KCEMS

Kent County
Emergency Medical Services, Inc.

KCEMS COVID-19 Update March 30th, 2020 1730

Patient Follow-ups:

Recently there has been several questions regarding the process of receiving follow ups for positive cases. Currently, the health systems are reaching out to either directly to the agencies involved in any responses that had a confirmed positive patient, or they are coordinating with KCEMS to provide the information. Please understand that these tests results are not immediately available and, in some situations, may take up to 7 days for the results to be available. We are also only receiving notification on positive tests, if a test comes back negative there is no direct notification process currently. If there is a specific patient that you would like follow up on everyone is still encouraged to submit a patient follow up request through the regional website or by following this link:
https://www.wmrmcc.org/Submit-a-Report/Request-Clinical-Information

EMResource daily reporting for all LSA's

Thank you to all the agencies who participated in the agency polling today. Moving forward we will plan to conduct the survey on Monday, Wednesdays & Fridays until we receive direction from the State to conduct it more often. Please plan to complete the survey again on Wednesday morning by 1000. The direct link to the survey is: https://forms.gle/mGKF6wqeYPAN42sFA

Change to Process Requesting PPE supplies

Ensuring everyone has the correct link to request supplies

All Fire Departments will continue to request supplies through the Kent County Emergency Management Office by following this link:
https://kentcounty.sjc1.qualtrics.com/jfe/form/SV_5orYU7nBSs3ncrP

All transport agencies and hospitals will continue request supplies through the Region 6 Healthcare Coalition by following this link: https://www.miregion6.org/emergencyequipmentrequestform.html

Emergency COVID Protocols

Tomorrow the region will be releasing updated protocols related to the COVID-19 response. These current draft protocols are attached to this update for initial education for all providers. Please pay close attention to the update nCOVID Resuscitation Cardiac Arrest Protocol that will include the following treatment guidelines for patients with known respiratory illness & FEVER:

- No intubation for suspected nCOVID patients
- No rescue breathing unless it is done with a BVM
- Transport will not be initiated, even with mechanical CPR, for suspected nCOVID patients
- After 10 minutes of resuscitation without ROSC providers contact MedCom for termination considerations.

We will also be adopting a protocol that will allow local units to assist other areas that are not covered under mutual aid agreements, and units from outside our area to do the same under certain circumstances.

The current COVID-19 protocol will also include language that will allow all mandatory MCA certifications recertifications to be extended until October 1st, 2020. Please note this will be a one time extension and only for recertifications. All initial certifications will still have to be completed prior to completing the initial orientation period.

Please take a moment to review and let us know if you have any questions.

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Use of Homemade Cloth Facemasks

There has been no change, however, messaging below is still considered relevant since there are still questions being received. Several partners have received requests for community members to make homemade masks. This is controversial at best and is not considered best practice, nor recommended practice within our MCA.

If contacted by individuals offering assistance, a thought that may be useful for our responders is to ask them to make gowns that could be laundered in between uses. If interested more information can be found on this topic by following this link:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

PPE Questions:

As we have stepped more into this event questions about the use of PPE. Here is a link to the current CDC guidelines regarding the use of stockpiled N95 masks: https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html

Here is a link to the CDC's best practice for extended use of N95 masks:
https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

Current Statistics:

Kent County Data

Updated March 29, 2020

Tests Submitted	364
Pending Tests	109
Presumptive Positive Tests	73
Negative Tests	182
Number of Deaths	1

Disclaimer: Private labs are now conducting coronavirus testing; therefore, the state testing numbers are not a true reflection of the number of tests conducted or the total number of people who have tested negative.

Ottawa County Statistics

as of 3:00PM, 03/29/20

Positive for COVID-19: 26

AS OF 3/30/2020 at 5:30 PM:

16 positive COVID-19 cases in DHD#10 jurisdiction

- *1 positive case in Crawford County*
- *5 positive cases in Kalkaska County*
- *1 positive case in Manistee County*
- *2 positive case in Mecosta County*
- *1 positive case in Missaukee County*
- *2 positive cases in Newaygo County*
- *2 positive cases in Oceana County*
- *2 positive case in Wexford County*

3 deaths from COVID-19 in DHD#10 jurisdiction

- *1 death in Kalkaska County*
- *1 death in Mecosta County*
- *1 death in Missaukee County*

*as supplied by the local Health Departments on their website at 1730 on March 27th, 2020

State of Michigan data can be found by following the link below:
https://www.michigan.gov/coronavirus/0,9753,7-406-98163-520743--,00.html

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Additional Information:

We would also suggest that you check the following locations to keep abreast of future developments:

CDC Coronavirus (general information): https://www.cdc.gov/coronavirus/2019-ncov/index.html
MDHHS COVID-19 website: https://www.michigan.gov/coronavirus
Kent County Health Department COVID-19 website: https://www.accesskent.com/Health/coronavirus.htm
Ottawa County Health Department: https://www.miottawa.org/Health/OCHD/coronavirus.htm
John Hopkins worldwide status report:
https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

Coronavirus Disease (COVID-19)

Adopting MCAs will have an "X" under their MCA name. If no "X" is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
X	X	X	X	X	X	X
Montcalm	**Muskegon**	**N. Central**	**Newaygo**	**Oceana**	**Ottawa**	
X	X	X	X	X	X	

Purpose: This is an emergency protocol to guide EMS response to patients who are at risk for coronavirus disease (COVID-19).

PSAP/EMD Focused Caller Screening

1. This protocol is intended to augment, not replace, current approved EMD protocols.
2. Requests for EMS should be screened for risks for coronavirus disease (COVID-19):
    a. Respiratory distress and/or cough AND Fever
    b. Those calls who screen positive for both of the above, or any other complaint where caller reports patient is under public health monitoring for coronavirus disease, will be treated as a positive screening for potential coronavirus disease (COVID-19) and responding EMS should be advised "patient screens for respiratory illness, don airborne precautions."

Response

1. Priority one* and two responses who screen for potential coronavirus disease (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.
2. Priority three** patients who screen for possible coronavirus disease (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).
3. 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 patient with fever and cough but without other priority one symptoms.

Personal Protective Equipment (PPE)

1. If EMD call-takers advise that the patient screens positive for potential coronavirus disease, responders should put on appropriate Personal Protective Equipment (PPE) **BEFORE** entering the scene.
2. Responders should exercise appropriate precautions when responding to <u>any patient</u> with signs or symptoms of a respiratory illness, even if information about potential coronavirus disease has not been provided.
3. Agencies and personnel should refer to current CDC guidelines for current recommendations on appropriate PPE for coronavirus disease. PPE may include the following, depending on CDC guidelines and type of care:
   a. N95 or higher-level respirator or surgical type facemask
   b. Eye protection
   c. Nitrile gloves
   d. Isolation gown or equivalent

   Current CDC Guidelines for EMS can be found at:
   https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

Patient Interaction & Assessment

1. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible.
2. The number of responders within 6 feet of the patient should be limited to the fewest number necessary to provide essential patient care.
3. Patient contact should be minimized to the extent possible.
4. Responders should consider the signs, symptoms, and risk factors of coronavirus disease when assessing the patient.
5. If signs & symptoms OR risk factors for coronavirus disease, a (surgical type) facemask should be placed on the patient as soon as possible for source control, if tolerated. Do **NOT** place N95 or similar masks on patients as these increase work of breathing.
    a. If coronavirus disease is not suspected, responders should use PPE appropriate to the clinical condition.

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 a 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 a 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

Treatment

1. Treatment of coronavirus disease is supportive in nature. Follow applicable protocols.
2. Oxygen administration
    a. Nasal cannulas may be worn by the patient under a facemask as clinically indicated.
    b. Non-rebreather masks should be used when clinically indicated (e.g., moderate to severe respiratory distress, significant hypoxia, failure to improve with nasal cannula).

3. Airway Management
    a. DO NOT intubate and only perform BVM rescue breathing on patients with suspected COVID-19.
    b. Utilize supraglottic airways with ETCO2 if an interventional airway needs to be placed.
    c. Place HEPA filter inline for ventilations or utilize a BVM with HEPA filtration capability, if available. If a filter is unavailable, direct exhaled air under a towel or sheet to minimize aerosolization and droplets.
4. Unnecessary aerosol-generating procedures should be avoided.
5. Cardiac Arrest – Follow **CARDIAC ARREST IN A PATIENT WITH SUSPECTED COVID-19**

Precautions for Aerosol-Generating Procedures

1. In addition to PPE, there should be increased caution in aerosol-generating procedures (BVM, nonrebreather mask, suctioning, emergency airways, nebulizers, CPAP, etc.)
2. N95 masks, instead of simple facemasks, should be worn by responders for aerosol-generating procedures. Follow current CDC guidelines.
3. Keep patient and aerosolization away from others without PPE (e.g., bystanders, EMS personnel not in PPE, etc.).
4. The use of HEPA filters for all procedures are considered best practice when available.
5. When treating patients in the ambulance, activate patient compartment exhaust fan at maximum level.
6. Isolate cab from treatment area when possible.

Hospital Arrival with Aerosol- Generating Procedures

1. If an aerosol-generating procedure is initiated prior to hospital arrival, recontact must be made with the ED by radio/phone upon arrival and before entering the facility:
    a. Obtain a room assignment
    b. Ensure that ED staff is prepared for the patient
    c. Temporarily discontinue nebulizers while entering the facility and until the treatment can be reestablished once in an appropriate room.
    d. Medical control may direct that CPAP should be temporarily transitioned to a non-rebreather; a BVM should be brought with in case needed.

Transport

1. When coronavirus disease is suspected in a patient needing transport, the receiving facility should be notified in advance that they may be receiving a patient who may have coronavirus disease.
    a. Notification should occur as soon as practical.
    b. Patients with positive coronavirus screen or symptoms should have pertinent positives included in EMTrack notification.

   c. Patients having a positive coronavirus screen or symptoms require a verbal report via recorded phone or radio regardless of priority.
2. Family members or other contacts of patients with suspected coronavirus disease should **not** ride in the transport vehicle, if possible.
3. Only necessary personnel should be in the patient compartment with the patient.
4. When practical, utilize a vehicle with an isolated driver and patient compartment. Maintain ventilation to the patient compartment.
5. Personnel driving the transport vehicle should doff PPE (with exception of facemask / respirator) and perform hand hygiene before entering the driver's compartment. Facemask/Respiratory should be maintained throughout care, transport, and turnover.
6. Doff PPE after providing verbal turnover report and leaving patient room and perform hand hygiene before touching documentation tools.

Destination

1. Patients with suspected coronavirus disease should be transported to the closest, most appropriate hospital with inpatient monitoring capability unless otherwise indicated in this or other destination protocols and guidance documents.
2. When directed by local medical control authority, patients with suspected or confirmed coronavirus disease may be transported to alternative destinations, such as an Alternative Care Site (ACS), urgent care/med-center, quarantine facility, private residence, etc.
3. When directed by the medical control authority, patient not screening for coronavirus disease may be transported to alternative destinations.
4. When directed by the medical control authority, patients may be screened for transport or in-home care via telemedicine consult with on-line medical control.

Documentation

1. Documentation of patient care should be done AFTER transport has been completed, PPE has been removed, and hand hygiene has been completed.
2. Documentation should include a listing of all EMS personnel involved in the response.
3. The narrative of the patient care report should include the key terms COVID or coronavirus in order to allow for syndromic surveillance.

Cleaning Transport Vehicle and Equipment

1. Leave patient compartment open for ventilation while patient is taken into receiving facility.
2. Maintain doors open during cleaning.
3. Follow current CDC guidelines for cleaning and disinfecting transport vehicle. An EPA-registered, hospital-grade disinfectant should be used on all surfaces.
4. Clean drug bag cassette and contents prior to exchanging at receiving facility.
5. Driver's compartment should be included in the cleaning process.

Notification of COVID positive testing

1. Hospitals shall establish a mechanism for communicating to EMS and public safety agencies when a patient, having arrived at the hospital by EMS or with notification that they were seen by EMS, has a positive COVID-19 test.
2. Hospitals must notify public health of COVID positive patient test results.
3. If a hospital receives a request from the medical control authority, or an EMS agency, related to a suspect COVID case, the hospital shall inform all affected agencies of the test results, positive or negative **OR** Public Health may function in the capacity for notification of EMS and public safety agencies, as determined within each Medical Control Authority.
4. If a patient arrives to a hospital by EMS, and a COVID test is performed but the result is negative, the hospital is not obligated to inform EMS unless a request for results is received from an EMS agency on the call, or the MCA.
5. Individual hospitals and MCA's are required ~~encouraged~~ to develop a streamlined process for follow-up on COVID testing of EMS patients.

Staff Fitness for Work Screening

1. EMS agencies must institute a staff screening policy in collaboration with their local MCA
2. A provider with a fever of ≥ 100.4° F / 38° C shall not work until resolution of symptoms.
3. Agencies may adopt a stricter screening policy.
4. Agencies must notify the MCA of employee exposure or quarantine.
5. Long term care facilities and hospitals may require screening prior to EMS entry into facilities. Staff should be prepared and willing to allow for assessment of temperature and screening questions, when required.

Return to Work Criteria

1. Return to work of an exposed or confirmed COVID positive provider shall occur according to the current CDC *Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)*
2. In the event of sustained widespread community transmission as determined by the individual County's Health Department, agencies may utilize the adjusted Return to Work Guidance published by the Michigan Department Health and Human Services.

Extension of Required MCA Certifications

1. Due to the limited access of recertification courses due to COVID-19 all MCA required certification course renewals are extended until October 1st, 2020.
    a. This includes ACLS, PALS, PHTLS, ITLS, PEPP, EPC
2. This is a one time extension, all EMS providers must have updated certifications prior to October 1st, 2020.

3. New providers who enter into the Regional 6 EMS system must have the required certifications prior to completing their agency orientation program.

Additional Resources

CDC COVID-19 Website
https://www.cdc.gov/coronavirus/2019-ncov/index.html
Michigan EMS COVID-19
https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_76849-520225--,00.html
Michigan.gov Coronavirus
https://www.michigan.gov/coronavirus
IAFF.org Coronavirus
https://www.iaff.org/coronavirus/
Johns Hopkins University Coronavirus Syndromic Surveillance Tool

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.

Protocol Source/References: https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html

Initial Date: 03/23/2020
Revised Date:
Section: 8-35

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: