

COVID-19 Update

March 24th, 2020

PSAP & EMD Screening Process:

PSAP's have, in some locations, started tracking COVID positive locations as they are notified by Public Health. PSAP's should use this information by notifying responders over the air, "address flags for respiratory illness, don airborne precautions" or similar language. This is valuable information. Responders should maintain a high index of suspicion and follow the proper distancing guidelines for every call.

Regional Emergency Protocol

Unchanged from March 19th. All responders must have a screening done prior to arriving at work and/or responding to calls. The minimum requirement for the screening is if a responder has a fever of 100.4°F, or 38°C, they will not be allowed to report for work. Some agencies are including a full screen, please check with your department's leadership for the current expectations.

See the exposure section for a future addition

For the emergency protocol: [see here](#)

Regional Unified Incident Command

The Regional Medical Coordination Center has, to a very large extent, become the focal point for coordination of broad response efforts. At the office, we have had and continue to have involvement from regional EMS, Medical Control Authorities, hospitals, Public Health, Emergency Management, Community Health Partners, Citizens Corps Volunteers, and countless other subject matter experts.

Exposures – Fitness for Work and Return to Work:

New guidance was sent out to the agencies from MDHHS related to return to work clearance and fitness for work criteria. This guidance is intended in the context of sustained community transmission of COVID. If you have a provider with a known exposure, please take the time to understand the implications of allowing that individual to work. EMS providers transition from very sick patients to very at-risk patients. Our primary mission in EMS is to DO NO HARM. If your agency is at a critical staffing situation, then prudent use of exposed staff is warranted and permitted.

If an employee does have symptoms and must work, they must wear a surgical mask to prevent droplet transmission.

CDC Risk assessment: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC Return to Work: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

MDHHS/EMS: Prework screening https://www.michigan.gov/documents/mdhhs/Quick_Sheet_EMS_Preshift_Screening_4_684533_7.pdf

Exposures – Follow-up of Results

Many questions have arisen from departments and providers related to the follow-up on potential exposures and when and how positive results will be communicated back to the involved providers. This is a solid question. What we can say at this point is that we have, thus far, had both a shortage of testing capability and a procedurally slow return of results. The processes for both doing the testing and the

COVID-19 Update

March 24th, 2020

turn-around times have both improved but are in the order of 4 -5 days. As the volume of tests being run increases, we may see delays in turn-around times. Every effort is being made to streamline this process.

Many patients who are transported with symptoms similar to or suggestive of COVID are not being tested. Thus, in many EMS reported cases, there is no way to report back results as no test was run to confirm or deny the presence of COVID.

As relates to the reporting back of negative or positive results when they are identified, each Medical Control Authority should work with their local hospitals and Health Department contacts to ensure that there is a timely and effective method for the return of results, especially in relation to exposures.

This again is a perfect time to reiterate the need for providers to have a high index of suspicion and to use social distancing, reduce the number of providers to only essential people, and to wear proper PPE as indicated by each situation.

PPE – SNS and Extreme Conservation Mode

EMS services, transport and non-transport, are receiving PPE from the Strategic National Stockpile. The Region 6 HCC receives and distributes these PPE items to EMS, hospitals, and Community Health Partners (Long term care, assisted living, dialysis centers, etc.). The amount received is being given out to the Region in quantities intended to keep the supply maintained, but not necessarily to give partners a huge cache or stockpile. The entire country is pulling from their existing stores and augmenting that supply from the SNS.

The goal is to help partners maintain a minimum 5-day supply of PPE, based upon their expected usage rates. Similarly, requests are being prioritized based upon the direction from the state as far as groups and percentages. We have received our first SNS distribution and are expecting another very shortly. The state has informed us that 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.

Law Enforcement and PPE

Law enforcement personnel are critical and need to be included in our planning and communications. When LE personnel arrive to a medical situation, they should take care to maintain social distancing and use proper PPE. To put this into perspective, a bomb suit is not needed for every law enforcement response. Similarly, full PPE with an impervious gown, gloves, N95 mask and faceshield is not necessary for every medical encounter. The key is to use the proper tool for the job. For law enforcement, using a surgical mask and staying back the recommended 6 feet is prudent. If there is not a need for law enforcement to enter a house where COVID is suspected, just like we are asking of first responders and EMS, only necessary personnel should enter. If they do, they should utilize appropriate PPE.

There may be a solid and legitimate need for Law Enforcement to utilize N95 masks, based upon a situation. However, we want to ensure that LE personnel and administration fully understand when to use PPE, how to clean PPE, when to reuse PPE, and how to store N95 masks intended for reuse. We are

COVID-19 Update

March 24th, 2020

in an extreme conservation mode and want to ensure that we all have effective PPE for the duration of the COVID response.

LTV Ventilators – Filter

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

A lot of discussion has occurred around the topic of cardiac arrest management of the COVID positive patient. The state is in the process of developing a protocol for the management of the COVID arrest. For now, if a COVID patient goes into cardiac arrest, the number of people involved in the care should be kept to a minimum. All personnel should wear appropriate PPE and online medical control should be contacted if there is not a prompt response to treatment. Expelled air from the BVM should be directed into a sheet or towel to reduce the aerosolization. If a filter option is available for the exhalation port, it should be utilized.

Telemedicine – NOT IN EFFECT YET

The state has established an agreement with eBridge for a telemedicine program. The MCA's that will be participating must adopt a state Telemedicine protocol. There are a number of steps which need to take place to get us to a point where we can implement telemedicine. Expect to see more information on this by the end of the week.

Daily EMS Agency Reporting

Reminder: Transporting EMS agencies must begin entering their current staffing and operational status into the comments section of EMResource at 10AM each day.
Example: Staffing 100% 03/18/2020, 2 units available, also Mass casualty trailer available upon request

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

We've received a number of questions about future state planning. Community leaders have developed plans for response to community pandemics to include acute care sites, fatality management, vaccine distribution locations, allocation of scarce resources, and many other potential situations. Our overarching goal is to do the greatest amount of good for the greatest number of people. We do this as an inclusive team of emergency management professionals. These are good questions. We are open to hearing ideas and suggestions.

COVID-19 Update

March 24th, 2020

We are working with community partners on obtaining hand sanitizer for responders, among other initiatives. If healthcare workers become ill and there is a need for extensive mutual aid, we may look at relaxing medical control authority boundaries and working collaboratively. These are truly ideas for future state, depending on circumstances...they are not in place now.

Use of Homemade Cloth Facemasks

The use of homemade masks is controversial and there are conflicting recommendations based upon science and the effectiveness of the masks.

Per the CDC, *"In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face."*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Please follow your facility or local jurisdiction guidance.

Contamination of Drug Bag System Cassettes & Equipment

Avoiding contamination of the drug bag system cassettes and any equipment is the best approach. However, if a cassette is used on a suspected or confirmed COVID-19 patient, wipe the cassette down with an antimicrobial wipe and also wipe all of the inside contents. If something is grossly contaminated with blood, vomit or other bodily fluids, it should be treated as contaminated and disposed of properly.

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.

Aerosol-generating Procedure Precautions:

Unchanged from March 19th.

Patient Testing for COVID

Unchanged from March 19th: For more information on this, please refer to:

https://www.michigan.gov/documents/mdhhs/2019-nCoV_Web_FAQ_Final_02.07.20_680693_7.pdf

Healthcare Systems Updates:

No change from March 19th update for addressed hospitals. Within Muskegon County, any COVID positive patients are being preferentially transported to the Mercy Campus.

COVID-19 Update

March 24th, 2020

Public Health State Information – COVID

Public Health

- 48 Presumptive positive COVID-19 cases in Region 6
 - Kent = 29,
 - Ottawa = 13,
 - Muskegon 3,
 - Clare = 1,
 - Montcalm = 1,
 - Newaygo = 1,
- COVID-19 deaths in Region 6
 - Kent = 1 (71-year-old male with underlying health issues)
- MDHHS updates [statewide numbers](#) on their website at 1400 daily

Overall Confirmed COVID-19 Cases by County

County	Cases	Deaths
Allegan	1	
Barry	1	
Bay	2	
Berrien	8	
Calhoun	4	
Charlevoix	3	
Chippewa	1	
Clare	1	
Clinton	5	
Detroit City	563	8
Eaton	3	
Emmet	2	
Genesee	34	
Gladwin	2	
Grand Traverse	3	
Hillsdale	1	
Ingham	15	
Isabella	2	
Jackson	6	
Kalamazoo	3	
Kalkaska	1	
Kent	31	1
Lapeer	1	
Leelanau	1	
Livingston	13	
Macomb	225	3
Manistee	1	

COVID-19 Update

March 24th, 2020

Overall Confirmed COVID-19 Cases by County

County	Cases	Deaths
Midland	5	
Monroe	12	
Montcalm	1	
Muskegon	3	
Newaygo	2	
Oakland	428	4
Otsego	5	
Ottawa	15	
Roscommon	1	
Saginaw	8	
St. Clair	8	
Tuscola	1	
Washtenaw	50	3
Wayne	310	5
Wexford	1	
Out of State	6	
Not Reported	2	
Total	1,791	24

City of Detroit and Wayne County are reported separately.

Percentage of Cases by Age

Age	%
0 to 19 years	1%
20 to 29 years	8%
30 to 39 years	13%
40 to 49 years	17%
50 to 59 years	20%
60 to 69 years	21%
70 to 79 years	13%
80+ years	7%

Overall Percentage of Cases by Sex

Sex	%
Male	52%
Female	48%

Emergency Management Update:

Any resource request from law enforcement, jail, fire, and health department should be forwarded directly to Rich Warner warnerri@co.muskegon.mi.us

Rich is working closely with our state Emergency Management District Coordinator, Orville Theaker, on regional initiatives.

Regional EMS

EMS report: normal operations at this time. EMS agencies are reporting normal staffing. 911 volume seems to be down. EMS agencies are following the emergency COVID protocol and MCA recommendations.



COVID-19 Update

March 24th, 2020

Regional Long-Term Care/Community Health Partners

Added to the report. No update yet. Expected this coming week.

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.

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!