



Garfield County Temporary Medical Guideline 0200 COVID-19 Considerations

Purpose

This protocol provides a guideline to assist providers in managing confirmed or suspected COVID-19 patients where aerosol generating procedures (AGPs) may create an unacceptable exposure risk. It is intended to support providers in clinical decision making, not to entirely replacement provider judgement.

Providers should always act as patient advocates and balance patient needs with provider safety.

This protocol is intended to be a broad guideline for a diverse system, some equipment/medication may not be available at some times or to some agencies, and local medical direction and protocol should take priority.

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0200.1 COVID-19 Personal Protective Equipment

Description

This protocol provides a guideline to assist providers with choosing appropriate PPE for potential COVID-19 patients.

Indications

Reference COVID-10 Screening, Treatment, and Transport Protocol Attached

- Patients with confirmed or suspected COVID-19 meeting any of the following criteria:
 - Confirmed positive test
 - Close contact with known/suspected COVID-19 infected person or recent travel to affected region
 - Fever
 - Symptoms of acute respiratory illness (cough, dyspnea)
 - Other provider index of suspicion for COVID-19 exposure
 - **Full PPE is recommended for ALL CARDIAC ARREST PATIENTS or other dynamic, critically ill patients to proactively address exposures in fast moving environments**
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Procedure

- Limit number of providers for initial assessment of patient
 - Maintain at least 6 feet of distance from the patient until PPE is donned
 - Place surgical mask on patient to decrease source shedding
 - Minimum recommended PPE
 - Fluid resistance gown
 - Tyvex suit with hood on
 - Isolation gown with apron
 - Rain suit
 - Other
 - Gloves
 - N95
 - Eye Protection
 - Face Shield
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Special Considerations

- None
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Related Protocols

- CHFEMSD COVID-19 Screening, Treatment, and Transport (Attached)
- CHFEMSD COVID-19 Non-Transport Protocol (Attached)



0200.2 COVID-19 Alternative Respiratory Distress/Failure/Arrest Management

Description

This protocol provides a guideline to assist providers in managing respiratory distress in the setting of potential COVID-19 exposure where aerosol generating procedures (AGPs) may create an unacceptable exposure risk.

Indications

- Patients with confirmed or suspected COVID-19 meeting any of the following criteria:
 - Confirmed positive test
 - Close contact with known/suspected COVID-19 infected person or recent travel to affected region
 - Fever
 - Symptoms of acute respiratory illness (cough, dyspnea)
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Contraindications

- None
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Procedure & Doses

- Some procedures, such as suctioning, CPAP, BVM, advanced airway management, and nebulized medications create aerosols, increasing exposure risk to responders in the setting of COVID-19.
- Patients meeting the indication criteria may require alternative interventional strategies to airway management and treatment of dyspnea, respiratory distress, and respiratory failure.
- It may become necessary to alter treatment algorithms to provide escalating treatment modalities in an atypical sequence due to avoidance of AGPs.
- Use this protocol and the attached flowchart to guide decision making on these calls, with the general philosophy of avoiding AGPs whenever possible.

- **If an AGP is deemed necessary, use one with the viral filter if available.**

- Nebulizers:
 - Use nebulizers with a viral filter if available.
 - Move the patient outdoors and away from ambulance or any other emergency apparatus.
 - Ensure the patient can sit comfortably and hold the nebulizer under their own power or if being held by a parent in the event of an asthmatic child.
 - Stand no fewer than 6 feet away from the patient.
 - Wait until the medication is completely used then reassess patient and continue treatment.

- **Pharmaceutical alternatives to nebulized medication:**
 - If available, consider assisting with an Albuterol Metered Dose Inhaler (MDI)
 - Ensure 6 rights of medication administration



- 6-8 puffs into spacer, then 1 deep breath
- Terbutaline
 - Adult
 - IM: 0.25mg x1 dose
- Epinephrine
 - Adult
 - IM: 0.3mg IM, max X2 doses
 - IV Drip:
 - Mix 1mg Epi in 1L NS = 1mcg/mL
 - Use 10 gtts/min drip set
 - Start at 50 gtts/min (5 mcg/min)
 - Titrate to effect
 - Pediatric
 - IM: 0.01mg/kg (max 0.5) x1 dose
 - Contact medical control for further dosing or drips
- Magnesium
 - Adult
 - SIVP: 2gm x1
 - Pediatric:
 - SIVP: 75mg/kg x1
- Methylprednisolone
 - Adult
 - SIVP: 125mg x1
 - Pediatric
 - SIVP: 2mg/kg x1
- BVM
 - Utilize HEPA filter if available
 - Confirm full PPE including face shield and head covering
- CPAP
 - Ensure CPAP possesses viral filter
 - O2-MAX Filter – The O2-MAX intake filter will provide bacterial and viral protection to patients. The Viral efficiency of the O2-MAX filter is 99.999% that protects against the COVID-19 virus
- Advanced Airway Management
 - Use video laryngoscopy as primary tool to distance provider from airway
 - Consider use of supraglottic airways as a primary tool when indicated
 - Consider clamping ET tubes prior to placement to control release of pulmonary aerosol.

Special Considerations

- Consider medical control consult for alternative treatments
- Remember to treat with oxygen as indicated
- Remember to apply cardiac monitoring after epinephrine administration
- Use Beta 1 agonists with caution in elderly patients or patients with cardiac history
- Standard scope of practice to all providers still applies
 - EMT-Intermediates



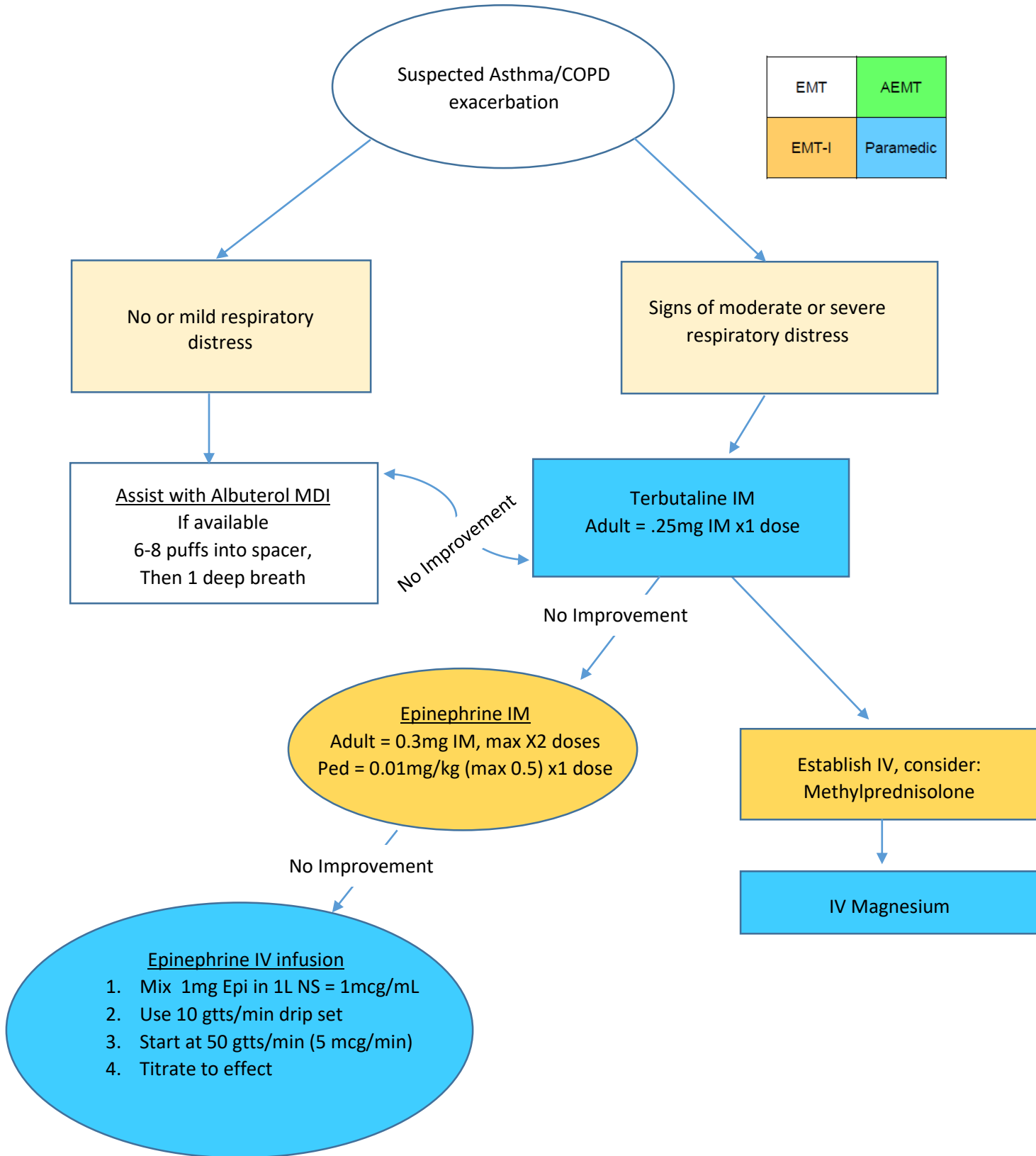
- Should make base contact per protocol for medications that normally require it
 - IM Epinephrine
 - Methylprednisolone
- EMT-intermediates may not give:
 - Magnesium
 - Terbutaline
 - Epinephrine drips

Related Protocols

- 2010 Adult Universal Respiratory Distress
- 2020 Pediatric Universal Respiratory Distress
- 2030 Adult Wheezing
- 2040 Pediatric Wheezing
- 9020 Albuterol Sulfate
- 9120 Epinephrine
- 9190 Magnesium Sulfate
- 9200 Methylprednisolone
- 9300 Vasopressor Continuous Infusion – Adult Patients Only



Alternative Respiratory Distress Flowchart





0200.3 COVID-19 Alternative Cardiac Arrest Management

Description

This protocol provides a guideline to assist providers in limiting exposure to COVID-19 during cardiac arrest management.

Indications

- Any cardiac arrest with potential COVID-19 exposure
 - Due to the limited history and increased pace of many cardiac arrest calls, full PPE and COVID-19 precautions are recommended until screenings are complete.
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Procedure

- Standard ACLS applies unless otherwise noted, this procedure is intended to supplement/modify ACLS algorithms, not replace them.
- Arrival-
 - First provider applies NRB or surgical mask with O₂ to limit AGPs prior to CPR.
 - Second provider proceeds to apply defibrillator pads and defibrillates if indicated.
 - First provider initiates CPR once NRB in place
 - IV/IO access by either provider ASAP
- 2 minutes
 - Analyze and defibrillate if needed.
 - Switch compressors, continue compressions.
 - Medications and fluids if indicated.
- 4 minutes
 - Analyze and defibrillate if needed.
 - Switch compressors, continue compressions.
 - Medications if indicated.
- 6 minutes
 - Analyze and defibrillate if needed.
 - Switch compressors, continue compressions.
 - Medications if indicated.
 - Prepare for supraglottic airway
- 8 minutes
 - Analyze and defibrillate if needed.
 - Switch compressors, continue compressions.
 - Medications if indicated
 - Insert supraglottic airway. Use HEPA filters if available to reduce AGP
- 3rd PROVIDER IF INDICATED AT THIS TIME
- 10 minutes (+)



- continue treatment as indicated and follow protocol throughout duration of arrest.
- follow protocol for transport/termination decision.
- Consider physician consult for early termination of resuscitation if at any point resuscitation efforts seem futile.
- During the initial treatment of the patient, a provider from the second due company will attempt, from a distance, to interview family members or bystanders about COVID-19 specific symptoms in addition to relevant patient history.

Special Considerations

- If a LUCAS device is available, it should be placed in a 2-step method, limiting off-the-chest time to no more than 15 seconds
- Defibrillation takes priority over LUCAS placement and medication administration

Related Protocols

- 0050 Termination of Resuscitation and Field Pronouncement
- 1050 Supraglottic Airway
- 3000 Universal Pulseless Arrest
- 3010 Universal Pulseless Arrest Considerations
- 3030 Post-Resuscitation Care with ROSC