

Genesee County Medical Control Authority
SYSTEM PROTOCOL
SUSPICION OF COVID-19: AEROSOLIZING PROCEDURES PROTOCOL

March, 2020

Section 8-54

Suspicion of COVID-19: Aerosolizing Procedures Protocol

Purpose: To reduce the risk associated with the performance of aerosolizing procedures on patients who screen positive for risk of COVID-19 infection or have symptoms consistent with COVID-19.

- I. Screening for risks of COVID-19.
 - a. Each EMS provider should exercise due caution when responding to all emergency calls and assure that each patient is thoroughly vetted through a screening process for risk of COVID-19 infection, based on community spread. If possible, assess the patient from a minimum distance of six feet. A patient reporting any of the following symptoms will be considered at risk for COVID-19 infection.
 - i. Symptoms include:
 1. Fever:
 - a. Pediatrics: low grade
 - b. Adults: low grade
 - c. Elderly (≥ 65) May not present with a fever
 2. Difficulty breathing
 - a. Shortness of breath
 - b. Chest tightness/chest pain
 3. Nausea/Vomiting
- II. For patients identified as at risk for COVID-19 infection, whenever possible, avoid performing aerosolizing procedures, even when clinically indicated.
 - a. Aerosolizing procedures include:
 - i. CPAP/BiPAP
 - ii. Assisted ventilations
 - iii. ET intubation
 - iv. Nebulized medication
 - v. Suction
 - b. Alternative treatments that present a low risk of producing aerosolized droplets should be utilized to mitigate the risks to EMS providers associated with the performance of these procedures.
 - c. In cases where alternative treatments are ineffective, or cannot be avoided, EMS providers should attempt to isolate themselves from the increased production of aerosolized droplets associated with these procedures. Risk mitigation strategies include:
 - i. EMS providers should wear a N-95 or greater mask.

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- ii. When performing assisted ventilations, use a BVM with a HEPA filter.
 - a. If a BVM with a HEPA filter is not available, attempt to contain the exhausted air from the BVM by another means.
 - b. Whenever possible, while performing rescue breathing, avoid hyperventilation.
- d. For patients who have a risk of COVID-19 and present in cardiac arrest.
 - i. Avoid performing rescue breaths as well as ET intubation.
 - 1. Place a NRB mask on the patient set on high flow O₂, to allow for passive oxygenation while performing continuous compressions.
 - a. Follow all other guidelines of the Cardiac Arrest General Protocol – 5-1. **CAUTION: Do not allow oxygen to flow across the defibrillator’s adhesive pads during defibrillation.**
 - ii. If the airway must be secured, avoid ET intubation and utilize a supraglottic airway device. **Refer to Emergency Airway Protocol, 7-9.**