



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Deputy Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

COVID-19 FAQ's for EMS/Fire/Law Enforcement

Dispatch and Response / Assessing and Transporting Patients

Last Updated 8/4/2020

Dispatch and Response

- 1) Will all COVID-19 patients be coded under the 36 card?
 - a. No. Use of the 36 Card (Pandemic Influenza) helps to limit the number of personnel being dispatched to patients self-identifying with flu-like symptoms. Similarly, the 33 Card (Interfacility Transport) is used when the patient was assessed by a healthcare provider. The use of this card also helps to limit the number of personnel being potentially on scene.
 - b. Understand that EMD coding is never perfect as it is highly dependent on the information the caller provides. Although we are making use of the 33 and 36 cards to minimize the number of responders and resources to these requests for service, it remains critical that ALL patients are screened from >6 feet as to fever or respiratory symptoms. As any call, regardless of coding, could potentially have patients with symptoms warranting proper PPE.
 - c. The 36 card will continue to be used given the prevalence of COVID nationwide.

- 2) Are premise warnings still being used? **(NEW 8/4/2020)**
 - a. No. Premise warnings are no longer being used.
 - b. All public safety personnel are to use proper PPE for every patient/public citizen contact. The premise warning does not change the importance of wearing that PPE for every contact regardless of the presence or absence of the premise warning

- 3) What calls are Fire Departments responding on?
 - a. Fire departments are not responding to all 33 (Interfacility) and 36 (Pandemic Influenza) calls for service except those that are cardiac/respiratory arrest. 26 Card (Sick Person) responses for departments previously responding to them were resumed on July 15.
 - b. Restrictions on responses to large occupancy dwellings should be handled on a case-by-case basis dependent upon community spread, facility spread, and district resources. This remains a department by department and facility by facility decision and Dr. Cushman should be contacted directly for any consideration of limitation or returning response to those facilities.
 - c. Additional call types may be restricted as the pandemic unfolds.

- 4) I have a patient and need Fire Department resources but they have an illness, can I still call for them?



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Deputy Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

- a. Yes. Although we should minimize the number of personnel on scene, if patient care requires additional personnel, they should be requested. Follow-on responders must be advised prior to making patient contact to don appropriate PPE.
- 5) What calls should law enforcement be responding on?
 - a. Law Enforcement should consider advising, and not responding, to all medical calls for service, unless there is information on the job that indicates a crime, injury, abuse/neglect, or a safety concern.
 - b. This is at the jurisdiction's discretion and will not be done automatically by ECD.
- 6) What about law enforcement transporting individuals in a patrol vehicle?
 - a. Any individual being transported in a patrol vehicle should have a surgical mask placed on them prior to placement in the vehicle.
 - b. If the individual cannot or is noncompliant with wearing a mask, the officer/deputy should wear any available mask (surgical or N95).
 - c. If the individual is being released, the mask can be removed when they exit the vehicle and be disposed of in a garbage bag.
 - d. If the individual is being transported to Central Booking at the Monroe County Jail, the mask should be left in place until screened by Jail medical staff.
- 7) What about "riders" in the ambulance?
 - a. Ambulances should not allow family members/others in the cab space of an ambulance.
 - b. Only minors should have a family member/care provider in the patient compartment and should have a surgical mask in place regardless of symptoms.
 - c. Although hospitals have loosened visitor restrictions, most area ED's have NOT loosened those restrictions in the ED due to space and volume considerations. For this reason, its encouraged that ambulances not transport family members/others as no guarantee can be made to their ability to follow the patient into the ED.
- 8) What about Paramedic and EMT students or explorers riding as an "extra"?
 - a. EMT and Paramedic programs have restarted hospital and field clinical programs on a limited basis and their students are expected to follow the PPE requirements of the hosting agency/department.
- 9) Are there any other resources that are changing as a result of this event?
 - a. At this time the Mobile Stroke Unit has resumed operations.

Assessing and Transporting Patients



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Deputy Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

- 1) How do I assess patients?
 - a. PPE donning guidance is available at <https://www.mlrems.org/GetFile.aspx?fileID=25923>.
 - b. An assessment protocol to identify those who are appropriate to remain home and all associated documents are available at <https://www.mlrems.org/GetFile.aspx?fileID=25937>. Importantly, at this time if the patient requests ambulance transport that request must be honored. We are not “refusing” to transport any individual at this time.

- 2) What do I do after **EVERY** patient encounter?
 - a. After every patient encounter, or after transfer of patient care, doff and properly dispose of PPE.
 - b. Use hand sanitizer prior to getting back into vehicles/apparatus.
 - c. Wash hands when water/soap available.
 - d. Wipe down all patient care surfaces with disinfectant after each use.
 - e. A decontamination guide is available at <https://www.mlrems.org/GetFile.aspx?fileID=25936>.

- 3) What is source patient control?
 - a. Source patient control refers to placing a surgical mask on a patient. Due to illness spread, all patients should have source control. This is a critical component of protecting responders and others.

- 4) What do I do for a pediatric patient?
 - a. A pediatric patient, of any age, with cough, cold, flu, or other respiratory symptoms should have source control and if not possible, make sure responders have appropriate PPE. Although it’s unlikely the pediatric patient will have COVID-19 as the source of their illness, the role of children in transmitting the virus is still unknown.

- 5) Where should I transport a potential COVID-19 patient?
 - a. Any area hospital is capable of receiving a potential COVID-19 patient. The patient should go to the hospital based upon their preference or specific specialty center needs (e.g., trauma, cardiac, etc.), although Strong West should only receive patients with mild symptoms to help minimize the need for secondary transfer.

- 6) What do I do about aerosol-generating procedures such as nebulizer administration, CPAP, Intubation, or BVM use?
 - a. See MLREMS [Advisory 20-08 – Guidelines for Airway and Respiratory Management of Suspected/Confirmed COVID-19](#)

- 7) What do I change about performing CPR?



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Deputy Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

- a. Nothing should change from our procedures implemented shortly after the start of the COVID pandemic.
 - i. When performing CPR, the least number of personnel necessary to provide care should be used. All others should remain 6 feet away or more and provide assistance from a distance to the personnel performing CPR or other procedures.
 - ii. Individuals performing CPR should have at minimum mask (N95 or surgical, as available), eye protection, gloves, and gown (if available).
 - iii. Consider use of extraglottic airways as an alternative should there be a concern for aerosolization based on the patient's presentation.
 - iv. Consider field termination per protocol or with medical control guidance when clinically appropriate.

- 8) What about source control for a patient with a non-rebreather mask or trach collar?
 - a. Appropriate provider PPE remains critical.
 - b. Source control is difficult, but can be provided by surgical mask overlying the trach, trach collar, or non-rebreather mask.

- 9) Should the driver of an ambulance wear their mask while driving the ambulance?
 - a. No. The passageway between the cab and patient compartment should be closed. If there is no ability to close/secure that passageway, then utilize plastic and duct tape to limit air movement from the patient care compartment to the cab area.
 - b. However, the driver of the ambulance should wear a mask while providing any direct patient care or assisting with patient movement – along with gloves and eye protection.

Hospital Arrivals

- 1) Are there any changes to hospital destination?
 - a. At this time there are no changes to hospital destination or triage processes from before the COVID-19 pandemic.

- 2) What do I do with a patient I suspect has COVID-19 on hospital arrival?
 - a. As above, implement source patient control and don appropriate PPE.
 - b. Patients being transported to area Emergency Departments with fever, cough, or symptoms concerning for infectious illness should have a surgical mask placed prior to reaching EMS Triage (Source Control).
 - c. Patients with a mask in place can proceed directly to EMS triage unless otherwise directed by hospital-specific procedures (below). Pre-notify hospital according to existing (Non-COVID-19) procedures.
 - d. Patients that cannot wear a mask due to facial features or clinical conditions (respiratory distress, etc) must have prehospital notification prior to arrival and in most cases will be directed to the decontamination area through the exterior entrance to minimize exposure to others in triage. Do



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Deputy Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

not enter EMS triage with a potentially infectious patient unless masked or otherwise directed by the receiving facility.

- 3) Are there different triage processes at area hospitals?
 - a. No. At this time all area hospitals have returned to their normal, pre-COVID-19 triage processes.

Additional Information

These FAQs, all associated documents, and links to CDC resources can also be found at:

<https://www.mlrems.org/provider/covid-response/>