



IDHS GUIDANCE ON PPE FOR CORONAVIRUS COVID-19 RESPONSE

March 19, 2020

Recommendations for consideration for provider
organizations and their Medical Directors

This guidance is intended to address many of the questions that IDHS has received regarding PPE. It is based on current ISDH and CDC guidance current as of the date of this guidance. Individuals should continue to monitor for changes in PPE recommendations.

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Level I: Standard EMS Response

PPE to include gloves
Consider gown and face shield if any coughing or other exposure to fluids

Level II: Heightened Response (possible viral symptoms at dispatch)

PPE to include gloves, gown, and facial surgical mask. N-95 if available.
Surgical mask on patient upon arrival
*consider tossing the mask to the patient).

Level III: Known Covid-19 response or indicators such as patient family member or other exposure and symptoms such as fever, cough and respiratory distress

PPE to include gloves, gown, goggles or face shield, and N-95 mask. Surgical mask on patient.

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- There is a shortage of all masks including N95 masks. Providers should consider alternatives and plan accordingly. For instance, for scene initial assessment, SCBA is an option if responders are fire-based.
- EMS providers need to focus on safety, but it is also not realistic to use new masks for every response due to the limited supply. Simple face masks are an acceptable alternative. Use N95 for the most serious cases or when aerosol generating procedures must be performed.
- **PRIORITIZE** the use of N95 respirators.

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TO
PRESERVE!!

USE WISELY!!**

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- CDC guidance is that an N95 mask remains effective for at least 8 hours. There are many factors to consider, such as removal and re-application, discarding if the respirator is physically contaminated (blood or secretions on the respirator, use for aerosol generating procedures), etc.
- Clean your hands with soap and water before and after application or adjustment of any face mask.
- NOTE THAT A PROVIDER MAY USE A CLEANABLE FACE SHIELD OVER AN N95 RESPIRATOR TO PROTECT ITS LONGEVITY.

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- Modified scene safety and assessment
 - Do a room scan before entering and remain 6 feet away from the patient or any family members.
 - Is anyone coughing or respiratory distress?
 - Does anyone acknowledge having a fever?
 - Any previous contact with a known patient?
 - Is the location a high-risk facility (assisted living, ECF, jail)?
 - Limit number of responders that access the patient to only those that are necessary for patient care or movement.
 - Consider having the patient exit the room/location on their own if safe/feasible.
 - Any patient that receives aerosol-generating procedures should be treated with PPE precautions from the **Level III precautions**.



Level III Precautions Recommended

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- If approved by local Medical Director, alternative means of screening a patient such as telemedicine are acceptable (such as utilizing a “facetime” type option).
- EMS should only take essential equipment inside when treating a possible or suspected Covid-19 patient.
- Assessments may be tailored to focus on priority symptoms and minimize distance to patient. For instance, listening to breath sounds by

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- If it is a **Level III PPE** response, then make the following considerations for the person driving the ambulance
 - If the person driving is involved in on-scene patient care or movement of the patient into the ambulance then the person driving the ambulance should have **Level III PPE** as well.
 - During transport, the person driving the ambulance should either wear **Level III PPE** or the front section should be isolated or closed off to the patient compartment and the separate ventilation system operational.
 - Hospitals are not accepting visitors per the CDC, only persons that should be accompanying (per organization policy) would be parents/guardians or POA.

Notify the receiving hospital as early as possible for any suspected coronavirus or Level III PPE patient and follow their guidance on method and location to bring patient into the hospital

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- Precautions for aerosol generating procedures
 - Level III PPE should be utilized during all aerosol generating procedures.
 - Such procedures include: BVM, suctioning, CPAP, supraglottic airway, intubation, nebulized medications, NRM mask without a surgical mask.
 - Consider utilizing a BVM with a HEPA filter.
 - It is recommended to use a supraglottic airway instead of intubation for suspected or known Covid-19 patients.
 - Do not use ventilators in the prehospital setting during this emergency.
 - Maximize area ventilation during procedures such as windows open or doors (if vehicle not in motion) and use exhaust fans.
 - Always follow your local Medical Director guidance for medical procedure alteration during this public health emergency.
 - Examples of this would be utilizing MDIs over nebulizers
 - IM bronchodilators over nebulizers, etc.

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Current CDC Guidance for Utilization of N-95 and other Respirators

- Use respirators identified by CDC as performing adequately for healthcare delivery beyond the manufacture-designed shelf life
- Use respirators approved under standards used in other countries that are similar to NIOSH-approved N-95 respirators but may not necessarily be NIOSH-approved
- Implement limited re-use of N-95 respirators for patients with COVID-19, measles and varicella
- Use additional respirators identified by CDC as NOT performing adequately for healthcare delivery beyond the manufacturer-designed shelf life
- Prioritize the use of N-95 respirators and facemasks by activity type with and without masking symptomatic patients



THESE GUIDELINES ARE BEING OFFERED FOR ADDITIONAL INFORMATION FOR EMERGENCY RESPONDERS

Please continue to monitor ISDH and CDC for additional and changing guidance:

- ISDH: <https://www.in.gov/isdh/28470.htm>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>