WMRMCC
West Michigan Regional Medical Control Consortium

COVID-19 Update *March 28th, 2020*

UPDATES

The WMRMCC updates are now being posted to the www.wmrmcc.org website. There is a new toggle button at the top of the page for the COVID updates. We will use this as a location for regionally applicable documents.

PSAP & EMD Screening Process:

Nothing new from yesterday. (See the website for these updates)

Regional Emergency Protocol

A new version of the Emergency Protocol is being Reviewed by the Medical Directors and will be ready for adoption by Monday afternoon. Draft versions are not being shared out broadly to avoid any miscommunication. Expect to see a new version late Monday.

Regional Unified Incident Command

The Region 6 MCC has Regional Public Health, Regional Emergency Management, Regional Volunteer Programs, Regional EMS, Regional Community Health Partners (Long term care, assisted living, etc.) and Regional MCA participation. These folks have been coming into the Region 6 office and joining by TEAMS meetings daily. While local jurisdictions continue to work extremely well internally, the Regional involvement and coordination is taking place to support local efforts.
The Regional Health Care Coalition is focused on gaining situation awareness, condensing and sharing out that situational awareness, being a conduit for messaging and coordination, supporting logistics and distribution of PPE and being a bridge between needs and resources.

Exposures – Fitness for Work and Return to Work:

Regionally, there has been a lot of discussion about how to manage employee exposure and return to work. The topic is confusing and there are different documents which apply to different situations. When we reach widespread community transmission, and there is a shortage of staff due to quarantine or exposure, there will need to have adjusted guidelines for fitness for work and return to work. Attached at the end of this document is a guidance chart drawn from the CDC guidance which applies in areas without widespread community transmission. This guidance is for reference and is not the only way to screen. Consult with your specific MCA if you need further direction.
Each MCA can designate the process used within their MCA according to the Health Department determination and guidance. The process used is expected to change as the situation changes.

Exposures – Follow-up of Results

Make sure your MCA, EMS agencies and hospitals have developed a process for communicating positive tests back to public safety agencies when patients treated by EMS are confirmed as positives. The best course for EMS is to assume that patients are positive and behave accordingly to avoid exposure. Follow the 6-foot rule, wash your hands often, and adhere to the PPE guidance.

WMRMCC
West Michigan Regional Medical Control Consortium

COVID-19 Update *March 28th, 2020*

PPE – SNS and Extreme Conservation Mode

If there is an urgent need for PPE, reach out to the R6MCC – 855-734-6622 to explain the circumstances and the need.

We should all be in "Extreme Conservation Mode" when using PPE. There is guidance on the reuse of PPE and strategies for cleaning PPE or cycling PPE. Please take the time to get up to speed on how to optimize PPE use. (Abridged version of CDC PPE Guidance)

Proximity to Patient	Facemask or Respirator Determination	
	Patient wearing mask for entire encounter	Patient NOT wearing mask or removed during treatment
Greater than 6 feet from a symptomatic patient	Unnecessary personnel should not enter patient care area, no respirator or facemask required	Unnecessary personnel should not enter patient care area, no respirator or facemask required
Between 3 and 6 feet of a symptomatic patient	If personnel must be in this area, facemask required	If personnel must be in this area, facemask required
Within 3 feet, including direct patient care	Facemask	Respirator required
Present within 6 feet (or in the same room) when patient receives aerosol generating procedure (CPR, BVM, Nebulizer, etc.)	Respirator required	Respirator required

LTV Ventilators

EMS personnel transporting COVID (or any respiratory infection) patients using a ventilator (LTV or other) should make certain that the HEPA filter is attached to the exhalation port.

Cardiac Arrest with COVID

The Emergency COVID cardiac arrest protocol is expected to go into effect Monday afternoon. A final version will be shared out at that time. In the meantime, if you encounter this situation, follow the emergency protocol steps (avoid intubation) as you contact online medical control for guidance.

Telemedicine – NOT IN EFFECT YET

We are working on the structure to implement telemedicine and will be implementing the state Telemedicine protocol when the structure is in place and education has occurred.

WMRMCC
West Michigan Regional Medical Control Consortium

COVID-19 Update *March 28th, 2020*

Daily EMS Agency Reporting

Reminder: Transporting EMS agencies must update EMResource at 10AM each day.
Example: Staffing 100% 03/18/2020, 2 units available. Expect an EMResource reporting event this coming week. More on that in a few days.
We should consider requiring daily PPE reporting as well, per attachment

EMResource

EMResource is currently being used as a mechanism to collect status information on some key partners, but not all. The program is also used as a mechanism to communicate messages out from the Healthcare Coalitions and partners to their members. The state is planning to scale the use of EMResource and EMTrack up to include non-transport agencies, public health and some labs. More to follow on this.

Future State Planning

There is a lot of planning occurring. No new updates for now.

Hospital Notifications:

Unchanged from March 19th. Please continue to notify ED's by both EMTrack and MedCom reports for ***all screened positive patients regardless of chief complaint***. Reports should include all signs and symptoms that the patients are experiencing.

Public Health State Information – COVID

28 March 2020 as of 0800
Public Health Update

- 87 COVID-19 cases in Region 6
  - Kent = 45
  - Ottawa = 21
  - Muskegon = 6
  - Isabella = 4
  - Montcalm = 3
  - Ionia = 2
  - Newaygo = 2
  - Clare = 1
  - Mecosta = 1
  - Oceana = 1
  - Osceola = 1
- 4 COVID-19 deaths in Region 6
  - Muskegon = 2 (78 year-old male, 83 year-old male)
  - Kent = 1 (71 year-old male)
  - Mecosta = 1 (82 year-old male)
- MDHHS updates statewide numbers on their website at 1500 daily
  - 3,657 COVID-19 cases, 92 COVID-19 deaths in Michigan (as of 1500 on 27 March)
- MDHHS changed the way they are reporting data on their website

- MHHHS has also been sharing a list of hospitals with drive through testing sites
- Processing of testing specimens is aligned with the priority testing criteria. At present, turnaround times range from 1 to 7 days depending on which criteria the test meets. Processing may be delayed if incomplete paperwork accompanies the test specimen.

Local health departments continue to:

- Conduct investigations to identify and quarantine or isolate close contacts of positive cases;
- Follow-up on travelers referred from airport quarantine stations for monitoring;
- Educate on the importance of following community mitigation orders;
- Field inquiries and requests for guidance on a variety of COVID-19 issues;
- Process resource requests through Emergency Managers for partners not otherwise affiliated with the Healthcare Coalition; and
- Partner with healthcare, emergency responders and human service agencies to coordinate response efforts

I think I've been exposed to COVID-19 infographic
https://www.michigan.gov/documents/coronavirus/Person_Exposure_Final_3-25-2020_684832_7.pdf

Dori Peters _ Regional Public Health Rep to the R6 - MCC

Emergency Management Update:

Nothing new to report.

Regional EMS

EMS report: normal operations currently. EMS agencies are reporting normal staffing. 9-1-1 volume seems to be down. EMS agencies are following the emergency COVID protocol and MCA recommendations. Reviewing the number of vent transfers being done and looking at how to increase vents at hospitals, where possible.

Regional Long-Term Care/Community Health Partners

Regional long-term care facilities are maintaining and trying to keep up with the many requirements and guidance documents. EMS providers are asked to make sure they take care to protect residents within these facilities as much as possible. Wash your hands, wear proper PPE, maintain social distancing and work with facility staff to meet their requirements.

Region 6 Healthcare Coalition

Added to the report. SNS PPE supplies received are being distributed. MCC is fully activated with participation from the Regional IMT, Community Healthcare Provider WG, Public Health, Emergency Management, MCA's, Hospitals, MRC and CERT volunteers, and Regional EMS.

WMRMCC
West Michigan Regional Medical Control Consortium

COVID-19 Update *March 28th, 2020*

Temporary EMS Provider Licensing

https://content.govdelivery.com/attachments/MIDHHS/2020/03/24/file_attachments/1409732/Temporary%20EMS%20Provider%20Licensing%20Memo.pdf

Additional Information:

We would also suggest that you regularly check the following locations to keep abreast of future developments:

CDC Coronavirus (general information): click here
MDHHS COVID-19 website: click here
Kent County Health Department COVID-19 website: click here
Ottawa County Health Department: click here
John Hopkins worldwide status report: click here

Please note that this update is an attempt to keep providers up-to-date and does not imply a formal policy or procedure except where expressly stated. While we are striving for 100% accuracy, things are changing very quickly. We ask for your patience.

Thank you for all you do!

WMRMCC
West Michigan Regional Medical Control Consortium

COVID-19 Update *March 28th, 2020*

Exposure Level Matrix Ver. 1(as of 03/24/2020)

Risk Factors	Exposure Category	Monitor Type (14 days after last potential exposure)	Work Restrictions
Prolonged Close Contact with Positive COVID-19 or +Screening **wearing Source Control**			
HCP PPE: None	Medium	Active	14 Day Quarantine
HCP PPE: Not wearing facemask or respirator	Medium	Active	14 Day Quarantine
HCP PPE: Not wearing eye protection	Low	Self Monitor with Supervision	None
HCP PPE: Not wearing gown/tyvek/gloves	Low	Self Monitor with Supervision	None
HCP PPE: Not wearing gown/tyvek/gloves and extensive physical contact with patient	Medium	Self Monitor with Supervision	14 Day Quarantine
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self Monitor with Supervision	None
HCP PPE: All recommended PPE and Respirator	None	None	None
Prolonged Close Contact with Positive COVID-19 or +Screening **not wearing Source Control**			
HCP PPE: None	High	Active	14 Day Quarantine
HCP PPE: Not wearing facemask or respirator	High	Active	14 Day Quarantine
HCP PPE: Not wearing facemask or respirator and in room during aerosol generating care (no close contact)	High	Active	14 Day Quarantine
HCP PPE: Not wearing eye protection	Medium	Active	14 Day Quarantine
HCP PPE: Not wearing eye protection and extensive physical contact with patient.	High	Active	14 Day Quarantine

HCP PPE: Not wearing gown/tyvek/gloves	Low	Self Monitor with Supervision	None
HCP PPE: Not wearing gown/tyvek/gloves and extensive physical contact with patient	Medium	Active	14 Day Quarantine
HCP PPE: Not wearing gown/tyvek/gloves and aerosol generating care	Medium	Active	14 Day Quarantine
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self Monitor with Supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) and aerosol generating care	Medium	Active	14 Day Quarantine
HCP PPE: All recommended PPE and Respirator	None	None	None

CDC Definitions

Close Contact	Within 6 feet of patient
Prolonged Contact	Contact for greater than a few minutes
Source Control	Putting a surgical mask on the patient or capturing exhilation from items such as BVM's to control spreading infected droplets
Facemask	The surgical mask typically used for patient source control; only used if proper respiratory PPE unavailable
HCP	Healthcare Provider
PPE	Personal Protective Equipment
Active Monitoring	Monitored daily by local public health for the development of signs and symptoms
Self-Monitoring	Daily check of symptoms, regardless of exposure (All employees doing this, effective immediately)
Self Monitor with Supervision	Daily monitoring reported to internal infection control supervisor
Quarantine	Not allowed to work for at least 14 days from most recent exposure and remain symptom-free
Extensive Patient Contact	Patient care such as rolling the patient

COVID-19 Update *March 28th, 2020*

Aerosol Generating Care	Cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction
Infection Control Supervisor	

If **ANY** symptoms (Temperature 100.4°f or higher, Cough, Sore Throat, Difficulty Breathing/ Shortness of Breath, Muscle Aches/ Headache, Abdominal Discomfort, Vomiting, Diarrhea) develop during active or any self monitoring period, employee should immediately self-isolate (separate themselves from others) and notify their infection control supervisor. Infection control supervisor should contact Medical Control.

If staffing becomes an issue from quarantining for medium and high exposures, the CDC gives provisions to allow exposed HCP to continue to work if they remain without symptoms. If this option becomes used, supervised monitoring will be completed at work daily in addition to at home. If the HCP becomes symptomatic, they shall immediately place a surgical mask on themselves and notify their shift supervisor and infection control supervisor.

Return to work from Quarantine-HCP Remained Asymptomatic:	HCP may return to normal duties if HCP remains asymptomatic and once quarantine period has completed
Return to work after employee has been symptomatic:	HCP may return back to work when: at least 3 days (72 hours) have passed since *recovery* (defined as resolution of fever without the use of fever-reducing medications) and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 7 days have passed since symptoms first appeared