Protocol
M-18

SECTION: M-18

PROTOCOL TITLE: Suspected Infectious Disease

REVISED: 03/26/2020

SUSPECTED INFECTIOUS DISEASE

GENERAL COMMENTS: *This is a supplemental protocol for patients, who either as their primary complaint or as an additional consideration, may have a suspected infectious disease that poses a greater than casual risk of contagion. Examples include Influenzas, Coronavirus, C-Diff, Ebola, and other organisms requiring contact, droplet, or airborne precautions.*

BLS SPECIFIC CARE: *See Adult General Medical Care Protocol M-01*

No patient should be denied essential care based on their suspected infection. Care may be modified, adjusted and altered.
All patients require at least baseline vitals and initial assessment.

- Initial assessment can be performed at > 6 feet until basic recommended PPE is donned.
- A mask (surgical or otherwise) to reduce droplet distribution should be applied to the patient.
- Consider open space/air environment to complete the assessment if conditions permit.
- After PPE is donned, a baseline set of vitals should be obtained to include SPO2.

"Stable" patients may be ambulated at their baseline.

- See definition of "stable"

EMS providers may perform POC testing (i.e. swabs, etc) *if trained, available, and approved.*

EMS providers may perform IM/SQ vaccinations *if trained, available, and approved.*

EMS Providers may perform situation specific screening based on medical director guidance *if trained, available, and approved.*

AEMT/OM CARE: *See Adult General Medical Care Protocol M-01*

Advanced airway procedures, such as CPAP and intubation, may be altered or deferred based on the clinical situation at hand.

ALS SPECIFIC CARE: *See Adult General Medical Care Protocol M-01*

ALS providers may perform an infectious disease-specific screening on stable patients for treat and release or alternative deposition *if trained, available, and approved.*

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SUSPECTED INFECTIOUS DISEASE

Physician Pearls

Aerosolizing procedures should be avoided in stable patients. If the patient is unstable, it should be deferred until appropriate PPE is donned. Aerosolizing procedures should be performed in an open environment if possible. This includes:

- **High Flow O2** via mask or NC
    - Normal flow NC (< 2 LPM) is not considered aerosolizing.
- CPAP
- Nebulized medications
- Open suction

Some Aerosolizing procedures cannot be deferred, such as CPR and non-invasive positive pressure ventilation (i.e. BVM). In these cases, one fully protected provider should initiate care while other providers don PPE. Providers in close contact (< 6 feet) should be limited as much as possible for the given clinical situation.

"Stable" is a fluid definition. No patient can be judged stable without a minimum assessment. This minimum assessment includes:

- Visual assessment: May be performed visually at > 6 feet until PPE is donned.
    - Fully alert, oriented, and calm
    - No respiratory distress. Breathing at a normal rate, volume, and effort.
    - Speaking without significant effort
    - Able to mobilize at baseline.
- Lung Sounds
    - Clear, without wheezes, without rhonchi.
    - Non-Labored.
- Neurological /Mental assessment
    - Fully alert, oriented at baseline.
    - No signs of stroke, no acute changes
    - No signs of head injury
    - Able to ambulate easily at baseline.
- Vital Signs
    - SPO2: Unsupported (without O2) SPO2 > 92%
    - HR: < 110/minute or age appropriate rate for children < 14
    - RR: 10-20 / Minute or age appropriate rate for children < 14
    - SBP > 90 mm Hg age appropriate SBP for children < 14
    - Temperature 95 – 102 F.
        - Fever is defined as a temperature < 100.4
        - A fever without other symptoms (like altered LOC or seizures) and **less than 102** is considered acceptable **for this protocol.**