

From: [Theron Becker](#)
To: [CMHEMS](#)
Subject: daily status update
Date: Sunday, March 29, 2020 6:14:06 PM
Attachments: [Evidence available for guidance in patients who are experiencing respiratory distress.docx](#)

We got some excellent advice from the regional medical directors today as it relates to airway and ventilation risks. See the attached if you want all the details, but here is my summary:

- Dr. Brandt and Dr. Lewis recommend EMS wear the following PPE in order of importance (most to least):
 - N95 (minimum of a surgical mask),
 - Face shield (minimum of eye protection),
 - Gloves, and
 - Fluid-impermeable suit
- Dr. Brandt and Dr. Lewis recommend the following patient care treatments:
 - Patient in respiratory distress:
 - NRB with a surgical mask over the exhaust ports.
 - Do NOT do CPAP or BiPAP.
 - Patient in respiratory arrest:
 - Supraglottic airway with inline exhalation filter to BVM.
 - High-volume, filtered exhaust suction in or near the patient's mouth.
 - Keep the patient in a well-ventilated environment (outside or with windows down).
 - Endotracheal intubation is discouraged.
- Listed from the lowest risk of viral spread to highest risk:
 - Surgical mask
 - CPAP
 - BVM (Filtering the exhaled air "might" reduce this risk)
 - Simple mask (NRB "might reduce this risk)
- In 2003, physicians who intubated SARS patients were at a 13 times higher risk of developing SARS. Filtering the exhaled air "might" reduce this risk.

I've been working all day on protocol updates to get ready for our new medical director and new recommendations, such as those above. I've been waiting for the above to be released (just a few minutes ago) to send out today's status report. Tomorrow, I'll turn the above (in addition to other guidance) into a new protocol for us.

In the meantime, take a look at the new protocol format: <http://ozarksems.com/protocol-2-924.php>. Don't get too click-happy, there are a lot of pages still broken, but almost all of the backbone is built.

As reported yesterday, the Missouri State Lab can now do COVID testing for first responders with a turnaround of 24 hours. In fact, last night, we had one of our own tested and the negative results came back this morning (about 12 hours turnaround). This is great news.

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Provide safe, exceptional, and compassionate care
to our communities with an emphasis on
highly trained and empowered staff.