



State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

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To: EMS Operational Programs

From: Timothy Chizmar, MD, FACEP  
State EMS Medical Director

Date: March 17, 2020

RE: Viral Syndrome Pandemic Triage Protocol – Emergency Protocol

This emergency protocol is being issued by the Maryland Institute for Emergency Medical Services Systems, after approval by the Executive Director of MIEMSS and the Chairman of the State Emergency Medical Services Board, in response to the COVID-19 pandemic, and in accordance with Education Article Section 13-516(d)(1) and COMAR 30.03.05.02(I) and a catastrophic health emergency proclamation.

The protocol is available for immediate implementation. Please notify the Office of the Medical Director ([chyzer@miemss.org](mailto:chyzer@miemss.org)) if your jurisdiction plans to utilize this protocol.

Please direct any questions regarding this protocol to the Office of the Medical Director.

Enclosures (3):

Viral Syndrome Pandemic Triage Protocol  
Administrative Guidance  
Viral Syndrome Pandemic Instructions

**Maryland Institute *for* Emergency Medical Services Systems**  
**Administrative Guidance**

**Viral Syndrome Pandemic Triage Protocol Implementation**

**Purpose**

To provide guidance for EMS Operational Programs (EMSOPs) that plan to implement the Viral Syndrome Pandemic Triage Protocol.

**Background**

A global pandemic due to a novel coronavirus (COVID-19) has precipitated a surge in calls for emergency medical services (EMS) related to viral syndromes. On March 5, 2020, Governor Hogan declared a state of emergency in response to the first documented cases in Maryland. Furthermore, COVID-19 will continue to cause continued high volumes of calls for service from EMS and concurrent absenteeism in the EMS workforce for weeks to months.

With anticipated unprecedented patient volumes for EMS and Maryland hospitals, it is necessary to implement a protocol that assists EMS clinicians in identifying patients that may be appropriate to care for themselves safely at home, without transport to an emergency department. Therefore, the Executive Director of MIEMSS and the Chairman of the Maryland EMS Board issued this emergency protocol under their authority in Education Article Section 13-516(d)(1) and COMAR 30.03.05.02(I).

**Process**

- 1) The EMSOP shall insert any local guidance or specific resource information (e.g., local health department phone number, local urgent care information, etc.) within the Viral Infection Home Care Instructions
  - a. Local information shall be inserted on page two of the Word document, where indicated.
  - b. The instructions shall be printed as a two-sided document
- 2) The EMSOP shall provide EMS Clinicians with copies of the following:
  - a. Viral Syndrome Pandemic Triage Protocol
  - b. Viral Infection Home Care Instructions (a double-sided copy; provided to patients who are not transported by EMS)

- 3) The Viral Syndrome Pandemic Triage protocol may be used by ALS or BLS clinicians for appropriate patients. It should be in-hand and completed for each relevant patient. If the patient does not meet viral syndrome criteria, the EMS clinician shall refer to the appropriate treatment protocol in the *Maryland Medical Protocols for EMS*.
- 4) The EMS clinician shall document every use of the protocol under the COVID-19 tab in eMEDS.
- 5) The EMSOP should develop a process to make a follow-up phone call or visit within 24 hours for every patient who is not transported to the ED using this protocol. Follow-up calls or visits should be documented under "Call Type: Mobile Integrated Health", COVID-19 follow-up = Yes.
- 6) The EMSOP shall provide education to all EMS clinicians on the appropriate application of this protocol.

Approved:



March 17, 2020

Theodore R. Delbridge, MD, MPH  
Executive Director



# Viral Syndrome Pandemic Triage Protocol



EFFECTIVE March 17, 2020 until rescinded or superceded

For Use By BLS and ALS Clinicians

YES

NO

☐☐

Patient age is between 2 and 55 years

☐☐

Patient has a suspected viral syndrome with at least two (2) of the following symptoms:  
fever, cough, body aches, or sore throat

☐☐

Patient has a history of immunosuppression, or is taking medicines that depress the  
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 or lung disease

☐☐

Patient has a heart rate between : 50 - 110 bpm (age 13-55 years);  
(age 2-5 years: 80-140 bpm; age 6-12 years: 70-120 bpm)

☐☐

Patient has a systolic blood pressure between: 110-180 mmHg (age 13-55 years);  
(age 2-5 years: > 80mmHg; age 6-12 years: > 90mmHg)

☐☐

Oxygen saturation (SpO<sub>2</sub>) greater than or equal to 94%

☐☐

Clear lung sounds

☐☐

Respiratory rate between 12 - 22 breaths per minute, and the patient does not complain of  
shortness of breath

☐☐

Patient is able to ambulate without difficulty

☐☐

Patient is agreeable to home self-care

**ANY CHECKS** in a shaded box indicate that patient transport should be encouraged.

If **ALL** CHECKS are in non-shaded boxes, patient may provide self-care at home.  
Refer to no-transport instructions for patients.

Any patient may be transported at the EMS Clinician's discretion.

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