CMG 45 – SUSPECTED OR CONFIRMED COVID-19 PATIENTS – Section a) case definition

(11 October 2021) Version 3.3

This guideline is to be used in conjunction with the Operation Work Instruction (OWI) 'Response to suspect COVID- 19 case'.

If you are concerned about a potential personal exposure, inform your Duty Officer (Operations)

COVID-19 *symptom criteria*

Fever (≥37.5^{O}C) or history of fever (e.g. night sweat, chills, fatigue, headache) **OR**

Sudden onset of loss of sense of smell or taste **OR**

Acute respiratory infection (e.g. cough, sore throat, runny nose)

COVID-19 *epidemiological criteria*

Laboratory confirmed COVID-19 cases **OR**

Close contacts of confirmed or suspected COVID-19 cases within 14 days of contact **OR**

People who have been in a setting where there is a COVID-19 case (exposure site) **OR**

Healthcare, aged or residential care workers with COVID-19 contact irrespective of travel or contact history **OR**

International border staff **OR**

Air and maritime crew **OR**

COVID-19 quarantine and isolation service workers **OR**

Returning travellers to the ACT, with arrival within 14 days

Vaccinated and COVID-19 "recovered" patients

Continue COVID-19 specific management for vaccinated and "recovered" patients who meet the above Symptom Criteria and/or Epidemiological Criteria

Vaccinated patients who develop other flu like symptoms, that are severe, or last longer than 48 hours after vaccination should be assessed and managed as meeting Symptom Criteria

Vaccinated patients who develop a fever within 48 hours of vaccination and meet at least one Epidemiological Criteria in the 14 days prior to illness onset should be assessed and managed as meeting Symptom Criteria

PPE		
ICP	Based off MDT information, if the patient sounds non-critical, perform a 'doorstep' assessment to ascertain if anyone on scene is symptomatic or has been potentially exposed. Don PPE as outlined in the OWI.	**AP**
ICP	Place an appropriate face mask on the patient ASAP.	**AP**
ICP	Face-shields, goggles and P2 mask must be donned when performing and assisting in aerosol generating procedures (e.g. advanced airway, suction, CPR, etc.)	**AP**
ICP	Possible accidental exposure: refer to staff exposure flow chart.	**AP**

Transport Considerations		
ICP	Only transport to ED if the patient is clinically unwell and requires hospital level management.	**AP**
ICP	In suspected COVID-19 cases (not requiring transport to ED), private or public transport is appropriate for them to attend an alternative testing facility. Provide them with a surgical mask.	**AP**
ICP	Confirmed COVID-19 cases must not use public transport, and encouraging private transport is essential if they require a GP or specialist medical assessment or management.	**AP**
ICP	Transport to closest ED and early notification of triage via radio (ensure you comply with the standard patient destination guideline for types of cases you may still divert to TCH with e.g.: STEMI).	**AP**

IMPORTANT

The following changes to normal patient management should be considered only if the patient meets symptom or epidemiological criteria

Risk Assessment

A patient risk assessment should be performed to ascertain if a patient is presenting with pathophysiology other than COVID-19 despite meeting criteria. E.g. SOB patient with APO and chest pain, and no other criteria.

Consider if the benefit of treating the patient with normal management outweighs the risk.

ICP	During airway manoeuvres, a maximum of two paramedics to be within 1.5m of the airway.	**AP**
ICP	A surgical mask should be placed under Hudson, NRB and BVM masks, and over nasal prongs.	**AP**
ICP	Restrict oxygen therapy to cases where Sp02 is <90% or where otherwise clinically indicated.	**AP**
ICP	To spontaneously breathing patients, apply the LOWEST FLOW oxygen possible which achieves an SpO2 of >90%	**AP**
ICP	CPAP is contraindicated	**AP**
ICP	In place of CPAP, passive oxygenation with BVM with a PEEP valve and filter is appropriate but IPPV should only occur if the patient becomes apnoeic.	**AP**
ICP	When IPPV is clinically indicated, LMA placement is preferred. A two handed V-E grip should be used with BVM until LMA is placed.	**AP**
ICP	Aim to sit the patient 45^{O} up to reduce airway pressure which reduces the risk of breaking the LMA/mask seal.	**AP**
ICP	During cardiac arrest, LMA placement should be prioritised over all other management except compressions and defibrillation.	**AP**
ICP	When providing assisted ventilations via an advanced airway, use minimal pressure on the bag to not break the seal.	**AP**

ICP	RSI of the suspected or confirmed COVID-19 patient is contraindicated if Suxamethonium is contraindicated.
ICP	Each additional attempt of intubation dramatically increases the risk of contamination. If intubation is assessed as difficult, strongly consider alternative airway adjuncts.
ICP	All attempts should be made to intubate outside of enclosed areas, such as the back of the ambulance.
ICP	No apnoeic oxygenation via nasal prongs.
ICP	In cardiac arrest cases, intubation should only occur if ROSC is achieved and only if absolutely necessary.