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
Montcalm	**Muskegon**	**N. Central**	**Newaygo**	**Oceana**	**Ottawa**	
X	X	X	X	X	X	

Purpose: This is an emergency protocol to guide EMS response during the coronavirus disease (COVID-19) pandemic, including patients with suspected or confirmed COVID-19 infection.

CDC Interim Guidelines EMS During Coronavirus Disease (COVID-19) Pandemic:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

PSAP/EMD Focused Caller Screening

1. This protocol is intended to augment, not replace, current approved EMD protocols.
2. The caller should be asked if the patient or anyone in the immediate location is known to be COVID-19 positive or under public health monitoring for COVID-19 infection.
    a. For the purposes of this protocol, anyone with a positive test result within the last 15 days, or under active public health directed quarantine, is considered to be COVID-19 positive.
3. If a call screens for confirmed COVID-19 infection, EMS should be advised to "don airborne precautions" or similar area dispatch approved verbiage.
4. **This does NOT replace the need for EMS Providers to evaluate each response for COVID-19 risk**.

Response

1. When responding to calls, minimal personnel will enter the location utilizing appropriate PPE and assess the patient.
2. After the initial assessment, if more resources are needed, personnel should request the specific necessary resources.
3. In responding to the additional requests, only the necessary personnel needed to provide the requested assistance will enter the location utilizing appropriate PPE.

4. Priority 1 and 2 responses that screen for COVID-19 infection:
    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.
5. Priority three responses that screen for COVID-19 infection:
    a. Normal agency response.
    b. Personnel will make contact wearing appropriate PPE.
    c. After initial assessment, if more resources are needed, personnel request specific necessary resources (e.g., lift assist).

Personal Protective Equipment (PPE)

The medical control authority expects EMS agencies and personnel to operate with a **Culture of Safety**. This includes ensuring that every responder, and every responder they are in contact with, are wearing the correct level of PPE per current MCA protocol.

1. **ALL CALLS:** EMS providers minimally shall wear a surgical mask or higher, eye protection, and gloves while on scene or when entering a healthcare facility.
2. Agencies and personnel will refer to current CDC & MIOSHA guidelines for current recommendations on appropriate PPE for coronavirus disease. Minimum requirements for PPE include:
    a. Surgical type facemask – must be worn, minimally, during all patient care activities.
    b. Eye protection – must be worn during all patient care.
    c. Nitrile gloves – must be worn for all patient care activities.
    d. N95 or higher-level respirator – must be worn while conducting all aerolizing-generating procedures, during care of patients with symptoms suggestive of, or confirmed COVID-19 patients. Refer to symptom list in Patient Interaction and Assessment section.
    e. Isolation gown or equivalent – must be worn during patient care activities for confirmed COVID-19 patients and/or when aerosolizing-generating procedures are performed, including cardiac arrest resuscitations.
    f. Standard prescription glasses do not qualify as approved eye protection, refer to current CDC guidelines.
3. Agencies must develop and implement PPE reuse policies for critical items, if those items are or are anticipated to become in shortage. Refer to CDC for guidance on optimizing PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Licensed life support agencies privileged within the MCA must establish a policy for the utilization of personal protective equipment by their staff, while on duty, in compliance with executive orders, CDC guidance, and adopted protocols.

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. The patient is to be asked if they or anyone in the immediate location meets any of the following screening criteria **suspective of COVID-19** not attributable to other identifiable causes including, but not limited to, trauma, psych, aspiration, or vaccination:
    a. Respiratory symptoms
    b. Cough
    c. Fever or chills
    d. New loss of taste or smell
    e. Muscle or body aches
    f. Known COVID-19 positive testing within last 15 days
    g. Known exposure to a COVID-19 positive individual
5. A (surgical type) facemask is to 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.
6. Patients transported to hospitals must have a surgical or cloth mask applied **before** entry into the hospital regardless of the cause of the illness or injury, unless not possible due to airway supporting care.

Treatment

Refer to the ***Clinical Treatment for Patient with Suspected or Confirmed COVID-19*** *Protocol*

Precautions for Aerosol-Generating Procedures

1. In addition to PPE, there should be increased caution in aerosol-generating procedures (BVM, suctioning, emergency airways, nebulizers, CPAP, etc.)
2. N95 masks or higher, instead of surgical mask, shall be worn by responders for aerosol-generating procedures.
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.
7. Providing an aerosolizing procedure in a closed ambulance should be avoided, 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 COVID-19 screen or symptoms should have "COVID-19 positive Screen" complaint, and then a description of the injury or illness in the notes.
    c. Patients who have been tested and diagnosed with COVID-19 shall have the chief complaint of "COVID-19 Positive Tested" chosen in EMTrack, and a description of the injury or illness in the notes.
    d. Patients having a positive COVID-19 screen, test, 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 surgical mask / respirator) and perform hand hygiene before entering the driver's compartment. Surgical mask/Respirator 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 COVID-19 infection should be transported in accordance with destination protocols and guidance documents.
2. When directed by local medical control authority, patients with suspected or confirmed COVID-19 infection 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, patients not screening for COVID-19 infection 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 telephone or telemedicine consult with on-line medical control.
5. When directed by the Medical Control Authority, patients may be transported by alternative vehicles other than licensed life support vehicles.

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 shall include the key terms COVID-19 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-19 positive testing

The Ryan White HIV/AIDS Treatment Extension Act of 2009 addresses notification procedures and requirements for medical facilities and state public health officers and their designated officers regarding exposure of emergency response employees (EREs), which includes EMS and other first responders, to potentially life-threatening infectious diseases. In March 2020, CDC/NIOSH updated the list of potentially life-threatening infectious diseases to which EREs might be exposed that are covered by the Act to include the addition of COVID-19, the disease caused by the virus SARS-CoV-2.

1. If a hospital receives a request to confirm a suspected COVID-19 case from the medical control authority or an EMS agency related to a patient transported to their facility, the hospital shall respond to such request to facilitate determination about whether the responders involved have been exposed to COVID-19.

Additional Resources

CDC COVID-19 Website
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Michigan Department of Health Human Services EMS and Trauma Division COVID-19 site
https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_76849-520225--,00.html

Michigan.gov Coronavirus
https://www.michigan.gov/coronavirus

State of Michigan Mi Safe Start
https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98179---,00.html

IAFF.org Coronavirus
https://www.iaff.org/coronavirus/
Johns Hopkins University Coronavirus Syndromic Surveillance Tool