COVID-19

Airway and Respiratory Considerations for the Maryland EMS Clinician

Consider this guidance for managing a PUI's airway or treating their respiratory illness

EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary. BVMs, and other ventilatory equipment, should be equipped with HEPA filtration, if available, to filter expired air.

Aerosol-generating procedures should be avoided unless the patient presents in severe respiratory distress

Why are aerosol-generating procedures (AGPs) a concern? AGPs generate tiny particles that are small enough to remain in the air for an extended amount of time, travel long distances, and may be inhaled

What are signs that a patient is experiencing severe respiratory distress? Inability to speak between breaths, increased number of breaths per minute, diaphoresis, accessory muscle use, cyanosis, and respiratory arrest

What is the appropriate personal protective equipment for the EMS clinician who is performing an aerosol-generating procedure, or treating a patient in cardiac arrest? Gown, gloves, eye protection, and an N-95 respirator

- Supplemental **oxygen** should be administered to any PUI with an **SpO2 less than 94%**
- If oxygen is administered, the **patient's SpO2** should be maintained **no higher than 96%**
- A **simple/surgical facemask should be placed over any patient** who is being administered oxygen or being treated with a nebulized medication
- Intranasal administration of medications should be minimized if an intramuscular/intravenous route of administration is available
- **Nebulized medications should be stopped upon arrival to the emergency department**
- If the need for advanced airway management arises, the EMS clinician should utilize a supraglottic airway whenever possible
- If endotracheal intubation is required, the EMS clinician most experienced with airway management should perform the procedure to minimize the number of attempts and risk of disease transmission
- Video laryngoscopy should be utilized whenever available