Coronavirus Disease (COVID-19)

Adopting MCAs will have an "X" under their MCA name. If no "X" is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
X	*X*	*X*	*X*	*X*	*X*	*X*
Montcalm	**Muskegon**	**N. Central**	**Newaygo**	**Oceana**	**Ottawa**	
X	*X*	*X*	*X*	*X*	*X*	

Purpose: This is an emergency protocol to guide EMS response to patients who are at risk for coronavirus disease (COVID-19).

PSAP/EMD Focused Caller Screening

1. This protocol is intended to augment, not replace, current approved EMD protocols.
2. Requests for EMS should be screened for risks for coronavirus disease (COVID-19):
    a. Respiratory distress and/or cough AND Fever
    b. Those calls who screen positive for both of the above, or any other complaint where caller reports patient is under public health monitoring for coronavirus disease, will be treated as a positive screening for potential coronavirus disease (COVID-19) and responding EMS should be advised "patient screens for respiratory illness, don airborne precautions."

Response

1. Priority one* and two responses who screen for potential coronavirus disease (COVID-19):
    a. Normal agency response
    b. First unit on scene:
        i. Initial responder(s) enter at minimum level of personnel (if non-transporting and transporting units arrive at the same time, transporting personnel enter scene wearing appropriate PPE, while non-transporting personnel provide support as needed).
        ii. After initial assessment, personnel who have made patient contact request additional (specific) resources, as indicated.
2. Priority three** patients who screen for possible coronavirus disease (COVID-19):
    a. Initial response by transporting agency ONLY, unless transporting agency delayed by more than 30 minutes.
    b. Transporting personnel make contact wearing appropriate PPE.

   c. After initial assessment, if more resources are needed, personnel request specific necessary resources (e.g., lift assist).
3. Responses to health facilities (those with licensed health care staff present) with a patient who screens positive for possible COVID-19:
   a. Initial response by transporting agency only.
   b. Minimal personnel enter the scene and assess the patient.
   c. After initial assessment, if more resources are needed, personnel request specific necessary resources.

*Priority one includes patients with potential life-threatening emergencies including, but not limited to, shortness of breath, chest pain, and/or altered mental status.
**Priority three includes patient with fever and cough but without other priority one symptoms.

Personal Protective Equipment (PPE)

1. If EMD call-takers advise that the patient screens positive for potential coronavirus disease, responders should put on appropriate Personal Protective Equipment (PPE) **BEFORE** entering the scene.
2. Responders should exercise appropriate precautions when responding to <u>any patient</u> with signs or symptoms of a respiratory illness, even if information about potential coronavirus disease has not been provided.
3. Agencies and personnel should refer to current CDC guidelines for current recommendations on appropriate PPE for coronavirus disease. PPE may include the following, depending on CDC guidelines and type of care:
   a. N95 or higher-level respirator or surgical type facemask
   b. Eye protection
   c. Nitrile gloves
   d. Isolation gown or equivalent

   Current CDC Guidelines for EMS can be found at:
   https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

Patient Interaction & Assessment

1. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible.
2. The number of responders within 6 feet of the patient should be limited to the fewest number necessary to provide essential patient care.
3. Patient contact should be minimized to the extent possible.
4. Responders should consider the signs, symptoms, and risk factors of coronavirus disease when assessing the patient.
5. If signs & symptoms OR risk factors for coronavirus disease, a (surgical type) facemask should be placed on the patient as soon as possible for source control, if tolerated. Do **NOT** place N95 or similar masks on patients as these increase work of breathing.
    a. If coronavirus disease is <u>not</u> suspected, responders should use PPE appropriate to the clinical condition.

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

Treatment

1. Treatment of coronavirus disease is supportive in nature. Follow applicable protocols.
2. Oxygen administration
    a. Nasal cannulas may be worn by the patient <u>under</u> a facemask as clinically indicated.
    b. Non-rebreather masks should be used when clinically indicated (e.g., moderate to severe respiratory distress, significant hypoxia, failure to improve with nasal cannula).

3. Airway Management
    a. DO NOT intubate patients with suspected COVID-19. Assist ventilations with BVM.
    b. Utilize supraglottic airways with ETCO2 if an interventional airway needs to be placed.
    c. Place HEPA filter inline for ventilations or utilize a BVM with HEPA filtration capability, if available. If a filter is unavailable, direct exhaled air under a towel or sheet to minimize aerosolization and droplets.
4. Unnecessary aerosol-generating procedures should be avoided.
5. Cardiac Arrest – Follow **CARDIAC ARREST IN A PATIENT WITH SUSPECTED COVID-19**

Precautions for Aerosol-Generating Procedures

1. In addition to PPE, there should be increased caution in aerosol-generating procedures (BVM, nonrebreather mask, suctioning, emergency airways, nebulizers, CPAP, etc.)
2. N95 masks, instead of simple facemasks, should be worn by responders for aerosol-generating procedures. Follow current CDC guidelines.
3. Keep patient and aerosolization away from others without PPE (e.g., bystanders, EMS personnel not in PPE, etc.).
4. The use of HEPA filters for all procedures are considered best practice when available.
5. When treating patients in the ambulance, activate patient compartment exhaust fan at maximum level.
6. Isolate cab from treatment area when possible.

Hospital Arrival with Aerosol- Generating Procedures

1. If an aerosol-generating procedure is initiated prior to hospital arrival, recontact must be made with the ED by radio/phone upon arrival and before entering the facility:
    a. Obtain a room assignment
    b. Ensure that ED staff is prepared for the patient
    c. Temporarily discontinue nebulizers while entering the facility and until the treatment can be reestablished once in an appropriate room.
    d. Medical control may direct that CPAP should be temporarily transitioned to a non-rebreather; a BVM should be brought with in case needed.

Transport

1. When coronavirus disease is suspected in a patient needing transport, the receiving facility should be notified in advance that they may be receiving a patient who may have coronavirus disease.
    a. Notification should occur as soon as practical.
    b. Patients with positive coronavirus screen or symptoms should have pertinent positives included in EMTrack notification.

   c. Patients having a positive coronavirus screen or symptoms require a verbal report via recorded phone or radio regardless of priority.
2. Family members or other contacts of patients with suspected coronavirus disease should **not** ride in the transport vehicle, if possible.
3. Only necessary personnel should be in the patient compartment with the patient.
4. When practical, utilize a vehicle with an isolated driver and patient compartment. Maintain ventilation to the patient compartment.
5. Personnel driving the transport vehicle should doff PPE (with exception of facemask / respirator) and perform hand hygiene before entering the driver's compartment. Facemask/Respiratory should be maintained throughout care, transport, and turnover.
6. Doff PPE after providing verbal turnover report and leaving patient room and perform hand hygiene before touching documentation tools.

Destination

1. Patients with suspected coronavirus disease should be transported to the closest, most appropriate hospital with inpatient monitoring capability unless otherwise indicated in this or other destination protocols and guidance documents.
2. When directed by local medical control authority, patients with suspected or confirmed coronavirus disease may be transported to alternative destinations, such as an Alternative Care Site (ACS), urgent care/med-center, quarantine facility, private residence, etc.
3. When directed by the medical control authority, patient not screening for coronavirus disease may be transported to alternative destinations.
4. When directed by the medical control authority, patients may be screened for transport or in-home care via telemedicine consult with on-line medical control.

Documentation

1. Documentation of patient care should be done AFTER transport has been completed, PPE has been removed, and hand hygiene has been completed.
2. Documentation should include a listing of all EMS personnel involved in the response.
3. The narrative of the patient care report should include the key terms COVID or coronavirus in order to allow for syndromic surveillance.

Cleaning Transport Vehicle and Equipment

1. Leave patient compartment open for ventilation while patient is taken into receiving facility.
2. Maintain doors open during cleaning.
3. Follow current CDC guidelines for cleaning and disinfecting transport vehicle. An EPA-registered, hospital-grade disinfectant should be used on all surfaces.
4. Clean drug bag cassette and contents prior to exchanging at receiving facility.
5. Driver's compartment should be included in the cleaning process.

Notification of COVID positive testing

1. Hospitals shall establish a mechanism for communicating to EMS and public safety agencies when a patient, having arrived at the hospital by EMS or with notification that they were seen by EMS, has a positive COVID-19 test.
2. Hospitals must notify public health of COVID positive patient test results.
3. If a hospital receives a request from the medical control authority, or an EMS agency, related to a suspect COVID case, the hospital shall inform all affected agencies of the test results, positive or negative **OR** Public Health may function in the capacity for notification of EMS and public safety agencies, as determined within each Medical Control Authority.
4. If a patient arrives to a hospital by EMS, and a COVID test is performed but the result is negative, the hospital is not obligated to inform EMS unless a request for results is received from an EMS agency on the call, or the MCA.
5. Individual hospitals and MCA's are required to develop a streamlined process for follow-up on COVID testing of EMS patients.

Staff Fitness for Work Screening

1. EMS agencies must institute a staff screening policy in collaboration with their local MCA
2. A provider with a fever of ≥ 100.4° F / 38° C shall not work until resolution of symptoms.
3. Agencies may adopt a stricter screening policy.
4. Agencies must notify the MCA of employee exposure or quarantine.
5. Long term care facilities and hospitals may require screening prior to EMS entry into facilities. Staff should be prepared and willing to allow for assessment of temperature and screening questions, when required.

Return to Work Criteria

1. Return to work of an exposed or confirmed COVID positive provider shall occur according to the current CDC *Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)*
2. In the event of sustained widespread community transmission as determined by the individual County's Health Department, agencies may utilize the adjusted Return to Work Guidance published by the Michigan Department Health and Human Services.

Extension of Required MCA Certifications

1. Due to the limited access of recertification courses due to COVID-19 all MCA required certification course renewals are extended until October 1st, 2020.
    a. This includes ACLS, PALS, PHTLS, ITLS, PEPP, EPC
2. This is a one-time extension, all EMS providers must have updated certifications prior to October 1st, 2020.
3. New providers who enter into the Region 6 EMS system must have the required certifications prior to completing their agency orientation program.

Additional Resources

CDC COVID-19 Website
https://www.cdc.gov/coronavirus/2019-ncov/index.html
Michigan EMS COVID-19
https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_76849-520225--,00.html
Michigan.gov Coronavirus
https://www.michigan.gov/coronavirus
IAFF.org Coronavirus
https://www.iaff.org/coronavirus/
Johns Hopkins University Coronavirus Syndromic Surveillance Tool