## 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



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)

IF FIRE on scene:

Direct Fire Fighter to

continue compressions at

30:2. Have them squeeze

bag with low tidal volume.

### **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

**PARAMEDIC 2** 

PCP most confident

with defibrillation and

## PARAMEDIC 1

**ACP or PCP most** confident with SGA insertion

**APPLY FLO2MAX** 

at 8 L/min to the

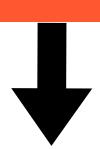
patients face

## **CHECK DNR STATUS**

If VALID DNR, only PARAMEDIC ONE will make contact and



confirm death as per BLS PCS DNR STANDARDS



## STEP 1:

IF FIRE on scene: Direct

one Fire Fighter to hold

jaw thrust with BVM.

a 2-handed mask seal and

ENSURE FILTER IN PLACE.

# tracking times

# **ANALYSIS**

(shock if VF/VT)



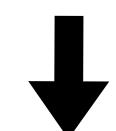
BVM-filter-ETCO2-extender-PEEP connected, tube tie under head, tape over suction port, syringe, lube tip.

PREPARE SGA

## **STEP 2:**

INSERT SUPRAGLOTTIC—>

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.

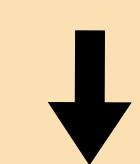


## **STEP 3:**

## **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.



## **BEGIN CPR**

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

## **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.

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

## **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.

**ACP CREW:** Access and Drug Therapy OR

**PCP CREW:** 

Ventilations

APPLY THE LUCAS WHEN AVAILABLE AFTER SGA INSERTED



