



MEDICAL CONTROL POLICY STATEMENT/ADVISORY

No. 2020-06
Date: March 26, 2020

Office of the Medical Director

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

ADDITIONAL AND UPDATED COVID19 EMS PROTOCOLS

The STMCA has adopted some additional and updated CoVID19 Emergency Protocols. They will be attached to this memo, but we will try to summarize them below:

Destination and Transport of Patients at Risk for CoVID19

- Protocol contains a chart on page 2 that recommends PPE levels based on the distance from the patient and whether the patient is wearing a mask.

Personal Protection During Treatment of Patients at Risk for CoVID19 and Decontamination of Equipment After Use

- A surgical mask should be placed on the patient is tolerated. An N95 should not be placed on a patient having trouble breathing.
- Aerosol Generating Procedures:
 - Perform aerosol-generating procedures only when necessary.
 - Keep patient away from others without PPE.
 - Do not reach into drug box/bag with contaminated gloves and keep the box/bag closed when performing aerosolized procedures.
- Personnel driving the transport vehicle should doff PPE with the exception of the respirator.
- Cleaning/Decontamination
 - Clean the exterior of drug box/bag prior to taking it into the hospital. Do not bring a contaminated box/bag inside without proper decon.

Specimen Collection for Suspected CoVID19 Patient

- Protocol covers the procedure of collecting specimens if EMS starts performing these collections in the future.

Clinical Treatment for Patient with Suspected CoVID19

- Surgical masks may be substituted for N95 masks when no aerosolized procedures are taking place and when not in an enclosed area with an actively coughing patient.
- Surgical masks or non-rebreather masks with supplemental oxygen for patient in respiratory distress should be applied to the patient whenever possible.
- For profound wheezing, MDIs are preferred (not available) but nebulizers may be used:
 - DO NOT administer nebulized medication in a closed ambulance.
 - If CPAP must be used, providers should have an N95 on.
- DO NOT intubate or perform rescue breathing on patient with suspected CoVID19. Utilize supraglottic airways with ET/CO₂ if an airway is necessary.
- Filters should be utilized on BVMs and CPAP whenever possible.
- Interventions should be performed PRIOR to loading into or closing the patient compartment of the ambulance.
- Only one provider will remain with the patient for transport, if possible.



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Cardiac Arrest in a Patient with Suspected CoVID19

- N95 masks or equivalent are required. Do not perform CPR without respiratory precautions in place.
- For arrests patients with known recent history of respiratory illness and fever:
 - Airway interventions will be limited to BLS procedures, including supraglottic airways. **DO NOT INTUBATE.**
 - If no ROSC within 10 minutes of resuscitation, contact medical control for possible termination. As always, make contact using 73MD or cell.
 - Patients in continuous cardiac arrest **WILL NOT BE TRANSPORTED**, regardless of mechanical CPR device.
 - Resuscitation will either be terminated on scene or ROSC sustained **BEFORE** moving the patient to the patient compartment of a vehicle.
- For witnessed arrest inside the patient compartment:
 - Pull vehicle to the side of the road and perform resuscitation in full PPE, with doors OPEN.

These are the highlights of the most recent emergency protocols. As always, please contact the MCA if you have any questions.

Attachments:

1. Destination and Transport of Patients at Risk for CoVID19
2. Personal Protection During Treatment of Patients at Risk for CoVID19 and Decontamination of Equipment After Use
3. Specimen Collection for Suspected CoVID19 Patient
4. Privileging and Participating Facilities Release During CoVID19 Response
5. Clinical Treatment of Patient with Suspected CoVID19
6. Cardiac Arrest in a Patient with Suspected CoVID19

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 –
 - A. Patients who meet screening criteria for COVID-19 (either through EMD or assessment)
 - B. Triaged by Center for Disease Control (CDC) quarantine station or through the local health department (LHD) as being at risk (any level) for COVID-19
- II. 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. Patient may request a specific facility if:
 - i. The facility has appropriate facilities and capabilities
 - ii. There is not an increased risk to providers by transporting to requested facility
 - D. Treat symptoms according to **Clinical Treatment of a Patient with Suspected COVID-19** protocol.
 - E. Any receiving facility should be notified of the incoming patient immediately when known to be an at-risk patient.
 - F. Destination facilities may be facilities other than emergency departments or surgical centers per direction of medical control, CDC, or LHD depending on current system capacity. Final transport decision, if in question, will be from medical control.
- III. 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. Personnel who are not providing aerosolized treatments



Michigan
***EMERGENCY* SYSTEM PROTOCOL**
DESTINATION AND TRANSPORT OF

PATIENTS AT RISK FOR CORONAVIRUS DISEASE (COVID-19)

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Section 8-34

and not in close proximity (in the closed compartment of the ambulance) with a patient with active respiratory symptoms may use a surgical mask in lieu of an N95 respirator.

D. Contact with these patients should include the use of eye protection.

IV.

Proximity to Patient	Facemask or Respirator Determination	
	Patient wearing mask for entire encounter	Patient not wearing mask or removed during treatment
Greater than 6 feet from symptomatic patient	Unnecessary personnel should not enter patient care area, no respirator or facemask required	Unnecessary personnel should not enter patient care area, no respirator or facemask required
Between 3 and 6 feet of symptomatic patient	If personnel must be in this area, facemask required	If personnel must be in this area, facemask required
Within 3 feet, including direct patient care	Facemask	Respirator required
Present within 6 feet (or in the same room) when patient receives aerosol generating procedure (CPR, BVM, Nebulizer, etc)	Respirator required	Respirator required

MCA Name:

MCA Board Approval Date:

MCA Implementation Date:

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Protocol Source/References: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>,
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>

Personal Protection During Treatment of Patients at Risk for Coronavirus Disease (COVID-19) and Decontamination of Equipment after Use

Purpose: To outline precautions when providing treatments for patients who are at risk for COVID-19. To outline the appropriate decontamination for people, equipment, and vehicles utilized in treatment and transport of patients at risk for COVID-19.

I. Applicable patients –

- a. Patients encountered by EMS personnel who:
 - i. Have signs and symptoms of respiratory illness (cough, shortness of breath, hypoxia) AND fever (may be subjective)
 - ii. Have signs and symptoms of respiratory illness (cough, shortness of breath, hypoxia) AND known exposure to patient with confirmed COVID-19
- b. Patients who have been identified prior to arrival as at risk for COVID-19 by a 911 Public Safety Answering Point (PSAP) and/or Emergency Medical Dispatch Center (EMDC), local health department, or CDC quarantine station.

II. Initial assessment –

- a. Standard, contact, and airborne precautions, per **Destination and Transport for Patients at Risk for Coronavirus Disease 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 respiratory symptoms and fever. If patient has fever AND cough or shortness of breath, refer to **Clinical Treatment of a Patient with Suspected COVID-19**, maintain source control and appropriate PPE.

III. Treatment Precautions –

- 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 **extreme caution** in aerosol-generating procedures (BVM, suctioning, emergency airways, nebulizers, etc)
 - ii. Perform aerosol-generating procedures only **when necessary**, according to **Clinical Treatment of a Patient with Suspected COVID-19**.

- iii. Keep patient and aerosolization away from others without PPE (e.g., bystanders, EMS personnel not in PPE, etc).
 - iv. Do not reach into drug box/ bag with contaminated gloves.
 - v. Close drug/bag box when performing aerosolized procedure to prevent contamination of drug box/ bag.
 - vi. When treating patient in the ambulance, activate patient compartment exhaust fan at maximum level.
 - vii. When possible, consider using HEPA filtration to expired air from the patient.
- 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. Friends and family of the patient should not ride in the transport vehicle with the patient.
 - i. If they must accompany the patient, they should have a surgical mask applied and be in the driver compartment of the vehicle.
 - ii. This should be limited to **extenuating** circumstances (parents with minor children or similar).
 - iii. Family members with possible exposure should be advised to STAY AT HOME or in the current location and contact their local health department.
 - 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. Do not carry drug box or bag into hospital until it is decontaminated.
 - g. Transfer patient care via verbal report.
 - h. Doff PPE after leaving patient room and perform hand hygiene before touching documentation tools.
- VI. Cleaning of Transport Vehicle & Equipment-
- 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 & equipment. 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.

MCA Name:

MCA Board Approval Date:

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Protocol Source/References: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>,
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>,
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>,
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

- d. Clean exterior of drug box or bag prior to taking it into the receiving facility.
- e. Any medication that have been handled
- f. Driver's compartment should be included in the cleaning process.
- g. 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.

MCA Name:

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Protocol Source/References: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>,
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>,
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>,
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Specimen Collection for Suspected COVID-19 Patient

- I. Applicable patients – Patients who have received a referral or order from a clinician (primary care, local health department, medical control physician) for specimen collection while under quarantine or isolation.
- II. Collection Procedure
 - A. Don appropriate PPE
 - i. N95 Mask
 - ii. Gown
 - iii. Gloves
 - iv. Eye protection
 - B. Place patient in seated position
 - C. Tilt patient’s head back slightly to visualize nasal passages
 - D. Gently insert swab along septum floor
 - i. Stop when resistance is met
 - ii. Do not force swab further
 - E. Rotate swab several times (keep in passage 10 seconds)
 - F. Gently remove swab
 - G. Place swab into collection tube according to directions
 - i. Place swab into tube before breaking stick
 - ii. Tighten cap securely
- III. Packaging procedure
 - A. Label tube
 - i. Patient name
 - ii. Patient DOB
 - iii. Source
 - B. Place tube in plastic bag with absorbent material
 - C. Place sample in 95kPa bag
 - D. Place bagged sample on ice pack
 - E. Follow instructions according to referral source or ordering physician for shipping or delivery.
- IV. Key Information
 - A. Uncomfortable procedure, be gentle with patient
 - B. Questions or issues with packaging should be handled by referral source, according to directions on collection materials provided



Michigan
***EMERGENCY* SPECIAL OPERATIONS**
PRIVILEGING AND PARTICIPATING FACILITIES RELEASE
DURING COVID-19 RESPONSE

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Privileging and Participating Facilities Release During COVID-19 Response

Purpose: Establish a mechanism allowing EMS agencies/Medical Control Authorities (MCA) to give prehospital care across jurisdictional boundaries during the COVID-19 response.

1. During the COVID-19 response all MCA, EMS Agencies, and Emergency Departments assist and support each other. This provides an approved/authorized process allowing EMS agencies to function within an MCA during the COVID-19 response.
2. Requests for support may be made to the MCA or EMS agencies within the state through each MCA's local Healthcare Coalition. Response is dependent on the availability of equipment and personnel.
3. For the purpose of load balancing hospitals during the COVID-19 pandemic, personnel and agencies from different MCAs will be allowed to operate in any MCA for the duration of the response.
 - a. Personnel should function according to the protocols of their home MCA.
 - b. When need diminishes, previously approved privileging protocols will be immediately reinstated.
 - c. Agencies operating under this protocol during the COVID-19 response will return to their normal approved response areas when the need for cross-MCA function has lapsed.

MCA Name:

MCA Board Approval Date:

MCA Implementation Date:

Protocol Source/References:

Michigan
***EMERGENCY* SPECIAL OPERATIONS**
CLINICAL TREATMENT FOR PATIENT WITH
SUSPECTED COVID-19 CRISIS STANDARDS OF CARE

Initial Date: 03/23/2020

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Section 10-20

Clinical Treatment for Patient with Suspected COVID-19 Crisis Standards of Care

- I. Applicable patients
Patients prescreened or encountered by EMS personnel who may or may not have been pre-identified by 911/EMD as a potential COVID-19 patient:
 - A. Have signs and symptoms of respiratory illness (cough, shortness of breath) AND fever (may be subjective)
 - B. Have signs and symptoms of respiratory illness (cough, shortness of breath) AND known exposure to patient with suspected COVID-19
- II. Personal Protective Equipment
 - A. Standard, contact, and airborne precautions
 - B. Surgical masks may be substituted for N95 masks when no aerosolized procedures are taking place and when not in an enclosed area (e.g. ambulance patient compartment) with actively coughing patient.
 - C. Surgical masks or non-rebreather masks with supplemental oxygen for patients in respiratory distress should be applied to the patient whenever possible to perform source control.
- III. Treatment
 - A. Follow **General Prehospital Care Protocol**
 - B. Patients should receive oxygen to maintain SPO₂ ≥94%
 - i. Nasal cannula can be applied under a surgical mask.
 - ii. Non-rebreather masks, for patients with hypoxia or respiratory distress should be used in lieu of surgical masks.
 - C. Assess breath sounds
 - i. For patients with clear breath sounds, continue supportive oxygenation.
 - ii. For patients with wheezing
 1. Preferred mechanism for pharmacological intervention is metered dose inhaler (MDI) with spacer (including assisting patient with personal inhaler), if available.
 2. If patient has profound wheezing and there is not access to MDI and the patient has a known history of other respiratory conditions (asthma/COPD)
 - a. Administer bronchodilator via nebulizer in open area with maximum air ventilation, with N95 or greater respirator applied, and single rescuer monitoring patient.
 - b. **DO NOT** administer nebulized medication in closed ambulance.
 - iii. For patients with significant pulmonary edema AND a history of CHF or COPD and positioning, oxygenation, and other treatments (e.g. nitroglycerin for CHF) are not effective:
 1. Apply CPAP per protocol.
 2. Use HEPA filter for exhalation port

Michigan
***EMERGENCY* SPECIAL OPERATIONS**
CLINICAL TREATMENT FOR PATIENT WITH
SUSPECTED COVID-19 CRISIS STANDARDS OF CARE


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3. CPAP being utilized in the patient compartment should be limited to necessity and only when all providers in the patient compartment have N95 respirators in place.
- D. Hypotensive patients – those with SBP <90mmHg with signs and symptoms of shock
 - i. Administer normal saline 250 mL
 - ii. Reassess BP and signs and symptoms of shock prior to administering more fluid
 - iii. Normal saline boluses of 250 mL may be repeated to a maximum of one liter as signs/symptoms persist before contacting medical control.
- E. Airway management
 - i. **DO NOT** Intubate or perform rescue breathing on patients with suspected COVID-19.
 - ii. Utilize supraglottic airways with ETCO₂ if an interventional airway needs to be placed.
 - iii. Place filter inline for ventilations or utilize a BVM with filtration capability, if available.
- IV. Time sensitive patients
 - A. Patients in need of immediate intervention will be treated with a minimum of gloves, eye protection, and mask
- V. Transport
 - A. Interventions should be performed **PRIOR** to loading into or closing patient compartment of the ambulance.
 - B. Only one provider will remain with patient for transport, if possible.
- VI. **Cardiac arrest- Follow CARDIAC ARREST IN A PATIENT WITH SUSPECTED COVID-19**

Cardiac Arrest in a Patient with Suspected COVID-19 Crisis Standards of Care

- I. Applicable patients are patients in cardiac arrest with known previous symptoms of respiratory illness and fever.
- II. Personal Protective Equipment
 - A. Standard, contact, and airborne precautions
 - B. CPR and assisting ventilations are aerosolized procedures. N95 masks or equivalent are required. Do not perform CPR without respiratory precautions in place.
- III. Treatment
 - A. For patients with no known fever or respiratory illness, follow **General Cardiac Arrest Protocol**.
 - B. For arrests of patients with known recent history of respiratory illness and fever, treat according to **General Cardiac Arrest Protocol** EXCEPT:
 - i. Airway interventions will be limited to BLS procedures, including supraglottic airway. **DO NOT INTUBATE**.
 - ii. When CPR is being performed, only necessary personnel should be next to the patient. Personnel should distance themselves when not performing interventions.
 -  iii. If no return of spontaneous circulation (ROSC) within 10 minutes of resuscitation, contact medical control for possible termination orders.
 - iv. Patients in continuous cardiac arrest **WILL NOT BE TRANSPORTED**, regardless of mechanical CPR device. Resuscitation will either be terminated on scene or ROSC sustained (continued palpable pulse and systolic BP ≥ 60 mmHg for >5 minutes) **BEFORE** moving the patient to the patient compartment of a vehicle.
 - C. For witnessed arrests inside the patient care compartment:
 - i. Pull vehicle to the side of the road and perform resuscitation in full PPE, with doors **OPEN**.
 - ii. If patient has mechanical CPR device in place and has lost ROSC, the device may be resumed with continued transport to the hospital, as long as all personnel in the patient compartment have sufficient respiratory PPE in place.