COVID-19

Weekly Maryland EMS Update
March 13th, 2020
Agenda

• Situational update
• COVID-19 guidance updates
• Moderated Question and Answer session
Situational Update
Maryland Situational Update

• 12 cases in Maryland
• It should be stressed that although this is a concerning and evolving situation, it is an expected one
• Preparedness activities have been ongoing for weeks, and continue to occur
• Please continue to work diligently within your EMSOP and with other health partners to ensure an appropriate yet measured response to COVID-19
Guidance Updates

• Requirement for use of PUI during request for consultation **REMOVED** (document in eMeds)

• Continue to ask travel questions

• Keep a high index of suspicion for COVID-19 for any patients:
  • Symptoms with a recent history of travel to area with ongoing transmission **OR**
  • Exposure to known COVID-19 positive person in the last 14 days

• **Continue to inform receiving hospital** of patients with fever or respiratory symptoms
High-Risk Areas

- China
- Japan
- South Korea
- Iran
- Europe **
- New York **
- Washington **
- California **
Contain virus at the source

• Have all patients with fever/respiratory symptoms wear a simple/surgical facemask (regardless of travel)

• This blocks the virus at its source
Contain virus at the source

• Cover with a mask: if the patient requires nebs, nasal cannula, non-rebreather – cover the device with a facemask

• Limit respiratory procedures (nebs, CPAP) to patients with moderate to severe respiratory distress

• Turn off nebs, as patient condition allows, when entering hospital hallways/areas with unprotected people
Hierarchy of Controls

Substitution and Elimination

Most Effective

Requires a physical change to the workplace

Least Effective

Requires worker or employer to do something

Engineering Controls

Administrative Controls including Work Practices

Personal Protective Equipment

Requires worker to wear something
Personal Protective Equipment

• Limit the number of clinicians treating the patient

• Clinicians should wear regular (surgical) facemasks if taking care of any patient with fever/respiratory symptoms
  • Regardless of recent travel

• If aerosolization is a concern, N-95 respirator should be utilized
  • Nebs, oxygen devices (oxygen by NC/non-rebreather), CPAP, suctioning, intubation
Personal Protective Equipment

- Gowns, gloves, eye protection, and facemasks should be utilized for patients experiencing any of the following symptoms:
  - Fever
  - Cough
  - Shortness of breath
  - Body aches
  - Cold-like symptoms
PPE Requests

• PPE status continuing to be monitored by daily surveys
• In the event that PPE is needed, make request to your local emergency management agency
  • This request will be routed to MEMA, who will coordinate with state partners, including MIEMSS
EMS Clinician Follow-up Process

• Any positive cases where EMS transported are reported from the state’s chief epidemiologist to state EMS medical director

• State EMS medical director will notify designated infection control officer
What constitutes a medium/high risk exposure?

• IF COVID-19 positive patient (tests positive) - consult local health department for guidance

• A medium/high risk exposure must include a prolonged (greater than 5 minutes) exposure with a patient without the appropriate PPE

• Exclusion from work for 14 days recommended if:
  • No mask on the patient AND clinician not wearing facemask or eye protection
  • Mask on the patient AND clinician not wearing a facemask

**PANDEMIC PROTOCOL** (not for use yet)

---

**Viral Syndrome**  
**Pandemic Triage Protocol**

*Not for routine use, only to be utilized at the direction of the State EMS Medical Director*

The Maryland Emergency Medical Services Board, is issuing this emergency protocol for COVID-19 under its authority in the Education Article Section 13-511(d)(1) and COMM 31-02.06.05(3) and directing EMS clinicians to follow this protocol under the catastrophic health emergency proclamation.

This protocol may be used by both ALS and BLS clinicians.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

- Patient is between the ages of 2 to 55 years of age
- Patient has a suspected viral syndrome with at least 2 of the following symptoms: fever, cough, body aches, or sore throat
- Patient has a history of an immunosuppression, or is taking medicines to depress their immune system (cancer undergoing chemotherapy, transplant patient, HIV, etc.)
- Patient has a history of diabetes
- Patient has a history of heart disease
- Patient has a history of COPD
- Patient has a heart rate between: ages 13-55 years: 50 - 110 bpm  
  (2-5 years: 80 to 140 bpm  6-12 years: 70 to 120 bpm)
- Patient has a systolic blood pressure between: ages 13-55 years: 110-180 mmHg  
  (2-5 years: greater than 80mmHg  6-12 years: greater than 90mmHg)
- Oxygen saturation (SpO2) greater than or equal to 94%
- Clear lung sounds
- Respiratory rate between 12 - 22 breaths per minute, or the patient has a subjective shortness of breath complaint
- Patient is able to ambulate to their baseline level of activity without difficulty

If there are **any** checkmarks in the shaded areas, treat the patient per the usual protocol and encourage transport.  
If **all** checkmarks are in the non-shaded area, refer to the follow-up script.  
If in the EMS clinician's professional judgement, they feel that the patient warrants transport, they are empowered to do so.
COVID-19 Related Cost Monitoring

- Jurisdictions should actively track their expenses related to COVID-19
  - As potential funding is mobilized, reimbursement will be directly linked to accurate record keeping from each EMSOP.
Take Home Points

• PUI consult requirement removed, but still notify receiving hospital and mark as PUI in eMEDS
• Put a facemask on the patient early (and over respiratory devices)
• Clinician should wear facemasks when caring for any patient with fever/respiratory symptoms unless aerosolization is a concern (if so, use N-95)
• Contact Local EM for PPE requests
• Ensure daily completion of EMS survey
Next Steps

• Next webinar March 20th, 2020, 10:00 am
• Daily phone calls with all EMS agencies statewide will be occurring starting March 16, 2020, time is pending
Resources & Contact Information

- MIEMSS Infectious Diseases Webpage: http://miemss.org/home/infectious-diseases
- EPA approved COVID-19 disinfectants: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- MIEMSS Infectious Diseases Email: infectiousdiseases@miemss.org
Moderated Q and A Session