



**Update from Medical Directors regarding COVID-19 and Personal Protective Equipment**

October 22, 2020

As we progress toward winter, we continue to evaluate the impacts of COVID as they relate to patient care and provider safety. Although the number of cases in our region has increased over the past several weeks, the largest increases have occurred among younger persons for whom serious illness typically does not occur. Consequently, EMS is involved in just a handful of COVID cases (< 5 per day across all of King County) compared to two dozen or more calls daily back in the spring. Many of the current patients with COVID are often already aware of their diagnosis. Thus, the risk profile has changed over time.

There is also increasing evidence about strategies that safely align personal protective equipment (PPE) with transmission risk. Encounters can be stratified to higher risk versus lower risk and in turn inform the best use of PPE. For higher risk encounters, EMS should continue to don full N-95 Mask, Eyewear, Gloves, and Gown (MEGG). However, for lower risk encounters, PPE consisting of a Surgical Mask, Eyewear, and Gloves achieves comparable protection against COVID transmission when compared to full MEGG. The recommendation for this tiered approach to PPE use is endorsed by regional Public Health and the CDC as part of our contingency approach to managing care during the COVID pandemic. Moreover, the tiered approach is the proven standard among leading hospitals in our region. Thus, we are now recommending a tiered approach to PPE by EMS in Seattle and King County.

Higher-risk encounters require conventional full MEGG to include N95 mask, Eyewear, Gloves and Gown.

Higher risk encounters include any of the following:

1. Patients at specific locations such as skilled nursing facilities or other supported living settings (adult family homes, homeless shelters, or other institutional circumstances such as jails or detention centers).
2. Patients with respiratory, febrile, or other infectious syndromes (acute illness with fever, respiratory, or flu-like symptoms).
3. Patients with reported COVID infection or exposure.
4. Patients who require aerosolizing procedures as part of care regardless of their likely diagnosis or location. These procedures can potentially increase the risk of transmission. These procedures include any of the following: bag mask ventilation, oxygen treatment with >4 liters per minute, nebulizer treatment, CPR, positive pressure ventilation (CPAP), or intubation.

For lower-risk calls, EMS provider should use Surgical Mask, Eyewear, and Gloves for PPE.

Key practices continue to be placing a surgical mask on the patient whenever feasible regardless of higher vs lower risk, providing care in a well-ventilated or outside setting, and limiting the number of providers who interact in circumstances with stable patients requiring only BLS.

The goal of this tiered approach to PPE follows common sense operations based on the current scientific understanding of transmission. The aims of this change are to enable more nimble patient care that will achieve provider safety while assuring PPE supplies. We will continue to monitor our own system encounters and outcomes of COVID, integrate the scientific developments related to COVID, and consult with experts across the region to assure we provide the most effective strategies. Your efforts to assure EMS excellence during COVID pandemic have been well-recognized around the world. Thank you for your ongoing dedication to patient care.