Maryland Institute for Emergency Medical Services Systems Infection Control and PPE Guidance

Signs & Symptoms of COVID-19: Any patient with respiratory symptoms (cough, congestion, body aches, shortness of breath, or sore throat) with or without fever, **regardless of travel history**

	Perform an initial assessment at a minimum of 6 feet from the patient
Arrival to Patient	Limit the number of EMS clinicians and equipment within 6 feet of the patient
	Place a simple facemask (NOT N-95) on the patient
	EMS clinicians should put on (don) personal protective equipment including: gown, gloves, eye protection, and a simple facemask IF THE PATIENT IS IN CARDIAC ARREST, N-95 respirators, not facemasks, should be donned by each EMS clinician treating the patient
Treatment	CPAP and nebulized medications should be withheld except for patients experiencing severe distress
	If respiratory procedures performed, use an N-95 respirator instead of a simple facemask
	Cover the respiratory device (NRB, nasal cannula, etc.) with a simple facemask
	Minimize intranasal administration of medications
	Minimize endotracheal intubation and instead utilize supraglottic airways (e.g. LMA or King LT) whenever possible
Transport	Limit the number of EMS clinicians in the patient compartment
	Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask
	Activate the patient compartment's exhaust fan, and ensure the ventilation system of the ambulance is on non-recirculating mode
Arrival at ED	Upon arrival, instruct the family members or other contacts of the patients with possible COVID-19 to remain outside the hospital and await further instruction from the hospital staff. Do not allow them to accompany the EMS team through the ED entrance
	Turn off nebulizers and CPAP before entering the hospital if patient condition allows (patient not in severe respiratory distress)
	Move the patient to the hospital bed, transfer the patient, then while still in PPE, promptly return the stretcher to the ambulance without touching anything else along the way
Returning to Service	Leave all doors of the ambulance open to allow for air exchanges prior to gross decontamination
	Decontaminate ambulance according to established policies and procedures. Don PPE if PPE was removed after patient transfer to the ED
	Remove (doff) PPE and perform hand hygiene

Are respiratory procedures being performed OR is the patient in cardiac arrest? YES Facemask or Respirator Determination N-95*

EMS Clinician N-95 Critical Shortage

*IF N-95 RESPIRATORS ARE COMPLETELY UNAVAILABLE, SIMPLE FACEMASKS MAY BE USED AS AN ALTERNATIVE

NO

Simple facemask



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