

Sunday March 15, 2020

Dear Sam Vance, Chief Bureau of EMS Missouri

I have been asked by the East Central Regional EMS Subcommittee and the local EMS Medical Directors for this region to present a Regional Plan for EMS treatment and transport for the current pandemic.

Through this process, I am officially authorizing the use of the attached protocol for the East Central EMS Region. Furthermore, I am authorizing the additional following bullet points in conjunction with the attached PDF.

**Actions under Authority of RSMO 190.103.7-10**

“7. Regional EMS medical directors may act to provide online telecommunication medical direction to AEMTs, EMT-Bs, EMT-Ps, and community paramedics and provide offline medical direction per standardized treatment, triage, and transport protocols when EMS personnel, including AEMTs, EMT-Bs, EMT-Ps, and community paramedics, are providing care to special needs patients or at the request of a local EMS agency or medical director.

8. When developing treatment protocols for special needs patients, regional EMS medical directors may promulgate such protocols on a regional basis across multiple political subdivisions' jurisdictional boundaries, and such protocols may be used by multiple agencies including, but not limited to, ambulance services, emergency response agencies, and public health departments. Treatment protocols shall include steps to ensure the receiving hospital is informed of the pending arrival of the special needs patient, the condition of the patient, and the treatment instituted.

9. Multiple EMS agencies including, but not limited to, ambulance services, emergency response agencies, and public health departments shall take necessary steps to follow the regional EMS protocols established as provided under subsection 8 of this section in cases of mass casualty or state-declared disaster incidents.

10. When regional EMS medical directors develop and implement treatment protocols for patients or provide online medical direction for patients, such activity shall not be construed as having usurped local medical direction authority in any manner.”

This Protocol shall be in effect until replaced by an updated version or the end of the declared disaster. Additional correspondence will be sent should the region decide to extend the use of this protocol beyond this timeframe.

When following these protocols:

- 1) EMS providers are also to contact the destination facility and expect/respond to additional triage questions.
- 2) EMS is authorized to deliver patients to alternative on-campus locations as directed by the receiving facility.

I also formally request as the regional EMS Medical Director that these protocols be presented to the State Ems Medical Director and the associated Regional EMS Medical Directors Subcommittee for the consideration of extending this protocol for the purposes of mutual aid and cross regional EMS response to this pandemic.

Thank you,



Sunday March 15, 2020

Brian Froelke, MD, FAEMS

Medical Director Missouri East Central EMS Region

# High Consequence Pathogens (Respiratory Diseases, SARS, MERS-CoV, Coronavirus)

Notify the Designated Infection Control Officer or designee for any potential patient with high consequence pathogen exposure.

**Evolving Guideline:**  
Guideline subject to change at any time dependent on changing outbreak locations.  
  
Monitor for guideline updates.

**Do not rely solely on EMD personnel to identify a potential exposure patient:**

- EMD may be constrained by time and caller information
- Obtain a travel history / exposure history and assess for clinical signs and symptoms
- Limit number of providers necessary for care and to limit potential exposures

**EMS Immediate Concern**  
**Fever and/or signs of respiratory illness with either:**

- Contact with someone or personal travel to affected geographical regions within past 14 days.
- Contact with someone with diagnostically confirmed illness of interest.
- Recent hospitalization with respiratory illness and no clear diagnosis.

**May also consider fever greater than or equal to 100.4 degrees Fahrenheit without travel as well.**

No  
Exit to Appropriate Guideline(s)

EMS Personal Protective Equipment

EMS General Treatment Considerations

**Patient:**

- Place standard surgical mask on patient.
- Nasal cannula: place under surgical mask and ensure seal at nose/under chin.
- Non-rebreather mask (caution: adequate flush rate may increase exposure).
- If unable to tolerate mask, have patient cover mouth and nose when coughing

**Providers utilize:**  
Standard contact/airborne precautions

- Eye Protection (e.g. goggles/face shields)
- N95 Mask (or higher) or PAPR
- Exam Gloves
- Disposable Gown
- Negative pressure in care compartment (See Pearls)

**Personnel in ambulance cab:**

- N95 Mask (or Higher) or PAPR

**Notify Destination or Contact Medical Control**

- Contact destination facility and expect/respond to additional triage questions.
- EMS is authorized to deliver patients to alternative on-campus locations as directed by the receiving facility

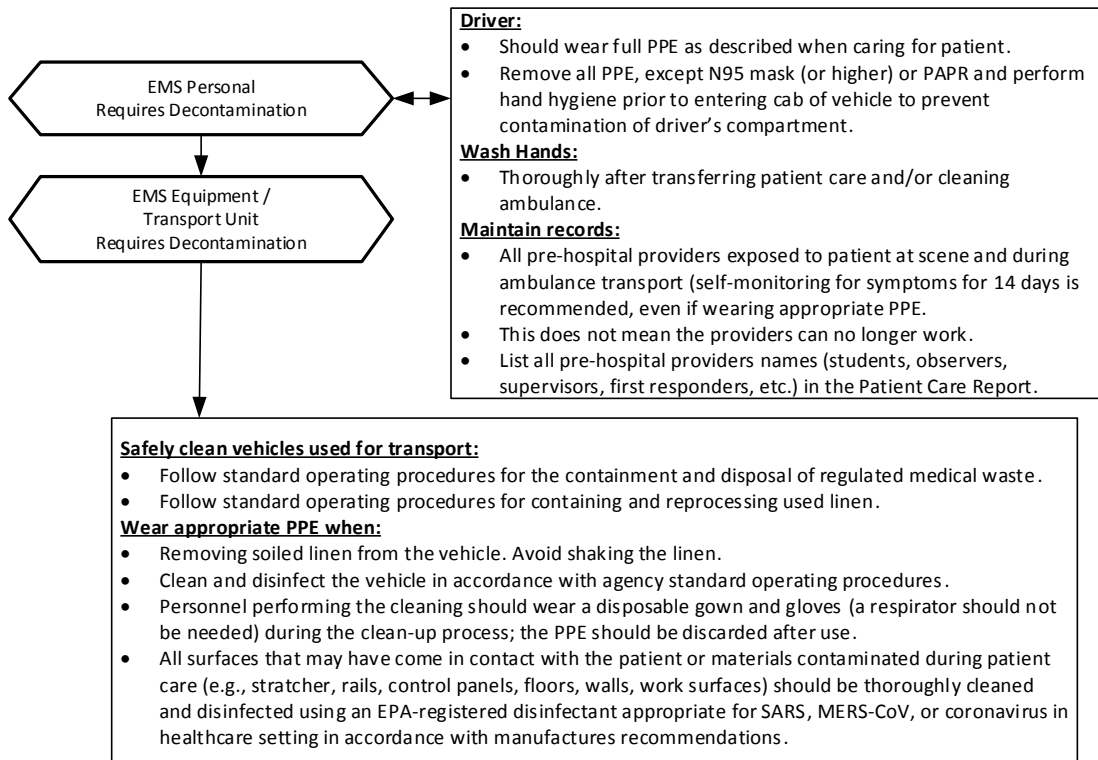
**Aerosol generating procedures:**

- Intubation (RSI if available) / BIAD / Suctioning
- Do not use NIPPV / Nebulizer if at all possible to limit exposure

**Use all PPE devices and strategies listed above**

Special Response Guideline

# High Consequence Pathogens (Respiratory Diseases, SARS, MERS-CoV, Coronavirus)



**Pearls**

- Any patient with fever and respiratory symptoms: Place mask on patient and provider wear mask and consider eye protection even outside this protocol.
- Transport:
  - Occupants in cab of vehicle all should wear N95 Mask (or higher) or PAPR.
  - Limit number of providers/passengers in vehicle required to provide patient care in order to limit exposures.
  - Ensure use of all PPE for crew and passengers when aerosol generating procedures utilized.
- Negative Pressure in care compartment:
  - Door or window available to separate driver's and care compartment space:
  - Close door/window between driver's and care compartment and operate rear exhaust fan on full.
  - No door or window available to separate driver's and care compartment space:
  - Open outside air vent in driver's compartment and set rear exhaust fan to full.
  - Set vehicle ventilation system to non-recirculating to bring in maximum outside air.
  - Use recirculating HEPA ventilation system if equipped.
- Airborne precautions:
  - Standard PPE with fit-tested N95 mask (or PAPR respirator) and utilization of a gown, change of gloves after every patient contact, and strict hand washing precautions. This level is utilized with Aspergillus, SARS/MERS/COVID-19, Tuberculosis, Measles (rubeola) Chickenpox (varicella-zoster), Smallpox, Influenza, disseminated herpes zoster, or Adenovirus/Rhinovirus.
- Contact precautions:
  - Standard PPE with utilization of a gown, change of gloves after every patient contact, and strict hand washing precautions. This level is utilized with GI complaints, blood or body fluids, C diff, scabies, wound and skin infections, MRSA.
  - Clostridium difficile (C diff) is not inactivated by alcohol-based cleaners and washing with soap and water is indicated.
- Droplet precautions:
  - Standard PPE plus a standard surgical mask for providers who accompany patients in the treatment compartment and a surgical mask or NRB O2 mask for the patient.
  - This level is utilized when Influenza, Meningitis, Mumps, Streptococcal pharyngitis, Pertussis, Adenovirus, Rhinovirus, and undiagnosed rashes.
- All-hazards precautions:
  - Standard PPE plus airborne precautions plus contact precautions.
  - This level is utilized during the initial phases of an outbreak when the etiology of the infection is unknown or when the causative agent is found to be highly contagious (e.g. SARS, MERS-CoV, COVID-19).
- COVID-19 (Novel Coronavirus): For most current criteria to guide evaluations of patients under investigation:
  - <http://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>