

## EMS Updates: COVID-19 Call (March 17 at 11:00-12:30 pm)

*Notes by Dr. Ken Schepke, State EMS Medical Director; edited for readability by EMLRC staff*

- **Section 7 of [Executive Order 20-52](#)** permits medical professionals and workers, social workers, and counselors in good standing and with valid professional licenses issued by states other than Florida, to render such services in Florida during this emergency for persons affected by this emergency. Such services must be provided free of charge, and with the further condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health.
- **Supplies for PPE, ventilators, etc. are limited nationwide.** Efforts are being made to increase production and procure supplies from overseas. Agencies are instructed to contact their local emergency management to submit a request to the State for PPE.
  - o Surgical masks likely as good as N95 masks
  - o EMS agencies nationwide are beginning to wear surgical masks at all times
  - o Management of PPE is critical due to shortages.
- A survey is being developed to determine Surgicenter capability for ICU/ventilator surge capacity.
- Drive-thru testing sites will soon open around the state. Prescreening will likely be required while tests are still limited. Ideally, **Florida would like 1 DT testing site per county.**
- No current updates on the sensitivity or specificity of the test.

### Nursing Home Considerations:

- o There are currently 11 nursing homes/long-term care facilities with confirmed or suspected COVID-19 cases.
- o When responding, **limit to 2 EMS personnel entering the nursing home** in effort of limiting interaction and possible exposure.
- o **At a minimum, EMS providers should wear a surgical mask, and full PPE if COVID-19 is suspected.**

- Whenever possible, **patient hand-off should take place outside for *all* patients**, not just those presenting with COVID-19 symptoms.
- Communities may need to consider developing temporary capacity for patients that live in nursing homes and are recovering from COVID-19, allowing hospitals to free up beds and send recovering patients out to an intermediate site to continue recovering, before returning to the original nursing home facility.

### **Public Safety Access Point:**

- Warn EMS to wear PPE whenever possible
  - Start screening all flu-like symptoms
  - 3% of cases present with diarrhea
    - Diarrhea very likely to be added to screening symptoms list
  - Crews should discontinue shopping/grocery trips during shift and come prepared with meals when they start their shift.
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- Viral/HEPA filters are available and recommended for BVM/ETT/ventilators.
  - EMS Exposure algorithm is being developed to determine risk levels for providers (high, medium, low) and is designed to limit crews being isolated for 14 days when not necessary.
  - Non-Transport protocols will go into effect for COVID-19 cases with low risk and good vitals, requiring patient to have follow up with local DOH for testing, tracking, etc.
  - Increase education for at-risk population: stay home, limit interactions to immediate family members within your home, and encourage full-disclosure/honesty during evaluation.

### **Hospitals:**

- Hospitals should be screening outside now in open-air, non-enclosed tents/structures.
  - Suggest building pods/hubs outside ER for handoffs but would still limit these to prescreened patients. Utilize telemedicine to screen if possible.
- Looking at ICU capacity, anesthesia machines as ventilators, how to convert beds to ICU rooms.
  - Suggested use of a wing of hospital for COVID patients as a negative pressure room is not necessary.
- Use hospital labs if at all possible because secondary facilities are overwhelmed and results likely cannot be expedited.

- Staffing models: cross-train Operating Room and Med Surge nurses to support ICU; RN can help handle respiratory therapy roles.
- Suspend prior authorizations for payments.
- Expedited enrolling for Medicare providers.
- Expanding telemedicine capabilities for screening, treatment/direction, assistance with patient admittance to hospital if necessary.
- Baker Acted patients would be treated the same as other patients.

Next call/update: Tuesday, March 24, 11:00 am EST (TENTATIVE)