To: EMS Clinicians
   Highest Jurisdictional Officials
   Commercial Ambulance Services
   EMS Medical Directors

From: Timothy Chizmar, MD, FACEP
State EMS Medical Director

Date: April 10, 2020

RE: **UPDATE: COVID-19 EMS Guidance**

In an effort to provide the latest guidance for Maryland EMS clinicians, please find the COVID-19 EMS Guidance document (revised April 10, 2020) attached to this memo.

Of note, this COVID-19 EMS Guidance replaces “Airway and Respiratory Considerations” and “COVID-19 Infection Control and PPE Guidance” documents (both dated March 25, 2020). These documents are removed from the MIEMSS Infectious Diseases website.

As we recognize that guidance regarding COVID-19 is ever-changing, we will post new documents to the [www.miemss.org/infectious-diseases](http://www.miemss.org/infectious-diseases) website.
COVID-19 EMS Guidance

Signs & Symptoms: Any patient with or without fever who has respiratory symptoms (shortness of breath, cough, sore throat), muscle aches, new loss of sense of smell or taste, or diarrhea, regardless of travel history

Recommended PPE: Gowns, Gloves, Surgical Mask*, Eye Protection

* If the patient presents in cardiac arrest, and/or respiratory procedures are performed (oxygen administration, nebulized medication administration, suctioning, CPAP/BiPAP, BVM ventilation, CPR, etc.) an N-95, not a surgical mask, should be used

| Arrival to Patient | 1. Limit EMS personnel and perform an initial assessment at a minimum distance of six feet  
|                   | 2. Don the appropriate PPE, place a simple facemask (NOT N-95) on the patient |
| Assessment and Treatment | 3. Limit respiratory procedures for patients presenting in severe respiratory distress, such as an inability to speak between breaths, increased number of breaths per minute, diaphoresis, accessory muscle use, tripoding, cyanosis, and respiratory/cardiac arrest  
|                   | 4. Supplemental oxygen should be titrated to an oxygen saturation between 94%-96%, and respiratory devices (NRB, nasal cannula, etc.) should be covered with a surgical mask  
|                   | 5. Advanced airway procedures should be performed by the most experienced EMS clinician, and they should utilize video laryngoscopy whenever available  
|                   | 6. Cardiac arrest patients should be intubated at the earliest possible opportunity after any necessary defibrillation has occurred, pausing chest compressions to intubate  
|                   | 7. Mechanical CPR devices should be utilized whenever possible  
|                   | 8. Intramuscular administration of 1mg/ml epinephrine OR terbutaline can be considered per protocol [refer to memo from OMD regarding epinephrine & terbutaline, dated 4.6.2020, updated 4.9.2020]  
|                   | 9. Alternatives to intranasal medication administration should be utilized whenever possible  
|                   | 10. Patients using their own albuterol inhaler and spacer should be encouraged to continue to do so as an alternative to EMS-administered nebulizers |
| Transport | 11. Activate the patient compartment’s exhaust fan in non-recirculating mode and limit the number of EMS clinicians in the patient compartment  
|                   | 12. No individuals may accompany a patient during transport unless absolutely necessary; if someone must accompany the patient, they must wear a mask |
| Arrival at ED | 13. Individuals accompanying the patient during transport must remain outside of the ED  
|                   | 14. Turn off nebulizers and CPAP before entering the ED if patient condition allows  
|                   | 15. Leave all ambulance doors open to allow for air exchange  
|                   | 16. Transfer patient and promptly return the stretcher to the ambulance, ensuring not to contaminate any surfaces along the way |
| Returning to Service | 17. Don PPE (if removed) and decontaminate ambulance according to established policies  
|                   | 18. Remove PPE and perform hand hygiene |

This document replaces the “Airway and Respiratory Considerations” (dated 3.25.2020) and “COVID-19 Infection Control and PPE Guidance” (dated 3.25.2020) documents.

- Revised April 10, 2020 -