



## MEDICAL CONTROL POLICY STATEMENT/ADVISORY

**No.** 2020-03  
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### **Coronavirus Emergency Protocols**

*Office of the Medical Director*

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ALL EMS PROVIDERS:

The MDHHS EMS Section has drafted and published two Emergency Protocols specific to the Coronavirus Disease (CoVID-19). The STMCA has adopted both protocols effective March 2, 2020. Each protocol will be in effect for 60 days unless extended by the STMCA and the State of Michigan.

Each protocol covers different aspects of dealing with patient that may have CoVID-19. Please take the time to review each of them.

- 8-34 – Destination and Transport for Patients at Risk for Coronavirus Disease (COVID-19)
- 8-35 – Personal Protection During Treatment of Patients at Risk for Novel Coronavirus (2019-nCoV) and Decontamination of Equipment After Use

Within the STMCA, 9-1-1 Centers and Medcom are actively screening patients that exhibit signs/symptoms of CoVID-19 and meet the travel or exposure definitions. If a caller is identified as possibly meeting criteria, responding crews will be advised prior to arrival at the scene.

Notification to responders in Tuscola County will occur directly from Tuscola 9-1-1. In Saginaw, Medcom will notify crews over the air and contact Saginaw Central so that First Responders can be directly advised.

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***Destination and Transport for Patients at Risk for Coronavirus Disease (COVID-19)***

**Purpose:** To direct patient transport and destination for patients that are triaged medium or high-risk for Coronavirus Disease (COVID-19).

- I. Applicable patients – triaged by Center for Disease Control (CDC) quarantine station, through the local health department, or utilizing CDC triage criteria
  - a. High-Risk –
    - i. Have traveled from locations with current CDC travel restrictions related to COVID-19 within 14 days (current restrictions can be found at [www.cdc.gov/travel](http://www.cdc.gov/travel))
    - ii. Those who share the same household as, are an intimate partner of, or provided care to symptomatic patients with laboratory-confirmed COVID-19 (or clinically diagnosed outside of the United States who did not have laboratory testing).
  - b. Medium-Risk –
    - i. Had close contact with a person with symptomatic laboratory-confirmed COVID-19 infection, and not having any exposures that meet a high-risk definition.
      1. The same risk assessment applies for close contact with a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.
      2. On an aircraft, being seated within 6 feet of a traveler with symptomatic laboratory-confirmed COVID-19 infection
    - ii. Are living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation
    - iii. Have traveled from locations with current CDC travel restrictions related to COVID-19 AND not having any exposures that meet a high-risk definition.
  - c. Low-Risk –
    - i. Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 infection for a prolonged period of time but not meeting the definition of close contact
    - ii. On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 infection but not within 6 feet AND not having any exposures that meet a medium- or a high-risk definition
  - d. No identifiable risk –
    - i. Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

- II. High-risk patients – Transported by Emergency Medical Services
  - a. Transported by EMS, utilizing standard, contact, and airborne precautions, to the closest facility with inpatient monitoring capability.
  - b. If patient is being transferred from a CDC quarantine station, the destination facility may be identified by the CDC.
  - c. Treat symptoms according to clinical protocols.
  - d. Any receiving facility should be notified of the incoming patient immediately when known to be a high-risk patient.
- III. Medium-risk patients
  - a. Patients deemed to be at medium risk may be allowed to continue to their destination with instructions to report to their respective local health department for monitoring under voluntary quarantine.
  - b. In the instance that these patients need EMS transport, they should be transported using standard, contact, and airborne precautions and may be transported to alternate destinations which may include residences, hotels, or other housing facilities.
  - c. The destination for these patients will be coordinated by the local health department.
- IV. Low-risk patients will not be tracked or placed under quarantine. These patients will be under self-observation according to CDC or local health department instruction.
- V. Types of precautions
  - a. Standard precautions - The principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.
  - b. Contact precautions - intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.
  - c. Airborne precautions – intended to prevent transmission of infectious agents that remain infectious over long distances when suspended in the air. Healthcare personnel caring for patients on Airborne Precautions wear an N95 or higher-level respirator or mask that is donned prior to room entry.
  - d. Contact with these patients should include the use of eye protection.

***Person Protection During Treatment of Patients at Risk for Novel Coronavirus (2019-nCoV) and Decontamination of Equipment after Use***

**Purpose:** To outline precautions when providing treatments for patients who are at risk for 2019-nCoV. To outline the appropriate decontamination for people, equipment, and vehicles utilized in treatment and transport of patients at risk for 2019-nCoV.

- I. Applicable patients –
  - a. Patients who have been identified prior to arrival as at risk for 2019-nCoV by a 911 Public Safety Answering Point (PSAP) and/or Emergency Medical Dispatch Center (EMDC), local health department, or CDC quarantine station.
  - b. Patients encountered by EMS personnel who have signs and symptoms of respiratory illness (fever, cough, shortness of breath) AND meet (or are suspected to meet) current CDC travel (e.g., mainland China) or exposure risks.
- II. Initial assessment –
  - a. Standard, contact, and airborne precautions, per **Destination and Transport for Patients at Risk for Novel Coronavirus Protocol** must be observed if within six feet of the patient.
  - b. The number of responders within six feet of the patient should be limited to the fewest number to provide essential patient care.
  - c. A (surgical type) facemask should be placed on the patient for source control, if tolerated. Do not place N-95 or similar masks on patients as these increase the work of breathing.
  - d. Assess the patient for travel to areas of concern as defined by the CDC (e.g. mainland China) or has exposure to a confirmed 2019-nCoV in the previous 14 days in addition to respiratory symptoms (e.g., dyspnea, cough) and fever:
    - i. If patient has travel or exposure risks AND respiratory symptoms, continue utilizing this protocol, performing interventions while maintaining source control and PPE.
    - ii. If 2019-nCoV is not suspected, responders should use PPE appropriate for the clinical condition.
- III. Treatment –
  - a. Oxygen administration
    - i. Nasal cannulas may be worn by the patient **under** a facemask as clinically indicated.
    - ii. Non-rebreather masks should be used when clinically indicated (e.g., moderate to severe respiratory distress, significant hypoxia, failure to improve with nasal oxygen).
  - b. Aerosol Generating Procedures

- i. In addition to PPE, there should be increased caution in aerosol-generating procedures (BVM, suctioning, emergency airways, nebulizers, etc)
  - ii. Perform aerosol-generating procedures only when clinically indicated.
  - iii. Keep patient and aerosolization away from others without PPE (e.g., bystanders, EMS personnel not in PPE, etc).
  - iv. When treating patient in the ambulance, activate patient compartment exhaust fan at maximum level.
  - v. When possible, consider using HEPA filtration to expired air from the patient. (Ventilators, CPAP, biPAP, BVM)
- IV. Patient Compartment –
  - a. When practical, utilize a vehicle with an isolated driver and patient compartment.
  - b. Only necessary personnel should be in the patient compartment with the patient.
  - c. All compartments should have ventilation maintained, with outside air vents open and set to non-recirculated mode.
- V. Patient Transfer and Documentation
  - a. Whenever possible, friends and family of the patient should not ride in the transport vehicle with the patient. If they must accompany the patient, they should have respiratory precautions applied and be in the driver compartment of the vehicle.
  - b. Personnel driving the transport vehicle should doff PPE (with the exception of respirator) and perform hand hygiene before entering the driver’s compartment. Respirator (N95) should be maintained throughout.
  - c. Notification of infectious risk should be made to receiving facility as soon as feasible and on a secure channel.
  - d. Maintain mask on patient and filtered exhaust while transporting patient to room.
  - e. Avoid transporting the patient within 6 feet of others (e.g., unprotected hospital staff, patients, bystanders, etc.)
  - f. Transfer patient care via verbal report.
  - g. Doff PPE after leaving patient room and perform hand hygiene before touching documentation tools.
- VI. Cleaning of Transport Vehicle
  - a. Leave patient compartment open for ventilation while patient is taken into receiving facility.
  - b. Personnel should wear disposable gown and gloves for decontamination of the vehicle. A face shield or facemask and goggles should be worn if there is a potential for splashing or sprays.
  - c. Maintain doors open during cleaning.
  - d. Disinfect after cleaning using EPA-registered, hospital-grade disinfectant to all surfaces that were touched, or all surfaces if aerosol-generating procedures were performed. Products with statements for emerging viral pathogens should be used.