Pre Hospital CoVID-19 Pandemic Plan

(3/16/2020)

Overview: The following is a guide for first responders and EMS transporting agencies during the CoVID-19 Pandemic practicing under Gerad Troutman, MD, MBA, FACEP. Please understand that this document will change as our profession learns more about this situation. Feel free to contact Dr Troutman at 940-642-0100 or TroutMD@gmail.com at any time for any questions.

TIME/NUMBER, DISTANCE, and SHIELDING are paramount to help prevent spread. In all phases, crew contact should be kept to a very minimum. In most cases, one provider is sufficient to take care of the majority of patients. There should never be more than two providers interacting with a high risk patient, even if the patient is in extremis. Providers should remain 6 feet away when possible, even if in PPE.

See current CDC guidelines for provider and patient PPE requirements and vehicle cleaning procedures. N95 masks should be issued and reused by providers unless worn/visibly soiled or highly aerosolized procedure occurs (i.e. intubation). If NO N95 masks are available, standard surgical masks should be used in lieu of no PPE. This is in accordance to CDC PPE use/reuse guidelines.

High Risk patients from initial dispatch screening include those with a fever (documented or stated by the patient of > 100.4), cough, or other upper respiratory symptoms. If a patient states they have been in direct contact that tested positive for CoVID-19, they should also be considered high risk regardless of symptoms. A provider can deem a patient high risk at any time during their assessment.

Providers should take their temperate at the start and end of shift with buddy accountability. Any responder who has fever and cough/URI symptoms should report to their supervisor immediately. If at any point during shift, a fever is noted, cease seeing patients and report to their supervisor.

Phase 0 – Utilized while no, or very few travel cases noted in the community.

*Started approx. 2/12 in Lubbock & Amarillo.

Dispatch screening using infectious disease tool. Patients screened by travel location hot spots coupled with fever/cough/URI symptoms. High Risk patients discovered are transmitted to responders with covert radio communication. Responding provider will don PPE during all interactions.

Dispatch begins movement into Protocol 36 Level 0 once available with responses as follows: Level 0: Delta: Fire Hot or Cold (Standby) & EMS Hot. Charlie: EMS Hot. Alpha: EMS Cold. Fire will standby on call and one provider only enters scene if there is evidence that EMS may be delayed and patient is in extremis.

No change to care protocols.

When arriving at receiving facility, driver of ambulance makes personal contact with charge nurse and awaits further instruction. Care provider remains with patient until receiving facility indicates room is ready to receive patient. May consider deferring to near site temporary care facility if facility directs that and EMS responder feels like it is appropriate.

Phase 1 – Utilized as community spread is noted.

Protocol 36 Level 1 implementation begins as increasing community spread is noted. Responses as follows: Level 1: Delta: EMS Hot. Charlie: EMS Hot. Alpha: EMS FOX/FIRST RESPONDER UNIT Cold. Plain language is utilized in dispatch communication to minimize confusion.

No transport protocol implementation begins. Protocol that utilizes dispatch interrogation coupled with responder interaction to deem low morbidity & mortality risk patients to not be transported. These patients are low risk for bad outcomes, but at high risk of infecting others. Patients are given packets discussing home quarantine procedures, self-care including fever reduction/cough suppressants, and guidelines for when to request emergency care. They will be followed up by either/or community paramedics, health department personal, or other health care personnel either/or in person, by phone, or by telehealth. Further details are in production.

Care changes for patients include minimizing aerosolized breaths. No nebulizers utilized, will move to sealed system Albuterol MDIs. No CPAP for suspected patients. Intubations should not occur; if severe respiratory distress, consider iGel placement. Facemask at most and rapid transport is preferred. Any oxygen saturation in the high 80s/90s is tolerated without supplemental oxygenation. Early use of Epinephrine for severe respiratory distress, including half dose for elderly.

Transported patients may be taken to normal hospital main emergency centers, or possible other temporary care sites designed for at risk CoVID-19 patients. These details are still being built; EMS transported patients will be in greater extremis due to the no transport protocol, so a main ER may be the best option, ultimately depending on capabilities of care sites.

Community outreach for signs/symptoms and reasons to seek care and which kind of care should occur in conjunction with other health care community partners.

Phase 2 – Widespread community infection, healthcare system severely taxed

Protocol 36 Level 2 implementation begins. Details in production, lowest level may not receive any response and ideally are referred to a detailed dispatch interrogation coupled with nurse/physician navigation. At risk CoVID patients, deemed low acuity, will not be responded to by EMS.

Expected additional community temporary care centers in place with routine EMS transport of moderate acuity suspected CoVID patients/other moderate acuity patients.

Dedicated 'CoVID EMS units' that respond to the higher acuity suspected patient needing transport.

Phase 3 - Widespread community infection, overwhelmed local/regional healthcare system, multiple infected healthcare workers on leave

Protocol 36 Level 3 implementation beings which includes no response to low/some moderate determinants. Many other protocol determinates changed to no responses, moderates change to first responder units only. All this is ideally coupled to a 'nurse/physician navigation' system for further question/answering. All low acuity patients will not receive an EMS response. Many moderate acuity may receive no response or a first responder vehicle (non-transport capable vehicle) first for further interrogation.

References:

Protocol 36:
https://www.emergencydispatch.org/sites/default/files/downloads/flu/P36_Pandemic_SP_110113.pdf

CDC Reuse: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

CDC General EMS Guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html