



MEDICAL CONTROL POLICY STATEMENT/ADVISORY

No. 2020-04
Date: March 12, 2020

Additional CoVID19 Emergency Protocol and Procedures

Office of the Medical Director

Noel Wagner, MD, NRP
1000 Houghton Ave
Saginaw, MI 48602
(989) 746-7760
Fax (989) 746-7767
SaginawTuscolaMCA.org

ALL EMS PROVIDERS:

We are adopting another Emergency Protocol published by the MDHSS related to the CoVID19 outbreak:

- 8-36 – Conventional Response During CoVID19 Outbreak

Please take a few minutes to look over this protocol as it addresses how we, as a system should approach patients suspected of having CoVID19. Here are some key points:

- If a patient screens positive for symptoms of CoVID19 (Respiratory distress and/or cough AND fever) during the pre-arrival interrogation, responding crews should be notified prior to arrival by the PSAP or SPSAP.
- Crews need to don the appropriate PPE before entering the scene of a patient that exhibits signs/symptoms of CoVID19.
- The minimum level of responders should be utilized in order to limit potential exposure.
- If the response determinant is priority 3, ONLY the transporting unit should enter the scene unless it is determined the patient requires life-saving measures.
- For suspected CoVID19 responses to health care facilities (physician's offices, urgent cares, etc.), non-transporting agencies should not be dispatched or enter the scene. Again, unless the patient condition requires immediate attention.

Thank you.

Eric Snidersich

Attachments:

1. 8-36 Conventional Response During DoVID19 Outbreak – State Emergency Protocol
2. Communications to EMS PSAPs EMD Revision

Conventional Response to Potential COVID-19 Outbreak

Purpose: To reduce risk of exposure of EMS personnel during the conventional response phase of a COVID-19 outbreak.

- I. Requests for EMS should be screened for risks for COVID-19:
 - a. Respiratory distress and/or cough AND
 - b. Fever
 - c. Those calls who screen positive for both of the above will be treated as a possible COVID-19 patient and responding EMS should be advised.
- II. Priority one and two responses* who screen for potential 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.
- III. Priority three** patients who screen for possible 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).
- IV. 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 patients with fever and cough but without other Priority one symptoms.

March 11, 2020

To: Medical Control Authorities
EMS Agencies
Public Safety Answering Points/Emergency Medical Dispatch Centers

From: MDHHS Bureau of EMS, Trauma, and Preparedness

RE: Updated (Revised 3/11/2020) Guidance on PSAP/EMD Focused Screening for COVID-19 and EMS-Related Communications

As the situation surrounding the COVID-19 outbreak evolves, there are increasing needs to adapt our processes. With confirmed cases in Michigan and neighboring states, the diligence surrounding pre-screening for callers and PPE for providers becomes increasingly necessary.

Caller Inquiries/COVID-19 Screening: PSAPs who perform EMD services and EMS agency EMD centers should perform modified caller inquiries/focused screening on callers who, through the normal EMD caller interrogation process, report symptoms of fever with cough or shortness of breath. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Screening for COVID-19 should be focused on callers with fever and respiratory symptom. For those using Medical Priority Dispatch this would be Card 6 (Breathing Problems) and Card 26 (Sick Person). For those using APCO International this would be the guide cards for Respiratory Distress or Sick/Unknown.

If, during the EMD caller interrogation process, it appears that the patient may have a fever, cough, or shortness of breath, provide scripted alerts to all responding EMS units. It is no longer necessary to further question the caller regarding travel before advising EMS to don PPE.

Non-EMD PSAPs: For PSAPs not currently performing EMD services (or transferring callers to secondary EMD Centers), when information is volunteered by the caller indicating the patient may have a fever, cough, or shortness of breath, advise responders to don PPE. This should be done in accordance with local PSAP policies and should not delay EMS dispatch.

Monitored Individuals: There continue to be individuals being monitored by local health departments after travel to outbreak areas or contact with infected individuals. Requests for EMS may come directly from individuals undergoing COVID-19 monitoring who call 911 and/or from local public health agencies who may contact 911 on behalf of the monitored individual. These individuals may have infectious symptoms or be requesting EMS for conditions not related to COVID-19 (e.g., fall). PSAP/EMD call takers should specifically inquire about the presence of fever, cough or shortness of breath. Responding EMS should be advised of monitoring status and risks as described below.

Additional Resources:

CDC Guidance – EMS/PSAPs: [Cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html)

MDHHS COVID-19 Website: [Michigan.gov/coronavirus](https://www.michigan.gov/coronavirus)

BETP EMS Specific COVID-19 Website: [Michigan.gov/EMSCoVID](https://www.michigan.gov/EMSCoVID)



COVID-19 Guide Card



PSAP/EMD Scripted Questions and Responder Alerts

Public Health Monitoring

Caller reports patient is under public health monitoring for COVID-19?

Ask Caller: *“Does the patient have a fever, cough, or shortness of breath?”*

Yes **Alert Responders:** *“Patient is under public health monitoring for COVID-19 and screens for COVID-19 infectious symptoms, don appropriate PPE*.”*

No **Alert Responders:** *“Patient is under public health monitoring for COVID-19 but does not screen for COVID-19 infectious symptoms, don appropriate PPE*.”*

Public Health Monitoring

Any Caller Reports that Patient Has Fever with Cough or Shortness of Breath

No Call Prioritization as Usual

Yes **Alert Responders:** *“Patient screens for COVID-19 risk and reports infectious symptoms, don appropriate PPE*.”*

Other Caller Concerns or Suspicion for COVID-19

For any patient expressing concerns or suspicion for COVID-19 but not under public health monitoring and negative for COVID-19 screening questions, **Alert Responders** that *“The patient expresses concern for COVID-19 but is not reportedly under public health monitoring and COVID-19 screening questions are negative, don PPE as appropriate.”*

NOTE: The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated.

* Appropriate PPE includes standard, contact, and airborne precautions.

Revised: 3/11/2020