AIRBORNE PRECAUTION PPE

IT IS IMPORTANT THAT PARAMEDICS UTILIZE PPE APPROPRIATELY. THIS INCLUDES APPROPRIATE SEQUENCE OF DONNING AND DOFFING.

RESPIRATOR MASK is ONLY required for Aerosol Generating Medical Procedures

1. Sanitize your hands
2. Don a gown (tie up)
3. Don respirator mask
4. Don goggles
5. Don face shield
6. Don gloves

Surgical caps are not recommended by the CDC or the WHO as required pieces of Airborne PPE. Surgical caps may promote contamination of face and eyes if not utilized appropriately. They are traditionally used in surgery to protect the patient from infection, not the surgeon. If a paramedic chooses to Don an **OPTIONAL** surgical cap with **AIRBORNE PPE**, it must be issued by MLPS.

The Bouffant style cap should go on **OVER the mask, goggles and face shield** before donning gloves.

The tie-up style surgical cap should go on **OVER the mask and UNDER the goggles and face shield** before donning gloves. Ensure it is removed **PRIOR** to the mask when Doffing.

MLPS COVID-19 CARDIAC ARREST ALGORITHM

Written by MLPS Education and approved by MLPS Medical Director, as per COVID19 OBHG Guidelines and ACLS changes as recommended by Edelson et al. (2020)

OPS SUP ROLE:
Check Responder PPE
Deliver LUCAS
Direct additional responders if required

DON AIRBORNE PPE PRIOR TO PATIENT CONTACT

Do this together to ensure it is correctly applied and checked

REDUCE PROVIDER EXPOSURE
by limiting personnel on scene! Remove responders not required

CHECK DNR STATUS

If VALID DNR, only **PARAMEDIC ONE** will make contact and confirm death as per *BLS PCS DNR STANDARDS*

PARAMEDIC 1
ACP or PCP most confident with SGA insertion

PARAMEDIC 2
PCP most confident with defibrillation and tracking times

STEP 1: AT PATIENT CONTACT

APPLY FLO2MAX
at 8 L/min to the patients face without OPA/NPA

IF FIRE on scene: *Direct one Fire Fighter to hold a 2-handed mask seal and jaw thrust with BVM.* ***ENSURE FILTER IN PLACE.***

IF FIRE on scene: *Direct Fire Fighter to continue compressions at 30:2. Have them squeeze bag with* ***low tidal volume.***

RHYTHM ANALYSIS
(shock if VF/ VT)

PREPARE SGA

BVM-filter-ETCO2-extender-PEEP connected, tube tie under head, tape over suction port, syringe, lube tip.

BEGIN CPR

AND monitor clock for q2 min rhythm analysis with defibrillation if indicated.

STEP 2: INSERT SUPRAGLOTTIC

INSERT SGA

STOP CPR FOR INSERTION!
Insert in under 20 seconds. Can suction mouth if needed. Connect filter immediately. Instruct any responders not needed 6 ft away or out.

STOP CPR!

Count time of insertion out loud for Paramedic 1. Start ***10:1 CPR*** *when filter connected and cuff inflated. Will now perform* ***1-person*** *CPR & ventilation with SGA.*

IF NOT INDICATED, INEFFECTIVE, OR 2 FAILED ATTEMPTS:
Maintain TIGHT 2-handed mask seal & jaw thrust with BVM - ***ONE FIRE FIGHTER*** *may be required to assist if NO LUCAS available.* ***ACPs may CONSIDER INTUBATION at this point.***

STEP 3: CONTINUE CARE

As per current ALS PCS and BLS PCS Standards with COVID-19 considerations.
Rotate CPR and ventilations between Paramedic 2 and 1 Fire Fighter ONLY if not LUCAS available.

ACP CREW: Access and Drug Therapy
OR
PCP CREW: Ventilations

ENSURE HIGH QUALITY CPR and ventilation 10:1 and perform **q2 min rhythm analysis**

APPLY THE LUCAS WHEN AVAILABLE AFTER SGA INSERTED

Remember mandatory patch points for TOR prior to extrication!