**COVID-19 Process/Policy Template**

The intention of the *COVID-19 Process/Policy Template* is to provide agencies, medical directors, or others who want to utilize it, an outline/template on which to build an agency-specific policy/protocol to address COVID-19. This includes suggestions for development and/or oversight committees, outside partners and stakeholders, as well as preparation and process for EMS workers who provide best practice care for patients as well as providing for the protection of pre-hospital providers and medical director(s). Its application is totally up to the user.

This document is meant to be a living document that can be revised as circumstances or guidance changes. It can also be a discussion piece for those who choose to develop a different type of policy but may want to use some of the components of the document as a starting point.

**List Agency Decision Makers/Representatives by Name(s) & Job Title, Designee, & 24/7 Contact Information**

(should be those with developmental or oversight function with name, role, designee; may be more than one person)

Note: these individuals must be available 24/7, or provide a designee with decision power.

**Medical Director / Medical Direction Team**

**PSAP Operations Manager**

**Operations Manager**

**EMS Operations Manager**

**Representative of EMS Supervisors** that may respond on scene

**Logistics/Supply Manager** (knows stock inventory and can order essential items at will such as PPE, Disinfectants)

**Any others crucial to making this process work**

Consider inviting **Disaster Management** at some point in the process (may already have contacts in the Province/State or District/Region/County or Municipal hierarchy and may have access to funding sources or other helpful resources)

Consider, on an As Needed Basis, Including Other Agencies that may be responding with you or otherwise providing necessary support such as **Police**, **Fire**, **Ambulance/Transport Services**, etc. (it helps if there is shared info & similar P&Ps intra-agency)

**Add Resident Experts on this Topic & Will Manage Training, Employee Health, and/or Exposure Mgt.**

**Designated Infection Control Officer / any Designees**

**Occupational Health Provider if In-House** (if an outside agency is used, they can be brought in when policies & procedures are in place)

**List of Outside the Agency Stakeholders & Resources by Organization with 24/7 Specific Contact Information:**

**Local Public Health Person COVID-19 & associated processes** **knowledgeable** (may already have assigned EMS role)

**Local Public Health Person(s) on Call for 24/7 Infectious Disease Notification** (rotation of multiple people at RN/MD level)

**Closest Public Health Lab Person(s)** (which may be testing submitted samples need to ask questions, & providing test results)

**Provincial/State Public Health Person** assigned overseeing your area and/or COVID-19, if appropriate to mission & allowed in your Province/State

**Lists from All Receiving Hospitals from Your Catchment Area:**

**EDs with 24/7 Direct Contact Number(s)** **that someone in the ED will always answer**

**Nursing Office and/or 24/7 Nursing Supervisor’s** **24/7 Contact Numbers**

**Infection Control and/or Employee Health 24/7 Contact Numbers,** if/when possible

**List linked-URLs for the Appropriate (Canada, USA, etc.) Agencies, including for the following:**

**COVID-19 Case Definition(s)** including **any tools for ease of use**, particularly for in the field applications

**COVID-19 PSAP & EMS Specific Guidance**

**COVID-19 Infection Prevention & Control Specific Guidance**

**COVID-19 Province/State/Region/County/Municipality Guidance Specific to Your Area**

**General Infection Control Principles & Guidance**

**Personal Protection Equipment (PPE) Requirements**

**Cleaning & Disinfection Guidelines**

**Occupational Exposure Reporting & Follow-up Laws or Guidelines Applicable to your Area**

**Current Situation Updates from Your National Governing Body and/or Public Health Agency**

**Current Situation Updates from the World Health Organization**

[**https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/**](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/)

**Johns Hopkins Live COVID-19 Dashboard**

[**https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6**](https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6)

**MEDICAL DIRECTOR APPROVED GUIDANCE DURING CARE OF POSSIBLE COVID-19 PATIENT**

**CASE DEFINITION:**

Apply Case Definition recommended by on  **/ /**

PHAC, CDC, or other Public Health Authority Date of Definition Version

**OR**

Apply Simplified Case Definition from/byon  **/ /**

PHAC, CDC, or other Public Health Authority Date of Definition Version

**OR**

Apply Custom Modified Case Definition byon  **/ /**

Medical Director Date of Definition Version

**PLACE APPROPRIATE CASE DEFINITION HERE OR IN APPENDIX:**

**REQUIRED PPE APPROVED BY MEDICAL DIRECTOR (initialed by MD):**

|  |  |  |  |
| --- | --- | --- | --- |
| **USE REQUIRED** | **CIRCUMSTANCE** | **PPE COMPONENT** | **COMMENT OR MODIFICATION** |
|  | Standard Approach to Possible COVID-19 Patient | Gloves |  |
|  | Standard Approach to Possible COVID-19 Patient | Disposable Gown |  |
|  | Standard Approach to Possible COVID-19 Patient | Facemask |  |
|  | Standard Approach to Possible COVID-19 Patient | N95 Respirator |  |
|  | Standard Approach to Possible COVID-19 Patient | Eye/Face Protection |  |
|  | Aerosol Droplet Producing Procedures | N95 Respirator |  |

**CLEANING & DISINFECTION OF RESPONDER, VEHICLE & EQUIPMENT BEFORE RETURN TO SERVICE:**

|  |  |  |
| --- | --- | --- |
| NEEDING CLEANING/DISINFECTION | EPA-APPROVED PRODUCT | TIME FOR DISINFECTION |
| Responder Skin & Forearms |  |  |
| Face or Other Exposed Skin/Part |  |  |
|  |  |  |
| Hard Surfaces (i.e. cot, walls, floor, etc.) |  |  |
| Fragile Hard Equipment (i.e. EKG Monitor, O2 Sat, Cables) |  |  |
| Soft Non-Disposable Equipment (i.e. BP cuff, EKG |  |  |
| Soft Disposable Equipment (i.e. suction cath, 4x4’s) | Discard in Biohazardous Bin | XXXXXXXXXXXXXXXXXX |

**MEDICAL DIRECTOR APPROVED GUIDANCE DURING CARE OF POSSIBLE COVID-19 PATIENT** (continued)

**SPECIFIC PROCEDURES WITH PROTOCOL & PROCEDURE MODIFICATIONS, AS INDICATED:**

(note: these are just examples of possible modifications; each agency should format to best meet their needs)

|  |  |  |
| --- | --- | --- |
| **PRESENTATION** | **MODIFICATION TO PROTOCOL** | **MEDICAL DIRECTOR Approve / Disapprove** |
| All personnel enter the scene to assess & manage patient care | Minimize number of personnel to those needed to assess and provide any treatment and prepare for transport. |  |
| **Known or Suspected COVID-19 from Dispatch or other means** | All appropriate PPE should be on each responder before entering the building where the patient is or engaging with patient, if outside, unless a responder will not be providing care or be within 2 meters/6 feet of the patient and the patient will not receiving aerosol generating procedures. |  |
| **NO Known/Suspected COVID-19:**  **Use Standard precautions PPE applied per the dispatch situation.** | Can be always defended, but particularly if COVID-19 is in your community, add an N95 if report of cough.    Upon arrival, try to quickly gather more information before entering the premises and ask about S/S and travel, if indicated;  If no info quickly available, enter premises and initially assess no closer than 2 meters/6 ft, whenever possible. If probable COVID-19 found, quickly step outside rub hands with alcohol sanitizer and don appropriate PPE and return to provide assessment and care of the patient |  |
| Basic Assessment – Stable Pt.  Able to stand & move around easily; No complaints of chest pain or difficulty breathing/SOB | If patient is a GCS 15 and no complaint of shortness of breath/difficulty breathing, ask the patient to wash his hands, put a surgical or procedure mask over his mouth & nose. If he is going to sneeze or cough, he should put a hand(s) over mask to prevent mask from coming off. |  |
| Vital Signs – Stable Pt. | Limit vital signs to checking/counting radial pulse & respirations. If radial pulse present, regular, & 60-100, with respirations 10-20 and no DB/SOB, no further vitals need be done as long as condition remains unchanged. |  |
| Airway/Respiratory Assessment | If the patient is having trouble breathing/SOB, then a non-rebreather face mask should be applied with O2 per protocol. Do not put a facemask over an O2 mask. Listen to lung sounds on the patient’s back in all quadrants.  Use Pulse Oximeter (consider bagging the Monitor/Defib and just having the Pulse Ox cable and probe exposed) |  |
| Wheezing or Rhonchi with Adequate Chest Rise & Air Movement | Hold Nebulizer treatment until after conferring with Medical Direction;  Magnesium Sulfate can be given IM/IV as bronchodilator alternative; Monitor for changes; if worsening, move to appropriate patient status for care and/or consult with MD |  |
| Severe Wheezing / Rhonchi and/or Decreased Air Movement | Give Nebulizer treatment unless Medical Direction indicates otherwise. Move to critical patient guidance unless significant improvement. Consider MgSO4 or SQ Epi with Medical Direction approval. |  |
| EKG Monitoring, Pulse Ox & IV Access | EKG & Pulse Ox: if pulse > 100 and/or irregular or on Neb  IV: per Protocol or per Medical Direction |  |
| Critical Patient Assessment | If the patient is not alert, or otherwise presents with needing more critical care, confirm that N95 Respirator is in place and check seal before beginning BVM or other life-saving procedures. Assess ABCs. |  |
| Critical Patient Guidance | Provide Supportive Care per Protocol or MD Instruction  Apply EKG Monitor, BP (disposable or plastic cuff if available), O2 sat, ETCO2, CPR, BVM, Electrical Energy, as indicated; Hold intubation with ETT, if adequate chest and ETCO2 indicates good exchange, but consider alternative airway, per Protocol or MD direction. There is less droplet scattered if the patient is intubated but the person placing it is going to be much closer to droplets while intubating. Consult MD for instructions. |  |
| Patient is without vital signs on arrival and known or suspected COVID-19 | Provide BLS (CPR with BVM); Assess rhythm and discuss situation with MD |  |

**Other Options for Medical Director Consideration (perhaps with collaboration with local public health and hospitals, as indicated:**

1. Should stable patients with confirmed COVID-19 be left to monitor-at-home with oversight from local public health authorities? How would that be done?

2. Should all suspect COVID-19 patients be transported via EMS to their local hospital or are there designated receiving hospitals?

3. Should the probable or known COVID-19 status be given over the radio to the receiving hospital or should a designated phrase be used to indicate the transport to the hospital without disclosing the specific disease over the air?

4. Should the transfer of the patient from the EMS cot be made in the ED patient room or should it occur at the/near the EMS truck or EMS entrance to the ED, to decrease the amount of potential contamination from the contaminated stretcher and EMS medics’ PPE?

5. What should the notification procedure of known/possible exposure to the EMS workers look like? Who should be part of that process? Who/what team decides work status after possible COVID-19 exposure? What is the notification procedure for positive and negative results?

6. Should EMS workers be confined to their homes after work exposures, putting their families at risk, particularly if someone in the house is immunocompromised or pregnant?

6. Who confirms that N95 Respirator fit-testing has occurred?

7. Who confirms that the cleaners and disinfectants used on EMS workers’ skin and the truck and durable equipment is EPA approved for that use and the guidelines for use are followed?