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|              | <b>WASHINGTON COUNTY EMERGENCY MEDICAL SERVICES</b> |  |                         |                 |
|   | <b>EMS Clinical Notification</b>                    |  |                         |                 |
| EFFECTIVE DATE:<br>January 10, 2022   | NUMBER:<br>011022-ADM                               | TYPE:<br>Clinical Guideline                                | REPLACES:<br>032420-ADM | PAGE:<br>1 OF 2 |
| ENTER NAME/TITLE HERE (signature on line below):<br><br><b>DR. RITU SAHNI, MD, MPH, FAEMS</b> |   | TITLE:<br><br><b>UPDATED PPE AND MASK REUSE GUIDELINES</b> |                         |                 |

Hello!

As we enter the third year of the COVID-19 pandemic, new knowledge as well as the recent omicron surge have caused us to re-evaluate and simplify the personal protective equipment (PPE) guidelines. The focus is to maintain provider safety while attempting to optimize patient care. The main factors that led to this change are:

- 1 – Significant evidence that shows that transmission via surface fomites is extremely unlikely.
- 2 - The characteristics of the omicron variant of the SARS-COV-2 virus. Including:
  - a. Ease of transmission
  - b. Large regional prevalence

PPE:

**On all EMS calls, the following is the MINIMUM required PPE:**

- N95 mask
- Proper eye protection
- Gloves

Gowns are now optional, including in cardiac arrest or other resuscitations.

A mask must be replaced after the following:

- The patient is known to have COVID-19
- The patient has symptoms that are concerning for COVID-19, including:
  - o Fever
  - o Shortness of breath, respiratory distress, cough or other resp complaint.
  - o Lost of sense of taste or smell
- An aerosol generating procedure is performed, including:
  - o Intubation or cricothyrotomy
  - o Non-invasive ventilation (BVM, BiPAP, CPAP)
  - o Medication administration via continuous nebulizer
  - o Cardiac arrest management
- The end of the shift



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