DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

Treatment Protocol: POTENTIAL COVID-19 PATIENTS **Ref. No. 1245**

Steps 1-7 apply to **all** patient contacts. For patients with suspected COVID-19 infection, the remainder of this protocol should be used in addition to the appropriate Treatment Protocol(s) based on Provider Impression(s).

Base Hospital Contact: Required for severe respiratory distress and respiratory failure.

1. Assume that all patients, regardless of dispatch complaint, may have COVID-19 ❶
   Minimum recommended Personal Protective Equipment (PPE) for ALL patient encounters is a surgical mask, eye protection, and gloves ❷

2. Utilize this TP in addition to the appropriate TPs based on provider impression(s)

3. Don PPE prior to approaching the patient, including surgical mask or N95 as appropriate, eye protection, and gloves, and gown if available ❸❹

4. Perform an initial screening of all patients for COVID-19 ❺

5. Hand the patient a surgical mask to self-apply ❻

6. For patients in cardiac arrest, an N95 or P100 mask is required along with eye protection and gloves, and gown if available, prior to approaching the patient ❸

7. Assess airway and initiate basic and/or advanced airway maneuvers prn *(MCG 1302)*
   Aerosol-generating procedures (including suctioning, CPAP, bag-mask ventilation, and advanced airway placement) require N95 masks and gowns for all providers ❸
   If advanced airway is required, Supraglottic Airway is preferred to endotracheal intubation
   Use of a viral filter is encouraged for all positive-pressure ventilation

8. For suspected COVID-19 patients with respiratory distress, use in conjunction with *TP 1237, Respiratory Distress*

9. Administer **Oxygen** for O_2 sat <94% at the lowest flow possible to achieve O_2 sat ≥94%
   Place a surgical mask on the patient over the oxygen delivery device

10. For hypoxic patients without severe distress provide supplemental oxygen, consider positioning right or left lateral decubitus or prone during transport if COVID-19 is suspected.

11. For poor perfusion:
    Normal Saline 1L IV rapid infusion ❼
    Reassess after each 250mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops

12. During transport, minimize possible exposures by ensuring appropriate PPE for EMS personnel in the patient compartment and, if possible, adjust the ventilation system air changes/hour to the highest rate and consider opening windows ❽❾

13. Notify the receiving hospital for any patient with positive COVID-19 screening
    Provide notification for all patients, including those who are transported BLS
    Prior to entry into the hospital, unless transitioning care outside of ED, one provider should doff

any contaminated PPE (gloves/gown) to enter and discuss plan for handoff with the triage RN You may be directed to an alternative triage area or handoff may occur outside the hospital

14. Discontinue all aerosol-generating procedures (including nebulized medication and/or CPAP prior to entry into the hospital triage area); discuss with the triage RN before entry for patients in severe distress requiring these interventions so that appropriate handoff can be arranged⓾

15. For documentation:
    1) Positive COVID-19 screening
    2) Level of PPE worn in your narrative summary
    3) Consider the following Provider Impressions and document as appropriate:

    Cold / Flu Symptoms (COFL) - For minor respiratory illness in a patient without shortness of breath or wheezing; must have normal respiratory rate and O_2 sat.

    Respiratory Distress / Bronchospasm (SOBB) - For COPD/asthma exacerbations and any bronchospasms/wheezing not from pulmonary edema.

    Respiratory Distress / Other (RDOT) - For patients with pulmonary disease that is not edema or bronchospasm, includes suspected pneumonia, PE, pneumothorax and non-pulmonary and unknown causes of respiratory distress.

    Respiratory Arrest / Failure (RARF) - For patients requiring positive-pressure ventilation and/or hypoxia despite 100% oxygen.

    Fever (FEVR) - For reported or tactile fever that is NOT suspected sepsis. For sepsis use PI Sepsis.

    Sepsis (SEPS) - For patients with suspected sepsis (i.e., signs suggestive of sepsis including fever, tachycardia, suspected infection).

    Other Provider Impressions may apply for patients with other primary complaints who also have signs and symptoms potentially consistent with COVID-19

SPECIAL CONSIDERATIONS

❶ Do not rely on dispatch pre-arrival screening to catch all possible screened positive patients, repeat screening yourself. Patients with COVID-19 may present with complaints other than shortness of breath or fever. Travel or contact with a known case is NOT required for a positive screen.

❷ This PPE is recommended as the supply chain allows. It is preferable to change the mask after every encounter with a patient who screens positive. If supplies are limited, masks, including surgical masks and N95 masks, may be considered for limited reuse on up to 5 patient encounters unless it is visibly soiled, contaminated with bodily fluids, or used in a high-risk situation (i.e., aerosolizing procedures). More information on reuse and extended use can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html

❸ Droplet and contact precautions should be taken for all potential COVID-19 patients. Airborne and contact precautions should be taken for all aerosolizing procedures including suctioning, CPAP, nebulized medications, bag-mask ventilation, advanced airway placement and chest compression, this includes an N95 or P100 respirator and gown, in addition to the eye protection and gloves required for all patients screening positive for potential COVID-19. Goggles are the preferred eyewear. For airway management, a face shield worn over the eyewear of the operator can provide additional protection during this high-risk procedure. If no gowns are available, wear EMS issued raincoat; doff it in ambulance bay into a bio-container bag; prior to reuse, wipe it down with the same cleaners used to decon the ambulance and then rinse with water.

❹ N95 masks are preferred but should be prioritized for use during high-risk aerosolizing procedures if supplies are limited.

❺ A positive screen is any patient with any ONE of the following:

Symptom suggestive of COVID-19: fever (reported or tactile), chills, cough, shortness of breath, body aches, nausea, vomiting, and/or diarrhea, OR

Under quarantine/isolation for potential or confirmed COVID-19, OR

Had any contact with a person who is undergoing testing or confirmed to have COVID-19

❻ Patients may be contagious and transmit COVID-19 even before developing symptoms, mask ALL patients, not just those who have a positive COVID-19 screen, as supply chain allows. For patients requiring supplemental oxygen, place the surgical mask over the oxygen delivery device. This does not apply to patients requiring positive-pressure ventilation.

❼ Potential COVID-19 patients should receive IVF if they have signs of poor perfusion. Patients with suspected sepsis should continue to managed with IVF per *TP 1204, Sepsis*. Patients remain undifferentiated in the field. If in doubt, it is reasonable to administer Normal Saline up to 1L.

❽ Allow one family member (parent or caregiver) to be transported, if possible. If riding in the transport vehicle, they should wear a surgical mask.

❾ All areas of the transport cabin are exposed (as well as the driver compartment if connected). The higher air changes/hour may reduce the concentration of infectious particles, but does not eliminate risk.

❿ All aerosol generating procedures must be discontinued while moving through the ED hallways, except in the case of an intubated patient with use of a viral filter, in which case chest compressions and ventilations may continue.