St. Joseph County Emergency Medical Services Committee

Administrative Bulletin to Providers RE: COVID-19

2020-03-10-01

This situation is evolving rapidly. This guidance is applicable as of **March 10, 2020** and will be updated as needed, as rapidly as feasible. EMS Personnel should also check reliable online sources, such as https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html for up-to-date information.

COVID-19 is an illness caused by a novel coronavirus, now named SARS-CoV-2, first reported in Wuhan, China in December 2019, and then in the US in mid-January 2020. Cases have now been reported in most states, **including Indiana**. As COVID-19 spreads in the US, the intent of this bulletin is to assist SJCEMS System personnel in **responding to, caring for, and transporting potential COVID-19 patients in as safe a manner as possible**.

Since early February, the St. Joseph County Communications Consortium (SJCCC) has been using an **Emerging Infectious Disease Surveillance** (EIDS) tool to help identify patients with possible COVID-19. The tool targets patients with **respiratory symptoms** or **generalized "sickness"** for symptoms such as **fever**, **chills**, **shortness of breath**, or **persistent cough**, and asks about recent (within 14-days):

- Travel from a Centers for Disease Control (CDC) identified area of high risk (as of 2020-03-10: **China**, **Iran**, **South Korea**, **Italy**, and **Japan**)
- Contact with a person who has traveled from CDC identified area of high risk
- Contact with a person who has known or suspected COVID-19

This information, when confirmed via the EIDS tool, is passed to the **mobile data terminals** (MDTs) in all responding emergency apparatus. Starting on **March 10**, there is also a specific MDT notice that the **patient may be at risk of having COVID-19**. **This notice does not mean that the patient *has* COVID-19 but should alert providers that the risk is elevated**.

The most important guidance, detailed on the following pages, is:

- **Wash your hands frequently**. Avoid touching your face, mouth, nose, and eyes.
- **Remain calm**: COVID-19 causes a respiratory infection that, in the vast majority of people, follows a relatively benign course similar to more common respiratory infections.
- Be sure you are familiar with **contact**, **droplet**, and **airborne** precautions, including **donning and doffing appropriate PPE**.
- Be alert to guidance from Dispatch but **assess the risk of each patient encounter yourself**. If you encounter a potential COVID-19 patient:
    - At the scene, utilize recommended personal protective equipment (PPE) **as soon as possible**.
    - To the extent possible, **minimize the number of providers** within 6 feet of the patient.
    - Place a **standard surgical mask** or, if necessary, a non-rebreather mask on the patient if medically safe and do so as soon as possible. **Do not place an N95 (or higher) respirator on the patient**.
    - Notify the Destination Hospital **as soon as possible** and follow hospital instructions regarding patient delivery.
    - Clean the EMS vehicle/equipment **prior to placing it back in service**.
- **Remain calm but be alert**. COVID-19 is a serious public health threat.

Coronavirus Disease (COVID-19) DREAPL

This situation is evolving rapidly. This guidance is applicable as of March 10, 2020 and will be updated as needed, as rapidly as feasible. EMS Personnel should also check reliable online sources, such as https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html for up-to-date information.

*Notify the Destination Hospital **as soon as possible** that it will be receiving a **possible COVID-19 patient**.*

EMS Dispatch Case Assessment and Alerting D

Dispatch Centers should follow International Academies of Emergency Dispatch (IAED) recommendations regarding call interrogation and EMS alerting, utilizing the latest version of the **Emerging Infectious Disease Surveillance** (EIDS) tool. Currently, the criteria for identifying a potential COVID-19 case are:

- EIDS tool triggered by use of **Protocol 6 or 26**, or by another chief complaint leading the Dispatcher to suspect a respiratory-type illness.
- **Travel** to an area identified by the Centers for Disease Control (CDC) with a Level 2 or higher travel health notice for COVID-19, or **contact** with a person who traveled to such an area, within the past 14 days or contact with a person who has, or is under investigation regarding, COVID-19.
- **Symptoms**: The presence of fever (measured T ≥ 100.4° F (38.0°C) or "hot to touch"), chills, dyspnea, persistent cough, or any other new respiratory problems.

As of March 10, 2020, Dispatch will transmit information regarding possible COVID-19 cases to the mobile data terminals (MDTs) in all responding emergency apparatus.

Case Assessment and Personal Protective Equipment (PPE) REAPL

EMS Personnel should be aware of Dispatch alerting, **but not rely on it exclusively**. If a patient has any of the **symptoms** listed above, and meets either the **travel** or **contact** criteria, they should be considered a potential COVID-19 case. Appropriate precautions and PPE are required:

- Wear proper PPE for **contact**, **droplet**, and **airborne** precautions:
  - **Eye protection** (goggles or face shield).
  - **N95 (or higher) respirator**.
  - **Disposable exam gown and gloves**.

*PPE should be donned **prior to entering the scene** or, if the possibility of a COVID-19 case was established after entering the scene, as soon as possible.*

- **Place a standard surgical mask on the patient as soon as possible**, before moving the patient. If the patient requires supplemental O_2, the mask can be placed over a nasal cannula. If necessary, to provide patient care, a non-rebreather mask may be utilized but is sub-optimal.

*Use a standard surgical mask on the patient. **Do not place an N95 (or higher) respirator on the patient**.*

- Minimize, to the extent possible, the number of EMS Personnel within **6 feet** of the patient.
- EMS Personnel should avoid touching their faces or mucus membranes.

*All EMS Personnel providing care, including assisting in ambulance loading/unloading, for the patient must use PPE, as above. If a provider is not in the patient compartment (e.g., driving) an N95 (or higher) respirator is adequate; eye protection, gown, and gloves are not required. If the driver assists with patient loading, they should doff and safely dispose of all PPE, use an alcohol hand cleaner, then don a new N95 (or higher) respirator for use during transport. **If possible, the driver should not assist in ambulance unloading**. If the driver must assist in ambulance unloading, they should don full PPE, as above, once the patient has arrived at the Destination Hospital.*

Patient Care REAPL

Patients should receive care consistent with standard practice and the Guidelines, with the following caveats:

- **Minimize** the number of EMS Personnel in the patient compartment to those necessary to provide adequate care for the patient.
- Avoid **aerosol generating procedures** if possible, including nebulized medication administration, CPAP, oral or airway suctioning, bag-mask-ventilation (BMV), and tracheal intubation.
- If possible, perform any necessary aerosol generating procedures **prior to transport**, preferably with the **rear doors open**, away from pedestrians, and with the patient ventilation/exhaust system set to maximum.

In the event of cardiac or respiratory arrest, a functioning supraglottic airway is not inferior to tracheal intubation and may provide less risk of aerosol generation.

Transport REAPL

See driver-specific PPE and hand cleaning requirements under Case Assessment and PPE (above).

During transport:

- **Minimize** the number of EMS Personnel in the patient compartment to those necessary to provide adequate care for the patient.
- If a lay person (family member, etc.) must accompany the patient **because there is no alternative**, that person should ride in the patient compartment and **must wear a surgical mask**.
- To the extent possible, **negative pressure should be established in the vehicle**; the optimal method may vary. **Each EMS Provider Organization should determine the optimal method for its vehicles**. Usually, this will include, though may not be limited to:
    - Sealing the patient compartment from the driver compartment if a vehicle is so equipped.
    - Opening the outside air vents in the driver area.
    - Maximizing non-recirculating ventilation or exhaust of the patient compartment.
    - Some vehicles may have a recirculating HEPA ventilation system; this should be utilized if the vehicle is so equipped.

Upon arrival at the Destination Hospital:

Follow Destination Hospital instructions regarding how to safely deliver the patient.

- Depending on conditions, **traffic in the ambulance bay may be controlled by Destination Hospital personnel** during delivery of the patient and transfer of care.
- Depending on conditions, EMS Personnel may be met by Destination Hospital personnel for transfer of care **outside the Emergency Department entrance**.
- If possible, the **ambulance rear doors should be left open** during and after the transfer of care, to allow for adequate air exchanges that help in the removal of potentially infectious particles.

After transfer of care:

- After transfer of care to Emergency Department personnel, EMS Personnel should carefully **doff and discard PPE as medical waste**, then practice proper hand hygiene.

The optimal location for doffing PPE should be determined by the Destination Hospital and EMS Provider Organization but should optimally occur prior to EMS Personnel leaving Destination Hospital property.

- The EMS vehicle and equipment must be **decontaminated before it can be placed back in service**. This should be done in accordance with EMS Provider Organization policies/procedures; it will generally involve:
    - **Leaving the doors open** to allow for adequate ventilation while using chemical cleaners.
    - **PPE use** (gown, gloves, and eye protection) by those cleaning the vehicle. **An N95 respirator is generally not necessary during decontamination**.

- The use of standard cleaners and water followed by an **Environmental Protection Agency (EPA)-registered disinfectant** active against viruses similar to SARS-CoV-2.
- Containing and laundering of linen. **Avoid shaking linen**.
- The use of **proper hand hygiene** following EMS vehicle cleaning.

The optimal location for EMS vehicle cleaning should be determined by the Destination Hospital and EMS Provider Organization.

Other Important Considerations REAPL

From a public health perspective, it is important for EMS Personnel to:

- Document the names of **all EMS Personnel** having any contact with the patient. This will be important information if the patient is found to have COVID-19.
- **Self-monitor** (not quarantine) for symptoms for **14-days after exposure** and report any symptoms immediately.

If a patient transported by EMS Personnel, whether under this protocol or not, is found to have COVID-19, EMS Personnel and EMS Provider Organizations should be notified by the Destination Hospital or Health Department.

Effective: March 10, 2020