



COVID-19 GUIDELINES FOR PARAMEDICS V1

Ambulance New Brunswick

March 27, 2020



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Ambulance New Brunswick (ANB) Guidelines for COVID-19

Introduction

ANB has created this guideline to give direction and to minimize the risk of exposure to, and transmission of infectious substances within healthcare settings by setting limits on workplace practices, enacting infection prevention and control procedures, the use of hand hygiene and the use of personal protective equipment (PPE).

The focus of this guideline is to protect the safety of EMS personnel, their families, and the public while ensuring the continued delivery of optimal patient-centered care. **Appendix F: Minimize Risk to you and your loved ones.**

Definitions

Case definitions for COVID-19 are adapted from PHAC and the World Health Organization (WHO) to apply to ground ambulance operations.

Acute respiratory illness: A person presenting with a fever and at least one respiratory symptom (i.e., cough, difficulty breathing, or pneumonia).

Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Probable case: A suspected case for whom testing for COVID-19 is inconclusive.

Suspected case: A person who fails screening for COVID-19 infection as delivered by 811 Telehealth, Emergency Medical Dispatchers (EMDs), or Paramedics.

While on Duty

As per ANB Operations **Policy 4001 – Uniform Dress Code**;

Employees are encouraged to change into and out of their uniforms at the station at shift change and shall keep one spare uniform with them in their assigned unit during their shift. It is recommended that the spare uniform be stored in a bag or backpack (for paramedics, placed behind the driver or passenger seat).

Employees must come to work clean-shaven and have long hair pulled back.

Wearing your personal clean civilian clothing, changing into your ANB uniform at base and returning home at shift end wearing your personal clothing is strongly recommended.

Employees are also encouraged to use the ANB base washer/dryer (where available) to launder their ANB uniform rather than taking potentially soiled/contaminated clothing home at shift end



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and are also encouraged to use the ANB base shower facilities. Arrive clean and return home the same.

ANB recognizes that paramedic work with their partners in close proximity however; paramedics must attempt to maintain a two-meter apart physical distancing from other paramedics, first responders and members of the general public whenever possible outside of the ambulance.

Signage has been posted at each base notifying the general public that all ANB stations now have restricted access. This restriction also applies to off-duty employees as well. If you are not on-duty, you should not be visiting any of the facilities.

Employees must clean and disinfect frequently touched surfaces in the workspace including phones, portable radios, TV remotes, door handles, bathrooms and computer keyboards and always adhering to hand hygiene best practices. **Refer to Appendix F: Minimize Risk to you and your loved ones**

Dispatch screening

In January 2020, active screening for possible COVID-19 cases began at MCMC. The screening tool is intended to assist EMDs in providing pre-arrival information to paramedics to take routine and additional precautions.

Screening questions are asked by dispatch when receiving all requests for service prior to dispatching paramedics. There is an exception for patients who are in cardiac arrest or choking, though additional screening attempts take place after paramedics are dispatched.

The questions are designed to identify potential COVID-19 cases based on travel history and medical symptoms. All relevant symptoms are provided to the paramedics at the time of dispatching. If the dispatch screening identifies the possibility of COVID-19, both paramedics will don their recommended PPE prior to entry into the scene. The supporting paramedic shall remain a **minimum distance of two (2) metres** initially from the person and the person's environment to determine if the patient requires transport. It is also very important to limit the amount of gear that is brought in during the initial screening to avoid possible contamination. Example - MRx and thermometer only.

For transport destination, **refer to ANB Policy 2149-A (COVID-19 Bypass Policy) Appendix C**

Note: We should strive to transport only the very sick patients. Those who show mild or even moderate symptoms are to be **strongly encouraged** to stay home and self-isolate for 14 days. The paramedic screening tool will help guide this decision. **Refer to ANB Policy 2149 (COVID-19 Treat and Release/Refer) Appendix A**



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Paramedic screening

In addition to active screening being completed by dispatch, paramedics shall screen all persons not already identified through dispatch screening, but who have a chief complaint or presentation that alerts you to the possibility of COVID-19.

Please leave your ANB jacket/hats etc. in the ambulance driver compartment prior to entering the scene. On-scene screening should be conducted by one paramedic (attending), immediately upon arrival and prior to a second paramedic entering the scene. The paramedic conducting the screening shall remain a **minimum distance of two (2) metres** initially from the person and the person's environment to determine if the patient's chief complaint or presentation alerts you to the possibility of COVID-19. If it does, notify your partner, don the appropriate PPE and apply the screening tool. It is important to note that the "supporting paramedic" will not enter the scene during this initial assessment (unless required) and will not require PPE donning at this time. It is also very important to limit the amount of gear that is brought in during the initial screening to avoid possible contamination. Example - MRx and thermometer only.

Note: You do not need to utilize this process for all of your patients; only the patients whose chief complaint or presentation alerts you to possibility of COVID-19.

On-scene Paramedic Screening Tool for COVID-19

If the screening tool identifies the potential presence of COVID-19, advise the patient that additional precautions will be taken and notify MCMC that "the person has failed the on-scene paramedic screening tool for COVID-19". If the patient is to be transported, and requires extrication, be mindful and deliberate by managing the extrication in a safe, controlled manner. Continually check the integrity of each others' PPE. If the patient is ambulatory and does not require immediate on scene care, it is advisable to have the supporting paramedic remain at a minimum two (2) metres away, therefore not requiring PPE. Paramedics will cancel all responding agencies that are non-essential. Paramedics will not request additional assistance unless it is absolutely necessary. **Appendix C: On-scene Paramedic Screening Tool for COVID-19**

For transport destination, refer to **ANB Protocol 2149-A (COVID-19 Bypass Directives) Appendix B**

Note: We should strive to transport only the very sick patients. Those who show mild or even moderate symptoms are to be **strongly encouraged** to stay home and self-isolate for 14 days. The paramedic screening tool will help guide this decision. **Refer to ANB Policy 2149 (COVID-19 Treat and Release/Refer) Appendix A**



Respiratory Hygiene / Cough Etiquette

Respiratory hygiene/cough etiquette should be encouraged for patients who have signs and symptoms consistent with COVID-19.

Patient respiratory hygiene/cough etiquette includes wearing a mask (surgical or procedural), and using tissues for coughing, sneezing and controlling nasal secretions, with immediate disposal of tissues into an appropriate receptacle, followed by hand hygiene. Patients should be directed to cough into their elbow.

If the patient or family member did not meet COVID-19-LIKE ILLNESS criteria:

- Routine standard practices; and
- Hand hygiene at four moments of patient care

The results of the screening tool shall be documented within the patient care report (PCR).

Infection prevention and control

To date, Public Health Agency of Canada (PHAC) has created the *Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Acute Healthcare Settings*². These documents are available on the PHAC website. Additional information can be found in CPHO's *Guidelines for the Management and Control of COVID-19* on their website³.

Routine practices and additional precautions

As of March 25, 2020, The NB Office of the Chief Medical Officer of Health Dr. Jennifer Russell, (OCMOH) endorses the Public Health Agency of Canada (PHAC) document "Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings. This PHAC infection prevention and control guidance recommends the following:

Personal protective equipment (PPE)

The following is a brief summary of required PPE consistent with current best-practice and the above referenced resources in relation to COVID-19. **Refer to Appendix D: How to Put ON and Take OFF Personal Protective Equipment (PPE)**

For suspected, probable, and confirmed cases, use the following PPE:

- medical grade, non-latex, non-sterile gloves;
- long-sleeved gown;
- surgical/procedural mask with visor attachment (or appropriate goggles).

As an added precaution, patients should always be fitted with a surgical mask, if tolerated, to contain respiratory secretions.



Hand hygiene should always be performed after removal of PPE and after leaving the patient care environment.

Hand hygiene

Hand hygiene is the most important measure in preventing the spread of infection. The use of soap and warm water is the most effective method of hand hygiene.

When hands are visibly soiled, wash hands with soap and water. If soap and water are not available, wipe hands with a moistened towel and then use alcohol-based hand sanitizer. It is important not to touch the face and mucous membranes with the hands until appropriate hand hygiene has been completed.

Paramedics should perform hand hygiene:

- after cleaning/decontamination of equipment and vehicles;
- after contact with blood, body fluids, secretions, excretions, or items known or likely to be contaminated with secretions;
- after direct patient contact;
- after using the bathroom or other personal body functions (e.g., sneezing, coughing);
- any time hands are visibly soiled;
- at the end of a shift;
- before and after handling food;
- before and after smoking;
- before cleaning and/or decontamination of equipment and vehicles;
- before touching one's face;
- before contact with the patient or their environment;
- before donning personal protective equipment (PPE);
- before entering the emergency department;
- before leaving the emergency department;
- before performing invasive procedures;
- immediately after removing gloves and personal protective equipment; and
- whenever there is doubt about the necessity to do so.

Gloves

Gloves are not used as a substitute for proper hand hygiene. Medical grade, non-latex, nonsterile gloves shall be worn when anticipating contact with blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin.

Paramedics should consider the following points with respect to glove use:

- gloves must cover the sleeve cuffs when a gown is worn;



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- gloves should be changed between patient care activities and procedures with the same patient after contact with materials that may contain high concentrations of microorganisms such as a BVM;
- gloves should never be washed or re-used;
- gloves should not be worn in the driver compartment of an ambulance to prevent contamination of surfaces and equipment;
- hand hygiene must be performed immediately after removing gloves; and
- the same pair of gloves must not be used for the care of more than one patient.

Gowns

Long-sleeved gowns are to be worn to provide a barrier between patient-owned items and the paramedic uniform. Gowns should be securely tied at the neck and waist and discarded in an appropriate waste receptacle as soon as the interaction is complete.

Masks

In a health care setting, surgical masks are considered appropriate to prevent transmission of viral respiratory infections that spread primarily by large droplets.

An N95 respirator is required when performing aerosol-generating medical procedures (AGMPs) on a person under investigation (PUI) for COVID-19. AGMP include tracheal intubation, non-invasive ventilation, cardiopulmonary resuscitation, manual ventilation.

Paramedics should consider the following points with respect to mask use:

- carefully remove the mask down and away from one's face, using the straps so as not to self-contaminate;
- change masks between each patient contact;
- change masks if crushed, wet, or contaminated by patient or one's secretions;
- don and doff the mask according to the manufacturer's instructions;
- perform hand hygiene after removal of the mask; and
- seal check particulate respirator mask with each use.
- masks shall not be stored in pant pockets etc as it causes deformity and effectiveness.

Protective eyewear

Protective eyewear or shield shall be worn to prevent exposure to the conjunctiva of the eyes from respiratory droplets that could possibly contain the virus.

Paramedics shall consider the following points with respect to eye protection:

- perform hand hygiene following the removal of protective eyewear;
- prescription eye glasses do not provide adequate protection;



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- protective eyewear must be removed carefully to prevent self-contamination;
- protective eyewear should be disposed after every use;
- use protective eyewear designed to be worn over prescription eye glasses; and
- use protective eyewear that does not impair vision and thereby interfere with patient care.

Care planning

Unstable*

All patients that fail the *ANB COVID-19 Screening Tool for Paramedic Services* or the *On-scene Paramedic Screening Tool for COVID-19*, and are deemed severe/critical, shall be transported to the most appropriate hospital. For transport destination, refer to ANB Protocol 2149-A (COVID-19 Bypass Directive). Appendix B

(*unstable meaning a person who is physiologically unstable as per paramedic assessment (i.e., difficulty breathing, abnormal level of consciousness, hemodynamic compromise, potential to deteriorate)

Stable

Regardless of the outcome of this tool, depending on the severity of the symptoms, and in concert with OLMC and ANB Policy 2149 (COVID-19 Treat & Release/Refer Policy) paramedics will determine whether transport or self-isolation is most appropriate. **Appendix A: COVID-19 Treat and Release/Refer Policy**

Refer to ANB Protocol 2149-A (COVID-19 Bypass Directives). Refer to Appendix B

Treatment Considerations

The following treatment considerations apply only to patients who have failed the *ANB COVID-19 Screening Tool for Paramedic Services* or the *On-scene Paramedic Screening Tool for COVID-19*.

These considerations are focused on enhancing paramedic safety by minimizing exposure to respiratory droplets generated from performing certain procedures and treatment, while still providing optimal patient care. If possible, the “supporting paramedic” should remain a **minimum distance of two (2) metres** from the person when reasonable to do so.

Note: these considerations do not represent a change to medical directives found in the current *ANB Policies and Procedures*. Any treatment considerations described in this document will not be considered a deviation (ANB Policy 2103) from protocol due to the extenuating circumstances involving COVID-19.

Paramedics should consider the following when applying medical directives to suspected, probable, and confirmed cases of COVID-19. The word “consider” indicates that a paramedic



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should provide care consistent with the context of the treatment considerations unless there is strong clinical rationale to do otherwise.

When transportation of a patient **who has failed** the ANB COVID-19 Screening Tool for Paramedic Services or the On-scene Paramedic Screening Tool for COVID-19 is required, careful, calculated and thoughtful consideration must be given to minimize the risk of potential paramedic, allied healthcare professionals and the general public contamination. Transportation of the patient will be coordinated through MCMC as there may be alternate means of transfer. i.e. PTU.

If transporting, and prior to loading the patient in the ambulance close the window that separates the driver and patient compartments (remains closed the entire time) and isolate as much gear in the ambulance as possible. During transport, avoid opening cabinets and drawers if possible and minimize the amount of touch points in the patient compartment to reduce unnecessary contamination.

During transport, vehicle ventilation in both compartments (patient and driver) should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.

Paramedics must ensure that their PPE remains intact throughout the extrication and transport of the patient (frequently checked and adjusted using safe practice). In addition, paramedics should ensure the reverse isolation of the patient remains in place (surgical mask over the patient's face). Slow, deliberate, well thought-out extrication techniques and limited amount of direct contact with the patient will reduce the risk of transmission. Keep the patient covered with linen and it is preferred to have the patient's hands and arms tucked in when possible, but ensure the patient is able to practice respiratory hygiene/cough etiquette and minimize the amount of conversation that occurs by the patient, short answers etc. and explain why this is necessary to reduce transmission of droplets.

After completing patient care and before entering an isolated driver's compartment, the driver (if required to don PPE for treatment and/or extrication) should safely disinfect their boots with approved wipes (**labelled, as a broad-spectrum virucide (SARS-CoV-2) are sufficient for COVID-19**) doff the PPE and perform hand hygiene. Again, ensure the window separating the patient compartment from the driver's compartment remains closed at all times.

As per ANB OHS Policy 7004 PERSONAL PROTECTIVE EQUIPMENT (PPE) / SAFETY EQUIPMENT *If accidental soiling of a paramedic's/Air Medical Crew uniform occurs during patient care, a gown should be placed over the uniform to prevent cross contamination of the driver's cab. A spare clean uniform shall be available in case of a soiled uniform.*

Following the evidence and direction from New Brunswick's Office of the Chief Medical Officer of Health, Dr. Tushar Pishe, New Brunswick's Provincial Medical Director, advises that the current



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recommendations state that N95 masks are only to be used if and when aerosolized generating interventions are required. These would include:

1. High flow oxygen;
2. Nebulized medication including Ventolin and Atrovent;
3. BVM with/without filter attached;
4. CPAP with/without filter attached;
5. i-Gel with/without filter attached;
6. Endotracheal intubation with/without filter attached;
7. Please note that nasopharyngeal swabbing is not considered an aerosol generating procedure.

In order to reduce your risk of exposure, Dr. Pische's direction is that you only perform these interventions **when you feel it is a life saving measure that cannot wait until arrival to an Emergency Department**. This is when the N95 mask is indicated. Otherwise, utilize the surgical/procedural mask and eye protection.

Oxygen

If low concentration oxygen delivery is required consider applying a surgical mask over a nasal cannula.

Salbutamol

For mild and moderate respiratory distress, consider withholding salbutamol unless respiratory distress becomes severe.

For severe respiratory distress, consider administering salbutamol using an MDI and spacer device. Administer salbutamol using a "tidal breathing" technique where the patient takes 5 normal breaths through the spacer device rather than a single deep breath with a breath hold.

Aerosolized administration of salbutamol has been removed as a treatment option and is to be avoided.

Endotracheal and tracheostomy suctioning

Consider withholding suctioning via an endotracheal or tracheostomy tube

Continuous positive airway pressure (CPAP)

Consider withholding CPAP in all circumstances.



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Croup

Consider withholding nebulized epinephrine in all circumstances.

Pre Arrival/Arrival at ED

Paramedics will notify Emergency Department (ED) Team Leader to establish pre-arrival instructions. **DO NOT remove the patient from the ambulance or take the patient into the ED until instructed to do so by the ED Team Leader or their designate.** Each hospital may have different policies and procedures in place, follow their lead.

The driver will don new PPE prior to removing the patient from the ambulance.

Once the transfer of patient care is completed at the hospital, the paramedics must remove soiled linen and place it in the appropriate dirty clothing bins and thoroughly clean/disinfect the stretcher and other gear. Ask the hospital staff about their procedures and locations to disinfect/clean this equipment. It is preferred to have this completed closest to the patient drop-off area if considerable travel is required through a hospital to minimize travelling through the facility with potentially contaminated gear and PPE. Some facilities will have the patient transfer area located close to the ambulance bay and will therefore allow you to leave the facility to begin the disinfecting/cleaning. Again, follow established hospital guidelines/procedures. **Avoid touching anything but the stretcher (doors, handles, others) in the hospital while wearing possibly contaminated PPE.**

Decontamination

Following every transport of suspected, probable, and confirmed cases, paramedics must decontaminate the vehicle, stretcher, and any re-usable equipment used during the call using the approved wipes. When cleaning the vehicle, paramedics should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.

Leave the rear/side doors of the ambulance open to allow time for the sufficient air changes to remove potentially infectious particles. It is preferred to have the ambulance outside, isolated from all other ambulances and personnel. Do not allow others to be around the ambulance. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.

Reminder that cleaning and disinfection of medical devices are **two separate steps**.

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces with blood and bodily fluids etc. prior to applying the approved disinfectant wipes



(labelled as a broad-spectrum virucide (SARS-CoV-2) are sufficient for COVID-19) is an efficient means of disinfection. Ensure adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.

Refer to ANB Policy 7013 Cleaning and Disinfection

Re-usable equipment and supplies should be cleaned and disinfected in accordance to ANB policies before reuse. Single-use disposable equipment and items that cannot be appropriately cleaned and disinfected should be discarded into a no-touch waste biohazard receptacle/bag and removed from the ambulance once cleaning is completed.

If a paramedic's uniform has been contaminated, it would be appropriate to be temporarily removed from service to shower and change into the clean spare uniform. Boots can be disinfected with the approved wipes (**labelled as a broad-spectrum virucide (SARS-CoV-2) are sufficient for COVID-19**) using appropriate PPE.

This is a living document and as such may have updates, changes or adjustments as new information is identified. Updated versions will be distributed at such time.

Thanks



Appendix A: Policy 2149 - COVID-19 Treat and Release/Refer



Province of New Brunswick
Provincial Medical Protocol, Policy and Procedure Manual



Policy number: 2149	Policy Title: COVID-19 Treat and Release/Refer	Type: Policy
Effective date: March 27, 2020		Last review date: March 27, 2020

1. Purpose

- 1.1. To inform paramedics of ‘no-transport’ procedures for suspected, probable, and confirmed COVID-19 cases in the out-of-hospital environment.
- 1.2. To describe the roles, responsibilities and expectations of paramedics, On-line medical consultation physicians (OLMC), 811 Telecare, Medical Communications Management Center (MCMC) and the public in relation to supporting self-isolation practices in the community.
- 1.3. To ensure safety of paramedics, other health care workers and the public by supporting self-isolation practices and therefore reducing the extent of COVID-19 transmission in New Brunswick communities and health care facilities.

2. Definitions

- 2.1. **Suspected case:** A person under investigation (PUI) with fever and/or acute respiratory illness who meets the exposure criteria for COVID-19 as determined by the OCMOH and for whom a laboratory test has been or is expected to be requested.
- 2.2. **Probable case:** A person with fever (over 38.0°C) and/or new onset of (or exacerbation of chronic) cough; who meets the COVID-19 exposure criteria, and in whom laboratory diagnosis of COVID-19 is not yet confirmed.
- 2.3. **Confirmed case:** A person with laboratory confirmation of infection with the virus that causes COVID-19 as performed at a reference laboratory (i.e., National Microbiology Laboratory or a provincial public health laboratory).
- 2.4. **Self-isolation:** The practice of a suspected, probable or confirmed COVID-19 case remaining in the person’s place of residence for 14 days, or until directed by the OCMOH, in attempt to reduce possible transmission of the virus to others in the community.
- 2.5. **Paramedic:** A person registered with the Paramedic Association of New Brunswick to practice emergency medical care in New Brunswick.

3. Policy

- 3.1. With the help of the screening tool, and in coordination with on-line medical consultation (OLMC), paramedics shall not transport any suspected, probable, or confirmed COVID-19 cases to hospital if they are physiologically stable and with no clinical signs predictive of imminent deterioration. These directives are in place to support self-isolation practices recommended by New Brunswick’s Chief Medical Officer of Health (OCMOH) and/or mandated by the Minister of Public Safety’s Declaration of a State of Emergency and Mandatory Order.



4. Procedure

- 4.1. Paramedics shall determine if any patients on scene have previously been identified as suspected, probable or confirmed COVID-19 cases.
- 4.2. For patients not previously screened, paramedics will determine if they meet exposure criteria using the On-scene Paramedic Screening Tool for COVID-19.
- 4.3. Following assessment, paramedics will determine if patients are physiologically stable and assess the relative risk of not transporting (concern for deterioration) compared to transporting to hospital (concern for viral transmission).
- 4.4. Paramedics shall consult with an OLMC physician if there is any uncertainty about any patient's physiological status (i.e., stable v. unstable), concern for deterioration, or disagreement between the patient and paramedics; OLMC physicians shall direct on-scene paramedics as required.
- 4.5. Paramedics shall educate all patients described in this policy about the benefits of remaining on self-isolation and risks of unnecessary transport to hospital.
- 4.6. Paramedics shall describe the options available to patients including the self-assessment tool on the Department of Health website, calling 811 if symptoms worsen or making an appointment with their family physician.
- 4.7. Paramedics are encouraged to show compassion and be diplomatic and respectful when discussing the implications of this policy with patients and should make every effort to empower patients to remain at home on self-isolation.
- 4.8. Paramedics shall ensure that all patients understand their expectations while on self-isolation and receive a Government of New Brunswick *How to Self-Isolate* information sheet before leaving the scene.
- 4.9. Paramedics will contact the MCMC Support Line (833-920-0789) to assist in the referral process.
- 4.10. Paramedics shall initiate and complete their PCR after removing and disposing of Personal Protective Equipment (PPE), disinfecting relevant equipment, performing hand hygiene, and leaving the scene.

Note: Due to the extenuating circumstances involving COVID-19 and the associated concern for infection control measures, paramedics will not be required to obtain signatures from patients for refusal forms. When prompted, paramedics shall write "COVID-19" for all patient signatures.

5. Application

- 5.1. This policy applies to all Ambulance New Brunswick paramedics involved in ground ambulance operations during the COVID-19 global pandemic

6. Monitoring

- 6.1. Since the current situation involving COVID-19 is rapidly evolving, this policy will be continuously monitored and updated as required to reflect best evidence-based recommendations and guidelines.

7. References

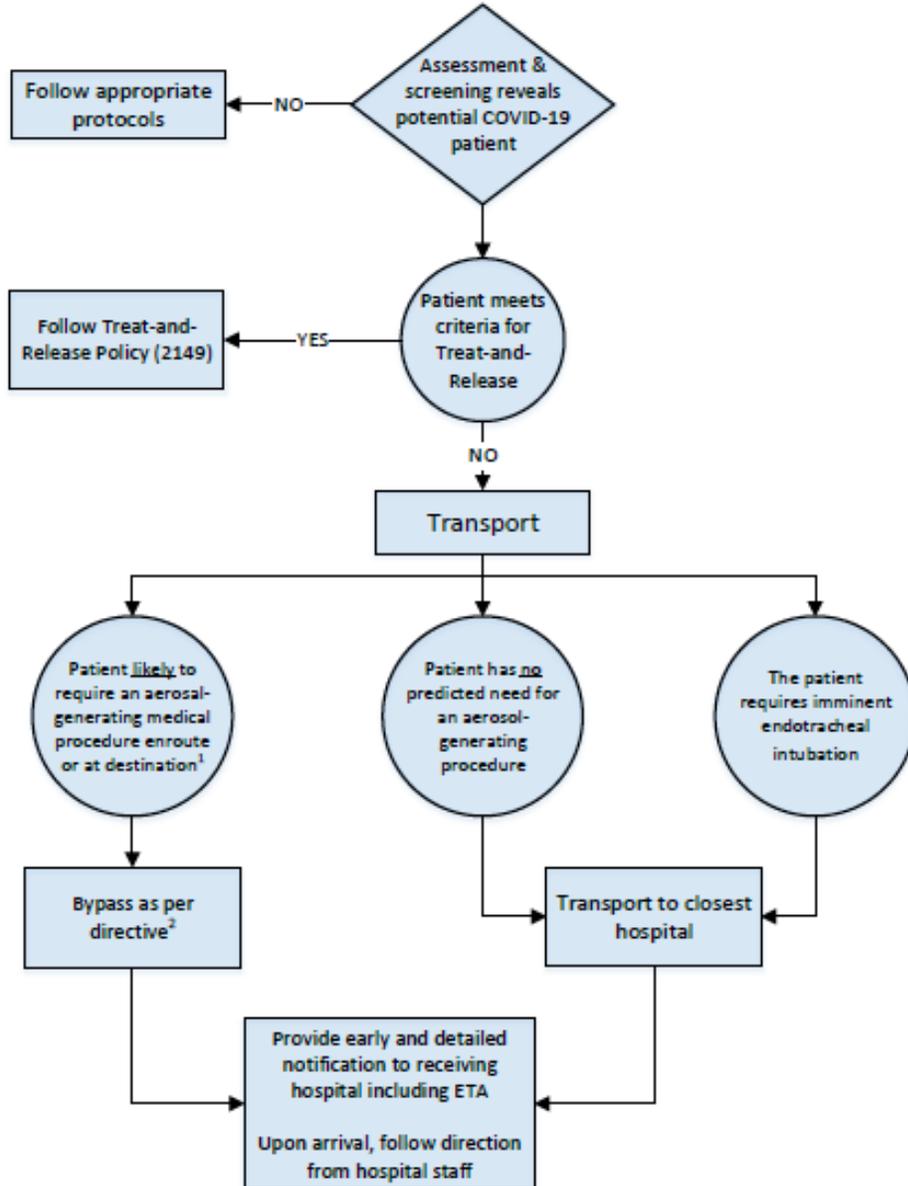
- www.GNB.ca
- www.WHO.int
- www.CDC.gov



Appendix B: Protocol 2149-4 - COVID-19 Bypass Directive



COVID-19 Bypass Directive	2149-A	Last Updated: March 27, 2020	Category: Transport	Page: 1 of 1
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¹ Aerosol generating medical procedures (AGMP):

- High-flow oxygen
- Nebulized medication
- CPAP
- Endotracheal intubation

² Bypass details:

- Sackville bypass to Moncton Hospital or Georges L. Dumont
- Oromocto bypass to Dr. Everett Chalmers Hospital
- Charlotte County bypass to Saint John Regional
- Sussex Health Centre bypass to Saint John Regional
- Hotel Dieu St. Joseph bypass to Upper River Valley Hospital



Appendix C: Paramedic Screening Tool for COVID-19

Note:

If MCMC has NOT indicated a presumptive case of COVID-19, but in your judgment, the patient's chief complaint or presentation alerts you to the possibility, one paramedic dons the appropriate PPE and proceeds to **Step A**.

If indicated by MCMC to expect a presumptive case of COVID-19, both paramedics should don their PPE prior to patient contact. In such a case, please proceed to **Step B**.

A.

- A person with fever (greater than 38°C) and/or new onset of (or exacerbation of chronic) cough

AND

- Who meets the COVID-19 exposure criteria¹

¹Exposure criteria: In the 14 days before onset of illness, a person who:

- Traveled outside of New Brunswick
- OR
- Had close contact with a confirmed or probable case of COVID-19
- OR
- Had close contact with a person with acute respiratory illness who has been to an affected area within 14 days prior to their illness onset
- OR
- Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Note: Factors that raise the index of suspicion should also be considered.

B.

- If the patient answers YES to the listed criteria, take the following steps:
 - Complete page two (reverse) of this form.
 - Use reverse-isolation by providing a mask to the patient.
 - Advise the patient that the paramedics will be taking additional precautions (PPE).
 - Notify MCMC that the patient has failed the on-scene paramedic-screening tool for COVID-19.
 - Cancel all co-response and responding agencies that are non-essential.

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- Regardless of the outcome of this tool, depending on the severity of the symptoms, and in concert with OLMC and DH policy 2149 (COVID-19 Treat & Release), paramedics will determine whether transport or self-isolation is most appropriate.
- The results of the screening tool shall be documented on the patient care report.

ADULT Age 17 and above	Mild	Moderate	Severe	Critical/Peri-Arrest
GCS	GCS 15	GCS 15	GCS 13-14	GCS less than 13
	AND	AND	OR	OR
Respiratory Rate	12-20	21-24	Greater than 24	Less or equal to 8
	AND	OR	OR	OR
O₂ saturation %	96 or above	94-95	92-93	91 or less
	AND	OR	OR	OR
Pulse Rate	51-110	111-130	Greater than 130	Absent radial pulse
Severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directive	Patient stays home and self-isolates for 14 days.	Patient stays home and self-isolates for 14 days or transports self to hospital. Call OLMC if in doubt.	Patient to be transported to hospital with appropriate pre-arrival notification.	Patient to be transported to hospital with appropriate pre-arrival notification.



Appendix D: How to Put ON and Take OFF Personal Protective Equipment (PPE)

HOW TO PUT ON AND TAKE OFF Personal Protective Equipment (PPE)

How to put on PPE (when all PPE items are needed)

Step 1
 - Identify hazards & manage risk. Gather the necessary PPE.
 - Plan where to put on & take off PPE.
 - Do you have a buddy? Mirror?
 - Do you know how you will deal with waste?



Step 2
 - Put on a gown.

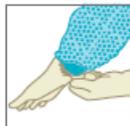


Step 3a **OR** **Step 3b**
 - Put on face shield. - Put on medical mask and eye protection (e.g. eye visor/goggles)




Note: If performing an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g. US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.

Step 4
 - Put on gloves (over cuff).



How to take off PPE

Step 1
 - Avoid contamination of self, others & the environment
 - Remove the most heavily contaminated items first

Remove gloves & gown
 - Peel off gown & gloves and roll inside, out
 - Dispose gloves and gown safely



Step 2
 - Perform hand hygiene



Step 3a
If wearing face shield:
 - Remove face shield from behind
 - Dispose of face shield safely



Step 3b
If wearing eye protection and mask:
 - Remove goggles from behind
 - Put goggles in a separate container for reprocessing
 - Remove mask from behind and dispose of safely



Step 4
 - Perform hand hygiene





Appendix E: How to Self-Isolate

How to Self-Isolate

You have been asked to isolate yourself because you might have been diagnosed with COVID-19 or you might be at risk of developing COVID-19. Self-isolation means staying at home and avoiding contact with other people to help prevent the spread of disease to others in your home and your community.

For the time period given to you by Public Health or your health care provider, it is expected that you take the following measures:

- Limit contact with others**
 - Do not leave home unless absolutely necessary, such as to seek medical care.
 - Do not go to school, work, other public areas or use public transportation (e.g., buses, taxis).
 - Avoid contact with individuals with chronic conditions, compromised immune systems and older adults.
- Keep your hands clean**
 - Wash your hands often with soap and water for at least 20 seconds, and dry with disposable paper towels or dry reusable towel, replacing it when it becomes wet.
 - Avoid touching your eyes, nose and mouth.
 - Cough/sneeze into the band of your arm, not your hand, or into a tissue. Dispose of tissues in a lined waste container.
- Avoid contaminating common items and surfaces:**
 - Do not share personal items with others, such as toothbrushes, towels, bed linen, utensils or electronic devices.
 - At least once daily, clean and disinfect surfaces that you touch often, like toilets, bedside tables, doorknobs, phones and television remotes.
 - Put the lid of the toilet down before flushing.

For the latest information visit: www.gnb.ca/coronavirus





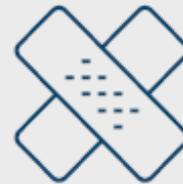
Monitor your symptoms daily:

- ☼ Monitor your health and symptoms daily (**fever, cough, and difficulty breathing**)
- ☼ Record your temperature daily.
- ☼ If you develop symptoms or your symptoms get worse, immediately contact Tele-care 811.



Care for yourself:

- ☼ Get some rest, eat a balanced diet and nutritious food, and stay hydrated with fluids like water.
- ☼ Stay in touch with family and friends by phone or computer.
- ☼ Make alternative work/study arrangements where possible.



If you start having symptoms isolate yourself from others as quickly as possible. Immediately CALL TELECARE-811. Describe your symptoms and travel history. They will provide advice on what you should do.

For the latest information visit: www.gnb.ca/coronavirus





Appendix F: Minimize Risk to you and your loved ones

MINIMIZE RISK TO YOU AND YOUR LOVED ONES		
Before Work	At Work	After Work
Remove Jewellery	Sanitize your phones, ID badges, eye glasses	Uniforms in a washable bag or launder uniforms at station Wear your own clothes home
Wear your own clothes to work Bring your clean uniforms	Sanitize your workspace, stethoscope and other equipment you use	Sanitize your phone, ID badge, eye glasses, stethoscope
Bring your lunch in a disposable bag	Hand hygiene before and after all patient interactions	Wipe down your work footwear and leave at work
Proper hand hygiene at all times	No handshakes or high fives	Shower at work or immediately upon arriving home
	Wear appropriate PPE as directed	Leave your outside shoes in the garage or outside front door
		Water bottles, food containers into the dishwasher or sink and clean Soiled uniforms in washable bag into washing machine
		Focus on a wellness activity for at least 1 hour per day