MEDICAL CONTROL DIRECTIVE 2022-06

DATE: April 1, 2022

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Implementation of Pinellas County EMS Pandemic Plan CONDITION GREEN and COVID-19 Guidelines Updates**

Effective Date: Immediately

The included information is currently based on the best and most current information available.

EMS Coordinators shall ensure rapid and broad distribution (i.e., newsletters, Target Solutions, internal e-mail, etc.)

1. This information supersedes:
   - Medical Control Directive 2022-04 COVID-19 Update

Setting Condition GREEN

1. Community transmission and EMS System operational impacts of COVID-19 are decreasing in Pinellas County
2. COVID-19 Unified Command supports the implementation of a Medical Control Directive transitioning Pinellas County EMS to Condition GREEN of the Pinellas County EMS Pandemic Plan effective April 1, 2022.
3. People may choose to use of a surgical mask while in groups indoors (i.e., station, vehicle cab, CME class, meetings, etc.). Those who are unvaccinated or considered “high risk” are encouraged to utilize a N95 respirator in place of a surgical mask.

CT26 Updates:

1. CT26.1 Universal COVID-19 Guidance
   - Proper disinfectant for the Surface Go3 added to the COVID19 Disinfectant List

2. CT26.2 COVID19 Response Plan and Dispatch Actions
   - No Changes

3. CT26.3 Approach to Suspected COVID-19 Patient
   - No Changes

4. CT26.4 COVID-19 Clinical Care
   - No Changes

5. CT26.5 EMS – Hospital Plan for Transfer of Patient Care
   - No Changes

Attachments:

CT26.1 Universal COVID-19 Guidance
CT26.2 COVID19 Response Plan and Dispatch Actions
CT26.3 Approach to Suspected COVID-19 Patient
CT26.4 COVID-19 Clinical Care
CT26.5 Hospital Plan for Transfer of Patient Care
PPE Placard

CT26.1 UNIVERSAL COVID19 GUIDANCE

Purpose – To provide an overview of how to stay safe and minimize exposure to COVID-19 through recommendations, processes, use of personal protective equipment (PPE), decontamination, and disposal of medical waste.

OFF DUTY

- Follow CDC/DOH guidance in your personal life to protect yourself and your family
- Stay healthy by eating well, getting enough sleep, washing your hands, etc.
- If you or your family become sick – report this to your supervisor **PRIOR to coming to work**

START OF SHIFT

- Follow your agency's screening process
- Ensure you are starting with a clean environment – decontaminate the station, response vehicle, patient compartment & stretcher (if applicable), medical equipment and bags, etc.
- Keep your personal food/gear away from the patient compartment or areas that could potentially be contaminated
- Ensure you have an adequate supply of and proper PPE and disinfectants
- Use proper PPE (Refer to COVID-19 PPE placard)
- Use proper disinfectants – Follow the **COVID-19 Disinfectant List** (included) guidelines to ensure the correct disinfectant and process is used. Ensure wet time guideline is met

RESPONSE / ON SCENE CARE / TRANSPORT

- Universal masking of all patients
    - All patients (age greater than 2 years as tolerated) will have a procedure/surgical mask applied.
    - Reference CT26.4 for the use of supplemental oxygen
- Utilize baseline PPE for all patients (Refer to PPE placard – Universal COVID-19 Precautions)
    - Nitrile gloves and surgical mask (minimum Level 2) ***OR*** N95 respirator
- Utilize full PPE (Refer to PPE placard – Full PPE) for Respiratory Isolation Precautions (RIP) note, Patient with Suspected or Confirmed COVID-19, Patient in Cardiac Arrest, Active Airway Assistance and/or Aerosol Generating Procedures (i.e., suction, high flow oxygen, nebulizer, CPAP, BVM ventilation, airway placement) regardless of suspicion for COVID-19
    - Head:
        - N95 Respirator or Half face elastomeric respirator with P100 Cartridge Filters & goggles ***OR***
        - Full-face elastomeric respirator with P100 Cartridge Filters and splash shields
    - Hands: Single Use Nitrile Gloves
    - Body: Gown or Single use coverall (i.e., Dupont Tychem)

- If COVID-19 not suspected, follow standard treatment protocols.
- If COVID-19 suspected use the approach to suspected COVID-19 Patient (CT26.3) protocol to minimize risk.
- Provide care according to the current Pandemic Condition level (GREEN, YELLOW, RED, BLACK) and provide EARLY hospital notification
- "If you see something say something"
    - If you see someone without proper PPE or inappropriate actions say something for their safety and yours.
- Report to your chain of command any issues at healthcare facilities, hospitals, other agencies, etc.

AT HOSPITAL / AFTER THE CALL

- Ensure your unit is decontaminated per the **COVID-19 Disinfectant List** (included) guidelines.
- Ensure we follow each hospital's infection control policies with courtesy (i.e., limiting access in the hospital, wearing a surgical mask, etc.)
- Ensure waste is properly disposed of (i.e., yellow bag for items that are retained for decon vs. a red bag for permanent disposal).
- Decontaminate your full face or half face elastomeric respirator and goggles, as applicable.
- Discard your N95 respirator, as applicable.
- Ensure proper documentation in **ePCR** of what isolation precautions were taken, PPE use per clinician, and final field impression if COVID-19 is suspected or confirmed.

IN BETWEEN CALLS / END OF SHIFT

- Have extra uniforms available and change your uniform to reduce contamination in the station, your response vehicle and personal vehicle.
- Ensure you have fully decontaminated before eating, drinking, smoking, touching your eyes/face, etc.

BE SAFE

- Please keep up the diligence of using proper PPE and disinfection practices to keep yourself, coworkers, work environment, and your family safe.

COVID-19 Disinfectant List

	Primary	Wet Time	Secondary	Wet Time	Other/Specific Notes
Hands (bare)	Soap and Water	20 secs.	Hand Sanitizing Gel or Wipe	20 secs.	Hand Sanitizer - min. 60% Alcohol
Goggles (reusable)	Bleach (wipe or solution - 0.55% concentration)	1 min.	N/A	N/A	***MUST*** rinse in clean water after application of bleach then air dry
Full Face Elastomeric Respirator (any brand)					
Half Face Elastomeric Respirator (any brand)					
Splash/Spark Cover (wipe exterior surface only)					
Gown (single use)	**SINGLE USE ONLY**	N/A	N/A	N/A	***DO NOT ATTEMPT TO DISINFECT***
Statpack Response Bags	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Commercial Extractor	Normal Cycle	
Major Trauma Bag	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Commercial Extractor	Normal Cycle	
Glucometer	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Isopropyl Alcohol (minimum 60%)	30 secs.	
BP Cuff (Nylon)					
Stethoscope					
Trauma Shears	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	Dispose of when unable to properly decontaminate
Bandage Shears					
Stretcher (in its entirety)	Per manufacturer instructions		Per manufacturer instructions		
Panasonic CF20	Isopropyl Alcohol (minimum 60%)	1 min.	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	30 secs.	
Panasonic CF20 LED Stylus					
Philips MRx - Device					
Philips MRx - All Cables					
Surface Go3	Isopropyl Alcohol (minimum 60% but not more than 70%)	1 min.	N/A	N/A	***DO NOT utilize any other product for disinfection***
Motorola Portable Radios (all models)	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	
Vehicle - Cab Interior (hard surfaces)	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	
Vehicle - Patient Compartment	Per agency specific instructions	N/A	Per agency specific instructions	N/A	
General Hard Surfaces (when not noted above)	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Isopropyl Alcohol (minimum 60%)	30 secs.	

CT26.1 - UNIVERSAL COVID19 GUIDANCE

CT26.2 COVID19 RESPONSE PLAN & DISPATCH ACTIONS

Pinellas County COVID-19 Unified Command has determined the following response configuration plan:

1. Pinellas County standard response configurations remain in place.
2. Additional COVID-19 Special Rescue (SR) units may be added to the system.
3. It is expected that agency Command Staff may implement "Condition 2" and/or "Condition 4" at their discretion.
4. "Condition 5" is not to be used for pandemic response because transport units need to be managed centrally.
5. Potential COVID-19 calls will be identified using the EIDS Tool in the MPDS system.
6. Pandemic Condition Level (Green/Yellow/Red/Black) will be determined by the COVID-19 Unified Command and displayed on the Hospital Status Board.
7. Additional response configuration changes will be made as needed by the COVID-19 Unified Command.

Dispatch Caller Screening:

1. Call takers (Regional 911 & Sunstar Communications) shall implement revised screening procedures (augments **MCD 2019-22 Influenza Season and EIDS Surveillance Tool Implementation** dated December 23, 2019 and supersedes **MCD 2020-13.1** dated March 21, 2020) in the following manner:

    a. The EIDS tool shall be used on all calls EMD (medical and trauma) and EFD.

    b. Call takers shall read the following Medical Director approved additional questions:
        - Are you/the patient being monitored for exposure to, been diagnosed with or treated for COVID-19 by a Doctor/Department of Health
        - Did you/the patient have close contact with a person with known or suspected coronavirus in the past 14 days

        Note: For the purposes of this protocol "Close Contact" is defined as being within six (6) feet of a potentially infectious person while not wearing appropriate PPE

    c. Travel History questions in the EIDS tool are no longer required
    d. Diarrhea shall be added to the symptom question list

2. If a patient has flu-like symptoms and/or meets any of the diagnosis, monitoring, treatment, or contact criteria, a call taker shall place the standard influenza speed note in the call:

"$Respiratory isolation precautions!"

3. System personnel shall be alerted and implement the appropriate level of PPE ***prior to entering the space or making patient contact***

Condition 2 Medical (2M)

1. During COVID-19, the EMS system is encountering frequent and lengthy Hospital Bed Delays.

2. In the event of significant and sustained Hospital Bed Delays, EMS & Fire Administration may authorize "Condition 2 Medical" which will be enacted by 911 Dispatch following their SOP which includes notifications to the field and Sunstar.

3. When EMS is experiencing a low number of Ambulances available due to Hospital Bed Delays - EMS will deploy a CONDITION 2 MEDICAL Plan during High Activity to clear Ambulances from Hospitals.

    - EMS Medical Communications will notify all Hospitals via a Hospital Emergency Notification System (HENS) Page. Prior to CONDITION 2 MEDICAL, EMS will communicate with Hospital Administrators.
    - EMS will show Countywide Hospital Status as CONDITION 2 MEDICAL
    - EMS will utilize System Status Management tools to distribute patients as equitably as possible however reserves the right to transport all patients to the CLOSEST Hospital if the situation escalates.

4. Refer to the EMS-Hospital Plan for the actions taken by Fire/EMS personnel and Hospital personnel during transfer of patient care at the Hospital.

5. If the EMS system increases to Condition 3 Medical the Condition 2M EMS-Hospital Plan will remain in force.

Condition 3 Medical (3M)

1. During COVID-19, the EMS system is seeing sudden spikes in demand for EMS services especially transports by ambulance.

2. In the event of a significant and sustained system demand, EMS & Fire Administration may authorize "Condition 3 Medical" which will be enacted by 911 Dispatch following their SOP to immediately add transport capacity to the EMS system.

3. During "Condition 3 Medical", when a Rescue Unit is assigned to an EMS call, it will provide treatment and transport. Additional assistance may be requested by the Rescue Unit as needed to assist. A transport by a Rescue Unit will be to the closest most appropriate facility. Trauma / Sepsis / Stroke / STEMI Alerts, Pediatrics, Veterans, Baker Act must be transported to the appropriate specialty hospital per the Hospital Destination Policy (CS4).

4. When an ALS Engine, Truck, Squad or Medic Unit is assigned to an EMS call, a Sunstar Unit will be dispatched and handle the transport. ALS First Responder Units should refrain from calling for a Rescue Unit unless Sunstar Units are unavailable per Dispatch.

5. During Condition 3M, it is not necessary to call Medical Control for Fire Rescue transports contained in the Transport Resource Utilization (CS5) protocol.

CT26.3 APPROACH TO SUSPECTED COVID19 PATIENT

GOAL – MINIMIZE UNPROTECTED EXPOSURES

- Use the "Isolation Precautions Taken" intervention in ePCR to document what PPE was utilized.
- Enter the number of personnel who donned PPE in the intervention qualifier.
- Document what PPE was employed by each clinician in the Crew section.

SUSPECT COVID-19 with any of the following patient symptoms regardless of dispatch notes, travel, or contact history:

- Fever or Chills (not required)
- Flu-like symptoms/body aches
- New loss of taste or smell
- Upper respiratory (congestion, sore throat, headache)
- Lower respiratory (cough or respiratory difficulty)
- Fatigue
- Gastrointestinal (GI) (nausea, vomiting, diarrhea)
- Patient with current laboratory confirmed COVID19 diagnosis

PROTECT YOURSELF:

- Limit the number of clinicians approaching a suspected COVID-19 patient.
- If making patient contact, don FULL PPE anytime you suspect COVID-19 ***regardless*** of dispatch information (Refer to the PPE placard)
  - N95 Respirator + goggles ***OR***
  - Half face elastomeric respirator with P100 Cartridge Filters + goggles ***OR***
  - Full-face elastomeric respirator with P100 Cartridge Filters (and splash shields)
  - Gown or single use coverall (i.e., Dupont Tychem)

PROTECT FAMILY MEMBERS:

"RIDERS" ARE PERMITTED in the ambulance with the following REQUIREMENT:

- Any rider should wear a surgical mask

CT26.3 APPROACH TO SUSPECTED COVID19 PATIENT

CT26.4 COVID19 CLINICAL CARE

Documentation:

Any patient who meets screening criteria shall have the words *"Suspected COVID-19"* or *"Confirmed COVID-19"* documented in the ePCR to ensure activation of the surveillance triggers.

Protective Actions:

Take the following Protective Measures when caring for ALL suspected COVID-19 Patients:

GOAL	PROTECTIVE ACTIONS	
Protect Yourself	Minimize personal items carried and do not bring/store personal items in the patient care compartment	Don all appropriate PPE prior to making patient contact and limit number of clinicians involved in patient care *(Refer to PPE placard)*
Minimize spread of viral particles from patient	Place surgical mask on a patient (over nasal cannula or non-rebreather mask as needed) *(Refer to PPE placard)*	Wrap patient in yellow disposable blanket
Use distancing / shielding / air flow	Move non-essential personnel away from aerosol generating procedures and place barriers over or between interventions and personnel. Perform outside if possible.	Use exhaust fan in ambulance patient compartment Use A/C in non-recirculating mode in ambulance cab

Clinical PEARLS:

1. A patient with COVID-19 may present with significant hypoxia (SpO2 in the 80's) without air hunger or altered mental status. This is referred to as "Happy Hypoxia." Fatigue and mental status decline should guide airway intervention to a greater degree than SpO2 or respiratory rate.
2. Intubation should be the last resort in a suspected COVID-19 patient.
3. Best practices are changing rapidly as we learn more about this disease. Clinicians must stay up-to-date with changes for their own protection and to provide optimal care.
4. During Condition GREEN, suspected COVID-19 patients should be given the best prehospital care possible following the placard on Page 2. Other patients should be treated as per normal protocols.
5. Crisis/Disaster Standards of Care are dictated by risk/benefit ratio and availability of resources. Condition YELLOW warrants risk management, while Conditions RED and BLACK warrant alterations.
6. CURRENT CONDITION will be displayed on the Hospital Status Screen.

CT26.4 COVID19 CLINICAL CARE

ADULT	PANDEMIC CONDITION GREEN COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE

General	Protocol	COVID-19 Alteration
Approach to hypoxia and airway management	Multiple	• A patient with COVID-19 should have advanced airways placed only as a last resort. • All reasonable efforts to achieve adequate oxygenation and ventilation (i.e., supplemental O2, patient self-positioning to prone, CPAP, etc.) should be undertaken prior to placing an advanced airway. • Hypoxia (SpO2 80-90%) may be tolerated while attempting these interventions.
Viral Filter	CP1/CP5	• Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 Management Strategies (USE FULL PPE + PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Apply Supplemental Oxygen as needed
Albuterol nebulizer Ipratropium nebulizer	A2/P2	If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation)
CPAP	CP6	Ensure proper PPE
BVM	CP1	HIGH RISK - USE CAUTION MOVE ASAP TO A KING AIRWAY
Extraglottic/King Airway Insertion	CP1	HIGH RISK - USE CAUTION Administer facilitation medications per CP1.4 if needed
Endotracheal Intubation	CP1	HIGH RISK - USE CAUTION Preference for King Airway for clinician safety Ensure cuff is inflated PRIOR to ventilating
Cricothyrotomy	CP2	HIGH RISK - USE CAUTION

PEDIATRIC	PANDEMIC CONDITION GREEN COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE	
General	**Protocol**	**COVID-19 Alteration**
Approach to hypoxia and airway management	Multiple	• A patient with COVID-19 should have advanced airways placed only as a last resort. • All reasonable efforts to achieve adequate oxygenation and ventilation (i.e., supplemental O2, patient self-positioning to prone, CPAP, etc.) should be undertaken prior to placing an advanced airway. • Hypoxia (SpO2 80-90%) may be tolerated while attempting these interventions.
Viral Filter	CP3/CP5	• Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 Management Strategies (USE FULL PPE + PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Apply supplemental oxygen as needed
Albuterol nebulizer Ipratropium nebulizer	P2	If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation)
CPAP	CP6	Ensure proper PPE
BVM	CP3	HIGH RISK - USE CAUTION
Endotracheal Intubation	CP3	HIGH RISK - USE CAUTION Ensure cuff is inflated PRIOR to ventilating
Cricothyrotomy/ Needle Cricothyrotomy	CP2/CP4	HIGH RISK - USE CAUTION

ADULT	PANDEMIC CONDITION YELLOW COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE

General	Protocol	COVID-19 Alteration
Destination	CS4	Closest Appropriate Hospital (System Status Management)
Fluid Resuscitation Goals	M9	• Limit intravenous fluid administration to an initial 500 mL bolus • Early norepinephrine as needed
Viral Filter	CP1/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 Management Strategies** **(USE FULL PPE + PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia–Goal SpO2 >85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	**HIGH RISK - USE ALTERNATIVE** If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis
Suction	U1	**HIGH RISK - MINIMIZE USE**
CPAP	CP8	**HIGH RISK - MINIMIZE USE**
BVM	CP1	**HIGH RISK - MINIMIZE USE** MOVE ASAP TO A KING AIRWAY
Extraglottic/King Airway Insertion	CP1	**HIGH RISK - USE EXTREME CAUTION** • Administer facilitation medications per CP1.4 if needed • Ensure seated well PRIOR to ventilating
Endotracheal Intubation	CP1	**HIGH RISK - AVOID IF POSSIBLE** • Preference for King Airway for clinician safety • Ensure cuff is inflated PRIOR to ventilating
Cricothyrotomy	CP2	**HIGH RISK - USE EXTREME CAUTION**
CPR	C1/CP9/T2/CT3	**HIGH RISK - EXTREME CAUTION** Consider early OLMC consultation for cessation of efforts IN SUSPECTED COVID-19 PATIENTS

PEDIATRIC	PANDEMIC CONDITION YELLOW COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE

General	Protocol	COVID-19 Alteration
Destination	CS4	Closest Appropriate Hospital (System Status Management)
Fluid Resuscitation Goals	P18 - Sepsis	Limit fluids to initial 10 mL/kg Early norepinephrine as needed
Viral Filter	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 Management Strategies (USE FULL PPE + PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia–Goal SpO2 >85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	HIGH RISK - USE ALTERNATIVE If patient has MDI, USE IT + BRING IT TO THE ER (2 puffs every 3 minutes to max of 10 puffs - replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per Handtevy Medication Guidebook)
Suction	U1	HIGH RISK - MINIMIZE USE
BVM	CP3	HIGH RISK - MINIMIZE USE
Endotracheal Intubation	CP3	HIGH RISK - AVOID IF POSSIBLE Ensure cuff is inflated PRIOR to ventilating
Needle Cricothyrotomy	CP4	HIGH RISK - USE EXTREME CAUTION
CPR	P3/CP9/T2/CT4	HIGH RISK - EXTREME CAUTION Consider OLMC consultation for cessation of efforts IN A SUSPECTED COVID-19 PATIENT

ADULT	PANDEMIC CONDITION RED STANDARD OF CARE ALTERATIONS FOR A COVID-19 PATIENT	
General	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES**
Destination	CS4	Closest Appropriate Hospital (System Status Management)
FirstPass Quality Measures	Multiple	Suspended Reviewers may use “MCI/Disaster” reason in Overall Exception box
Fluid Resuscitation Goals	M9	Limit fluids to initial 500 mL bolus Early norepinephrine as needed
Viral Filter	CP1/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES (USE PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal Cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	NOT INDICATED - DO NOT PERFORM ↓ If patient has metered dose inhaler (MDI), USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs - replace procedure/surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis
Suction	U1	AVOID IF POSSIBLE
CPAP	CP8	NOT INDICATED - DO NOT PERFORM
BVM	CP1	AVOID IF POSSIBLE - MOVE ASAP TO KING AIRWAY
Extraglottic/King Airway Insertion	CP1	USE EXTREME CAUTION FULL PPE AND PROTECTIVE MEASURES Administer facilitation medications per CP1.4 if needed Ensure seated well PRIOR to ventilating
Endotracheal Intubation	CP1	NOT INDICATED - DO NOT PERFROM
Cricothyrotomy	CP2	NOT INDICATED - DO NOT PERFORM
CPR	C1/CP9/T2/CT3	Attempt Resuscitation only if initial (prior to EMS compressions) rhythm V-fib or bystander CPR in progress, and consider early cessation if no ROSC after 3 shocks and 3 Epinephrine

PEDIATRIC	PANDEMIC CONDITION RED STANDARD OF CARE ALTERATIONS FOR A COVID-19 PATIENT

General	Protocol	COVID-19 STANDARD OF CARE CHANGES
Destination	CS4	Closest Appropriate Hospital (System Status Management)
FirstPass Quality Measures	Multiple	Suspended. Reviewers may use “MCI/Disaster” reason in Overall Exception box
Fluid Resuscitation Goals	P18	Limit fluids to initial 10 mL/kg bolus Early norepinephrine as needed
Viral Filter	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedure	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES (USE PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	NOT INDICATED - DO NOT PERFORM ↓ If patient has a metered dose inhaler (MDI), USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per Handtevy Medication Guidebook)
Suction	U1	AVOID IF POSSIBLE
BVM	CP3	AVOID IF POSSIBLE
Endotracheal Intubation	CP3	HIGH RISK - USE EXTREME CAUTION Ensure cuff is inflated PRIOR to ventilating
Cricothyrotomy Needle Cricothyrotomy	CP2/CP4	HIGH RISK - USE EXTREME CAUTION
CPR	P3/CP9/T2/CT4	HIGH RISK - EXTREME CAUTION Consider OLMC consultation for cessation of efforts IN A SUSPECTED COVID-19 PATIENT

ADULT	PANDEMIC CONDITION BLACK STANDARD OF CARE ALTERATIONS FOR COVID-19 PATIENTS NOTE: Condition BLACK will likely require alteration of standard of care for all patients/assumption that all EMS patients are COVID-19 patients	
General	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES**
Destination	CS4	Closest Hospital or Approved Alternate Destination
Fluid Resuscitation Goals	M9	Limit fluids to initial 500 mL bolus Early norepinephrine as needed
Aerosol Generating Procedures	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES** **(USE PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	NOT INDICATED - DO NOT PERFORM ↓ If patient has MDI, USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis ↓ A2 OLMC options may be performed without consultation
Suction	U1	AVOID IF POSSIBLE
CPAP	CP8	NOT INDICATED - DO NOT PERFORM
BVM	CP1/CP3	NOT INDICATED - DO NOT PERFORM
Extraglottic/King Airway Insertion	CP1/CP3	NOT INDICATED - DO NOT PERFORM
Endotracheal Intubation	CP1/CP3	NOT INDICATED - DO NOT PERFORM
CPR	C1/CP9/CT3	NOT INDICATED - DO NOT PERFORM

PEDIATRIC	PANDEMIC CONDITION BLACK STANDARD OF CARE ALTERATIONS FOR COVID-19 PATIENTS NOTE: Condition BLACK will likely require alteration of standard of care for all patients/assumption that all EMS patients are COVID-19 patients	
General	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES**
Destination	CS4	Closest Hospital or Approved Alternate Destination
Fluid Resuscitation Goals	P18	Limit fluids to initial 10 mL/kg bolus Early norepinephrine as needed
ETCO2 Monitoring	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES (USE PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	NOT INDICATED – DO NOT PERFORM ↓ If patient has MDI, USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per Handtevy Medication Guidebook) ↓ P2 OLMC options may be performed without consultation
Suction	U1	AVOID IF POSSIBLE
BVM	CP3	AVOID IF POSSIBLE
Endotracheal Intubation	CP3	HIGH RISK - USE EXTREME CAUTION Place filter between ET Tube and EtCO2 filterline set Ensure cuff is inflated PRIOR to ventilating
Needle Cricothyrotomy	CP4	HIGH RISK - USE EXTREME CAUTION

CT26.5 Pinellas County COVID-19 EMS-Hospital Plan

Objective: Streamline the transfer of patient care during COVID-19 Spike in cases. Changes are Highlighted in Red.

911 Patient – Transfer of Patient Care – Emergency Room

- During CONDITION 1 - NORMAL OPERATIONS, EMS will absorb Hospital Bed Delays to the extent possible to assist with ensuring the normally high level of service
- Transfer of a suspected/confirmed COVID-19 Patient:
  - √ EMS will provide early notification (min.10 mins) via the Hospital Radio to alert hospital staff
  - √ Upon arrival at hospital, may discontinue aerosol treatment and CPAP temporarily if needed while transitioning to an appropriate care area.
  - √ Hospital staff will not delay placement of a patient for COVID-19 testing nor must the testing be performed in the EMS unit.
- Notes:
  - EMS will not remain inside the ambulance waiting with a patient for greater than **15 minutes** – there must be a preset pathway for transfer of patient care

CONDITION 2 MEDICAL PLAN

- When EMS is experiencing a low number of Ambulances available due to Hospital Bed Delays - EMS will deploy a CONDITION 2 MEDICAL Plan during High Activity to clear Ambulances from Hospitals.
  - EMS Medical Communications will notify all Hospitals via a Hospital Emergency Notification System (HENS) Page. Prior to CONDITION 2 MEDICAL, EMS will communicate with Hospital Administrators.
  - EMS will show Countywide Hospital Status as CONDITION 2 MEDICAL
  - EMS will utilize System Status Management tools to distribute patients as equitably as possible however reserves the right to transport all patients to the CLOSEST Hospital if the situation escalates.
- EMS at 15 minutes will find placement for the patient (i.e., Waiting Room, Triage Nurse, Wheelchair, ER Stretcher, or Disaster Stretcher deployed by EMS to Hospitals) for Severity Green and Yellow patients. EMS will follow any guidance from Hospital staff (i.e., please bring this patient to the Waiting Room).
- EMS will use Triage Tags to indicate the patient severity and a complete printed Patient Care Report will be left with the patient that will have the history of present illness, assessment, and treatment documentation. If Hospital Staff needs to speak with the Paramedic, please call Medical Communications at 727-582-2003. They will contact the Paramedic to call when they are available.
- EMS will continue care for Severity Red including Alerts (Sepsis/STEMI/Stroke/Trauma) patients until transfer of care can be completed – not to exceed 30 minutes. EMS Crews will consult with Online Medical Control if there is a delay transferring care of a critical patient.
- An attempt will be made to provide a verbal report to Hospital Staff. If a verbal report cannot be made, the Paramedic will relay via radio to the Hospital a standard “radio report” indicating that EMS is responding to the next 911 patient. If the Hospital does not answer the radio, a report will be given on the radio channel which is recorded by Pinellas County 911.
- The Ambulance or Rescue Unit will expedite their “return to service” to respond to the next mission.
- Leaving a patient at a hospital is not patient abandonment per EMTALA. A hospital is responsible for a patient as soon as EMS arrives at the facility.
- This plan will remain in effect If CONDITION 3 MEDICAL for Fire Rescue Transport is enacted.
- When the situation has resolved EMS will return to CONDITION 1 – NORMAL OPERATIONS.

COVID-19 ALF/Nursing Home Transfers

- All Hospitals can receive a COVID-19 Patient.
- For 911 and less than 5 Non-Emergency Transports from ALF/Nursing Homes the 911 protocol will be used.
- For greater than 5 Interfacility Transports from ALF/Nursing Homes, EMS notify DOH and will attempt to coordinate with the Facility. EMS will coordinate with Hospitals for “direct admissions” to avoid overwhelming one Hospital or Hospital System.

Current Hospital Status – http://hs.sunstarems.com/

UNIVERSAL PRECAUTIONS

Patient:

- Universal masking of all patients
  - ***ALL*** patients (age greater than 2 years old as tolerated) will have a procedure/surgical mask applied

EMS Clinicians – Baseline PPE*:

- Head:
  - Surgical Mask (minimum Level 2) ***OR***
  - N95 Respirator
- Hands: Single Use Nitrile Gloves

*A clinician who is unvaccinated or "High Risk" is encouraged to use a N95 respirator as baseline PPE

Pinellas County EMS & FIRE ADMINISTRATION

Revised 03/29/22

COVID-19 FULL PPE

Patient:

- Universal masking of all patients
  - All patients (age greater than 2 years old as tolerated) will have a procedure/surgical mask applied

EMS Clinician – FULL PPE:

- Head:
  - N95 Respirator & Goggles ***OR***
  - Half-face elastomeric respirator with P100 Cartridge Filters & Goggles ***OR***
  - Full-face elastomeric respirator with P100 Cartridge Filters and Splash Shields
- Hands: Single Use Nitrile Gloves
- Body:
  - Gown ***OR***
  - Single use coverall (i.e., Dupont Tychem)

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