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RE: Joint Recommendations and Resources for EMS Clinicians and EMS Systems in the COVID-19 Pandemic

To all Tennessee EMS Leadership and EMS Medical Directors,

The following are recommendations from members of the Tennessee Chapter of the National Association of EMS Physicians (NAEMSP). They are meant as recommendations of best practices in the clinical care of patients with possible COVID-related illness and in the operational approach of EMS systems to the COVID pandemic.

This document will be kept as up to date as possible, however, as this is a rapidly evolving crisis with exponentially increasing information acquisition and exchange, there may be newer and better evidence-based resources that have not yet been included.

Additionally, due to the wide variety of clinical presentations of COVID-19 as well as the possibility of asymptomatic but contagious individuals, it is recommended that these attached practices be adopted for all patient care until the clinical threat has resolved or better information has emerged.

Thank you for all your time and effort in making our communities safer and healthier.

[Click HERE for online access to the maintained document.](#)

Sincerely,

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Joint Recommendations for EMS Best Practices: *Patients with Potential COVID-Related Disease*



PPE/Exposure:

- All providers should wear at minimum a surgical mask (and preferably an N95 or better respirator) as well as eye protection while in direct patient care of all patients.
- All patients should use a face covering to reduce possible viral spread.

Airway/Breathing Management:

- Minimize any unnecessary airway procedures until arrival at the Emergency Department when able.
- Nasal cannulas and other supplemental delivery devices (e.g. non-rebreathers) should be covered with a surgical mask (or similar).
- **Avoid aerosol generating procedures (i.e. nebulizer treatments and NIPPV/CPAP)**
- **Utilize a Blind-Insertion Airway Device (BIAD)**, such as an iGel) instead of Endotracheal intubation to reduce the risk of aerosol exposure.
- If Endotracheal Intubation is necessary, consider the use of RSI/DAI (including paralytic) to reduce the chance of exhalation during the procedure.
- **An HEPA Filter should be used with any airway/ventilatory device, including BIADs, endotracheal tubes and mask ventilation (i.e. BVMs).**
- If HEPA Filters are not available agencies should develop policies to limit droplet transmission while using an Ambu-bag or ventilator.
 - Consider wrapping an N95 mask (or similar) around the Ambu-bag's exhaust port.
 - Consider draping the patient's head and the Ambu-bag with some sort of cover. Plastic draping (such as a disposable poncho) is a reasonable option.
- **Bag-valve mask (BVM) ventilation should generally be avoided.** If used, an inline HEPA filter should be used (if available), and the patient's head should be draped (as above) to limit aerosolization of droplets.
- **End-tidal CO2 monitoring** should be inserted in the circuit after the HEPA filter. It should not be used without a filter.

Cardiac Arrest:

- Providers should don appropriate full droplet PPE prior to approaching unresponsive patients.
- **CPR is an aerolizing procedure.** Providers should cover or secure the airway prior to chest compressions.
- Procedures for appropriate PPE use and securing/draping the airway should be developed and practiced ahead of time to limit delays in CPR and ventilation.
- If a mechanical CPR device (such as a LUCAS) is available, it should be placed as soon as possible to limit unnecessary exposure of a human compressor.
- Consider early termination or avoidance of resuscitation in patients with comorbid conditions that are unlikely to survive.
- Do not transport patients with CPR in progress whenever possible.

Medication/Equipment Usage:

- Avoid non-emergent use of medications and equipment, especially those with current or potential shortage.
- EMS crews should retrieve a patient's rescue inhaler (albuterol MDI) and utilize these in place of nebulizer treatments if indicated and available. Patient's other medications should also be brought with the patient.
- Consider Epinephrine 0.3 mg IM or SC, as well as low-dose ketamine for appropriate asthmatic patients. Epinephrine infusion (IV) can be considered with life-threatening asthma exacerbation.
- Consider Magnesium Sulfate 2 grams IV over 20 minutes for asthma and COPD exacerbations.

EMS Example Clinical Guidelines & Other Resource Documents for the Novel Coronavirus (COVID-19)



Knoxville:

[COVID-19 Clinical Care](#)

[Cardiac Arrest Modifications](#)

[Non-Transport \[DRAFT\]](#)

[Crisis Standards of Care \[DRAFT\]](#)

Chattanooga:

[LIFE FORCE COVID Transport Guideline](#)

[Hamilton County COVID Policy](#)

Other Resources

NAEMSP COVID Resources:

<https://naemsp.org/resources/covid-19-resources/>

American College of Emergency Physicians (ACEP) clinical repository:

<https://www.acep.org/corona/COVID-19/>

Eagles Webinars & useful links:

<http://useagles.org/covid-19/>

AHA update on resuscitation:

[Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates With Suspected or Confirmed COVID-19](#)

CDC Guidance for Extended Use/Limited Reuse of N95 Respirators:

[Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings | NIOSH](#)

List of drug shortages:

<https://www.ashp.org/Drug-Shortages>

Federal Healthcare Resilience Task Force - EMS/Prehospital Team - COVID-19: Considerations, Strategies, and Resources for Emergency Medical Services Crisis Standards of Care:

https://www.acep.org/globalassets/uploads/uploaded-images/acep/ems14_ems-crisis-standards-of-care_final.pdf