

Medical Procedures**Date: 04/21/2020****Cardiac Arrest - Decreasing Prehospital Provider Exposure Risk During COVID-19****Policy # 9160-C****I. Purpose:**

To establish indications, guidelines, and the standard procedures for decreasing prehospital provider exposure cardiac arrest during the COVID-19 pandemic.

****The policy is only in effect during the declared state of emergency, specific to the COVID-19 pandemic for Imperial County, and will cease to be in effect following the end of the emergency state.****

II. Authority:

Health and Safety Code, Section 1797.220, 1798. Title 22, Section 100170.

III. Policy: On-Scene Guidelines, Regardless of Suspected Etiology**A. Minimum number of crew members present**

1. No ride-alongs, learners, or trainees under current conditions

B. All EMS personnel to wear full PPE – including driver

1. Gown
2. Gloves, double – under and over gown pair
3. Goggles
4. N95 or N100

C. BVM

1. Two-handed mask seal mandatory
 - a. Reduction of droplet escape
2. Viral HEPA filter mandatory if present

D. King airway preferred

1. To minimize droplet/aerosol release
2. Viral HEPA filter mandatory if present
3. **Do not squeeze bag until balloon is inflated on King airway following placement**

E. If intubation is necessary or attempted

1. Use COVID intubation bag – In Large Ziplock Bag
 - a. Face Shield
 - b. Bougie
 - c. Two sizes ETT (6.0 and 7.0)
 - d. 10 cc syringe
 - e. ETT Secure Device
 - f. Lubricant
 - g. Chuck
 - h. EtCO2 Detector
 - i. Viral Filter
2. Most experienced/best intubator attempts
3. Viral HEPA filter mandatory if present

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4. Maximize first pass attempt:
 - a. Have bougie, two sizes of ETTs present
5. **Do not squeeze bag until balloon is inflated on ETT following placement**
- F. Cover head area if able
- IV. Refer to Policy #9160 for Cardiac Arrest Management, and the Dysrhythmia protocols #9180, #9181, #9183, #9184, #9185, #9186
- V. After 20 minutes of resuscitation without ROSC or defibrillation, consider base hospital contact for potential termination of resuscitation
- VI. If Transporting, Upon Arrival at ED**
 - A. Driver enters ED or ED tent
 1. Ensures staff is ready to meet crew
 - B. Crew removes patient from ambulance
 1. Reduce exposure time
 - C. ED staff meets ambulance crew prior to entering building
 1. ED staff takes appropriate measures for safe patient treatment and transfer
 - a. HEPA filters
 - b. Ventilator attachment
 - c. If no advance airway
 - a. ED staff places appropriate airway if needed, generally outside ED
 - d. Patient taken inside and turnover given.
 - D. PPE removed and safely discarded
 1. Complete decontamination of ambulance prior to return of service
 - a. Approved cleaning materials and fogger treatment
 - b. Crew shower and clothes washed

APPROVED:

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