Medical Directive # 2003002
FOR IMMEDIATE DISTRIBUTION
Date 03/19/2020

OFFICE OF THE MEDICAL DIRECTOR
EMERGENCY PHYSICIANS ADVISORY BOARD

Medical Oversight for the MedStar System

Effective: 03/20/2020 Expiration: N/A
Replaces Medical Directive #: 2003001

Subject: COVID-19 Pandemic - Identification and PPE

Given the current reports of community transmission in DFW, providers should wear a baseline level of PPE when responding to all emergent and non-emergent calls. The determination of this baseline will be agency dependent, but should at a minimum include a surgical mask and gloves.

If you are evaluating a patient with symptoms of respiratory illness (e.g., cough, difficulty breathing, fever), first maintain at least 6-feet of separation, if possible. Then, place the patient in a surgical mask, followed by the "Identify, Isolate, Inform" Process:

Identify

All patients with signs and symptoms of lower respiratory illness should be treated as if they are currently infected with COVID-19. Further, there may be patients who have recently traveled to areas with more wide spread community transmission, which should significantly raise the clinical suspicion of COVID-19. The same is true for patients who have been in close contact with confirmed or suspected COVID-19

Remember that fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Further, many patients with COVID-19 do not initially present with fever.

For patients identified through the 911 call-taking process, begin with below Isolation instructions while confirming screening questions.

Isolate

- Ensure patient continues to wear surgical mask
- Don airborne precaution PPE: gloves, fluid-resistant gown, N-95 or greater respirator, and eye protection

Inform

- Follow Agency institutional policy on notification for HCID, including Agency chain-of-command
- Notify destination receiving facility of a patient requiring negative pressure room and airborne precautions

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- For patients refusing treatment or transport, contact OLPG
- Plan for decontamination of personnel, equipment, and ambulance

Further background information is available at the CDC's Health Advisory Network:
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

If you have any questions, do not hesitate to contact me directly.

Veer D. Vithalani MD, FACEP, FAEMS
Interim Medical Director

Medical Directive # 2003003
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EMERGENCY PHYSICIANS ADVISORY BOARD

Medical Oversight for the MedStar System

Effective: 03/20/2020 Expiration:

Replaces Medical Directive #:

Subject: COVID-19 Pandemic - Aerosol Generating Procedure Minimization

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Purpose: The purpose of this directive is to provide guidance regarding the use and minimization of aerosol-generating procedures (AGPs) in patients with signs and symptoms of lower respiratory infections, such as COVID-19, during times of pandemic declaration within the jurisdiction of the Metropolitan Area EMS Authority (MAEMSA).

Definition: Aerosol-generating procedures (AGPs) include nebulization, suction, high-flow nasal cannula (>15 LPM), non-rebreather, non-invasive positive-pressure ventilation (CPAP or BiPAP), bag-valve mask ventilation (BVM), CPR, and endotracheal intubation.

Indications:

1. Patients with signs and symptoms consistent with COVID-19:
   a. Fever
   b. Cough
   c. Shortness of breath
   d. Sore throat
   e. Nasal congestion
   f. Body aches
   g. Headache
   h. Chills
   i. Fatigue
   j. Nausea / vomiting
   k. Diarrhea

Procedure:

1. Minimize utilization of AGPs to when absolutely essential to patient care.
2. If possible, perform in an open space (i.e. outside the ambulance) and minimize the number of personnel present.
3. Follow PPE guidance per "COVID-19 Pandemic Identification and PPE" directive and agency policy.
4. ONLY perform AGPs when wearing full airborne isolation PPE.
5. Use the minimum amount of oxygen supplementation necessary to maintain oxygen saturation ≥94%.
6. Whenever nasal cannula or non-rebreather is used for oxygen supplementation, place a surgical mask on the patient over the device as well.
7. If bronchodilator therapy is needed, utilize the patient's personal albuterol or albuterol/ipratropium (Combivent) inhaler, if available, prior to consideration of nebulizer therapy. By estimation, 5 puffs = 1 nebulizer dose. This does not apply to other types of inhalers.

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8. For respiratory failure thought to be secondary to asthma, consider early use of intramuscular epinephrine instead of nebulizer therapy.
9. If available, use viral filter when utilizing CPAP/BiPAP, BVM, or advanced airway.
10. For patients who require an advanced airway, a King airway should be the airway of choice.
    a. Place tape over the gastric port if not in use.
    b. Do not attempt endotracheal intubation due to the significantly increased risk of viral transmission associated with this procedure.
11. Minimize the use of suction. For advanced airways, only suction through the port of the green swivel adapter (do not disconnect the circuit to suction through the opening).
12. In the setting of cardiac arrest, place a King airway as soon as possible.
13. Whenever possible, avoid intranasal medications and utilize intravenous or intramuscular routes of administration instead.

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Medical Oversight for the MedStar System

Effective: 03/25/2020 Expiration:

Replaces Medical Directive #:

Subject: COVID-19 Pandemic – Non-transport and Referral

Purpose: The purpose of this directive is to provide guidance for evaluation, non-transport, and referral of low acuity patients with signs and symptoms consistent with COVID-19 during times of pandemic declaration within the jurisdiction of the Metropolitan Area EMS Authority (MAEMSA). This directive may be utilized by all Basic, Assist, and Advanced credentialed providers.

Indications:

1. Age 5-64 years
2. Patients with signs and symptoms consistent with COVID-19:
    a. Fever
    b. Cough
    c. Shortness of breath
    d. Sore throat
    e. Nasal congestion
    f. Body aches
    g. Headache
    h. Chills
    i. Fatigue
    j. Nausea / vomiting
    k. Diarrhea

If any of the following, begin standard stabilization, treatment, and transport:

1. Abnormal vital signs
    a. Systolic blood pressure < 90 mmHg (or age-specific)
    b. Heart rate ≥ 110 or ≤ 50 beats per minute
    c. Respiratory rate > 20 or < 8 breathes per minute
    d. Pulse oximetry $< 94\%$ on room air
2. High-acuity symptoms:
    a. Syncope
    b. Ischemic chest pain
    c. Severe shortness of breath
3. High-acuity physical exam findings:
    a. Neck pain or rigidity
    b. Signs of hypo-perfusion or dehydration
    c. Abnormal breath sounds or respiratory distress
4. High-risk medical history
    a. Immunocompromised, e.g., chemotherapy, HIV
    b. Pregnant women or within 2-weeks postpartum
    c. Unsafe to leave in place or inability to care for themselves
5. EMS provider suspicion for severe illness

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Procedure:

1. For patients who meet indications with no criteria for transport, complete a full history and physical.
2. Inform the patient that they do not meet indications for transportation by ambulance to the emergency department.
3. Provide the patient with the "COVID-19 Related Illness" home care instructions, and instruct the patient to follow the home care and home isolation guidance described.
4. Instruct the patient to contact their healthcare provider for further medical care, or call 911 if their condition becomes severe.
5. Inform the patient that they can be screened and evaluated for COVID-19, including testing as indicated, using the Health System websites and phone numbers in the handout.
6. Complete a patient care report and select "COVID-19 Non-transport and Referral" in the Incident / Patient Disposition dropdown.
7. If the patient continues to request transport to the ED, contact OLPG.
8. If need for further guidance or questions, contact OLPG.

OMD will complete 100% review of all patients in which this directive was used.

If you have any questions, do not hesitate to contact me directly.

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