

WREMAC

Western Regional Medical Advisory Committee

Assessment Procedure for Patients with Suspected COVID-19

Begin assessment from 6 feet away

Ask the patient the following

- Subjective fever or chills (actual fever >100.4)
- Shortness of breath
- Wheezing
- Sore throat / Nasal congestion / Post-nasal drainage
- Body aches
- Fatigue
- Headache
- Cough

NO
to
ALL

Refer to appropriate protocols

YES

Don PPE before approaching the patient

- Surgical mask, gloves and eye protection. (Impermeable gown when administering aerosolized medications)
- Provide the patient with a surgical mask to wear (source patient)
- Limit close contact to as few providers as possible. Other personnel can remain 6 feet away.
- providers wearing proper PPE should perform a close patient assessment. N95 is required for intubations

Perform an assessment of the patient:

- Age >65
 - Temperature >104F
 - Respirations >22
 - SpO2 <95%
 - Heart Rate >110
 - Systolic blood pressure <100mmHg
 - Abnormal Level of Consciousness
- *Follow BLS protocol for pediatric vital signs

YES

Consider transport or contact medical control

NO

Medical history:

- Is the patient a diabetic?
- Is the patient pregnant?
- Does the patient have cardiovascular or pulmonary disease?
- Is patient possibly immunocompromised (HIV, chemotherapy, etc)

YES

Consider transport or contact medical control

NO

If an alternative condition is more likely than COVID-19 (chest pain concerning for cardiac cause, CHF, etc) treat according to standard protocol and initiate transport to an appropriate receiving facility while maintaining appropriate source control (surgical mask) and responder PPE.

If there is no indication to transport in all above sections, the patient does not require emergent medical attention and does not require transport by ambulance. Provide the patient with the NY State Department of Health Hotline and precaution/recommendations information handout. If patient does not consent to non-transport, contact your medical control per WREMAC policies

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COVID-19 Decontamination Guidelines

- 1** | After transporting the patient, leave the rear doors of the transport vehicle open to allow time for sufficient air exchange. Consideration must be given to ensuring vehicle and equipment security if staff is not able to stay with the vehicle.
- 2** | The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient time for air changes.
- 3** | When cleaning the vehicle, EMS clinicians should wear gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- 4** | Any visibly soiled surface must first be cleaned then decontaminated using an Environmental Protection Agency (EPA)-registered hospital disinfectant according to directions on the label. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19.
- 5** | Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- 6** | Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in health care settings, including those patient-care areas in which aerosol-generating procedures are performed.
- 7** | Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- 8** | Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- 9** | Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- 10** | Follow standard operating procedures for containing and laundering used linen.
Avoid shaking the linen.
- 11** | Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients.
Don clean PPE to handle the patient at the transport location.