covered with sheet/towel. If direct admit, please inform RN on HEAR that the patient is on CPAP and wait in ambulance bay for escort and clearance of hallways.

Advanced airway management: Advanced airway management can produce aerosolized (airborne) patient secretions and increase the risk of COVID-19 transmission. As a consequence, paramedics need to don PPE whenever undertaking advanced airway management. Paramedics need to exercise judgment. If there is a high suspicion of COVID-19, the safest approach is a supraglottic airway and the paramedic should use an i-gel. For other patients, paramedics may perform endotracheal intubation per standard clinical indication. If not already in place, the whole EMS team should apply PPE in preparation of the airway.

If intubation is deemed indicated use video only no direct laryngoscopy.

Patients that are intubated or with an Igel need to have a viral filter in place. If not available, face and circuit need to be covered with sheet/towel. Please wait in ambulance bay for escort and clearance of hallways.

