EMS Challenges with COVID-19 in Kansas

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Thank you to KEMSA and TUKHS

- Sharing challenges the JOCO EMS System has encountered over the past 3 weeks
- Sharing solutions and resources with peers across Kansas in the EMS community
- Learning from others and working on platforms for sharing novel ideas
- Encouraging one another and creating collaboration and between agencies

Using Chat function on Zoom

- Please use the chat function to ask any questions as a large audience will make it difficult to answer and have everybody talk at once.

Background

- March 7th, first case of COVID-19 in Johnson County, KS
- Communication issues became apparently very early
- Complex system that is large
  - 9 Fire agencies, Med-Act, Dispatch, 20 police agencies, numerous hospitals and health systems

Communications and Logistics

- Stood up County EOC early and activated multiple ESFs
- Realized quickly that all of govt and critical infrastructure were crammed together in tight spaces
- Had to limit EOC to 10 people for social distancing

Communications and Logistics

- Emergency Management immediately began setting up calls that are recurrent with community stakeholders:
  - Healthcare/Hospitals
  - Skilled Nursing/Senior Living Communities
  - Education (K-12, private, higher education)
  - Public Safety (Law enforcement, Fire/EMS, city emergency management liaisons)
  - Community organizations (Faith based, volunteer, non-profits)
  - Private Sector

Internal Communication for Fire/EMS

- Very challenging due to volume of information and complexity, fluidity of event

- Lessons learned from Seattle/King County from Dr. Sayre and Dr. McCoy
  - Attempt to minimize communications and bundle stuff together
  - They attempted 1 email/day that was bulleted and succinct to avoid confusion
  - No attachments
  - Use dated emails so people know what is latest and current

Working with Public Health

- This is a public health crisis
- This is their wheelhouse, BUT……
- You are experts on out-of-hospital care and needs/logistics/operations of EMS which are frequently foreign to Public Health entities
- Create great relationships with medical consultant, health officer, epidemiologists as they have wealth of knowledge/expertise in disease containment, contact tracing etc.
- Can have very powerful and synergistic relationship and EMS can be link between healthcare community, fire/ems, law enforcement and public health

Encourage coordination and messaging

- We have struggled a bit with discordant messaging between neighboring health departments and between KDHE and local public health
- This is okay as local health departments can make decisions unique to your community and needs, but if conflicts with KDHE or neighbor messaging important (ex. Testing guidelines, quarantine rules)
- Avoid conflict between municipalities within the same region regarding differing policies/procedures
  - Can be expected, but encourage collaboration and open cooperation to minimize conflict

PPE Issues

- Scary and concerning
- Usual distributors
- County emergency management/public health
- KDHE/KDEM
- How will you allocate assets for private nursing facilities requesting? Private clinics?

PPE Issues

- Develop a mitigation strategy to conserve
- CDC has different levels of mitigation strategies (crisis the worst)
- Re-use of masks? How long to use?
- Baking an N-95?
- UV light to decon N-95?
- SCBA
- P-100 cartridges
- Alternatives get a bit weird, but it is a crisis……

PPE questions

- Levels of PPE for cardiac arrest?
- Who needs a gown?
- Who needs a mask and what type?
- How many people on scene need this stuff?
- What happens when we run out?
- Should we mask source or ourselves if we are running low?

Dispatch in COVID-19 era

- Lots of variables depending on if you provide EMD (APCO, versus ProQA, versus home made)
- Additional questioning at Dispatch can alert your crews enroute regarding COVID symptoms
- Allows crew to contact patient by phone while enroute to call and explain procedures and get more details
- Using CAD to put in positive cases for awareness by law enforcement/fire/ems
- Tracking daily # of COVID-19 positive questions

Dispatch in COVID-19 era

- Alternative responses to minimize exposure to crews
- Don't send anybody to a 911 call?
- Telehealth capabilities/Nurse line (free resources)
- https://www.cleartriage.com/covid-19-version/ (do not work for or have interest in this program/company)

Patient Care approach changes

- It is EVERY EMS providers responsibility to SCREEN ALL PATIENTS for COVID-19 signs/symptoms (develop a checklist/list of questions)….even on fire calls
- Send in a scout and reduce unnecessary personnel exposed to patient
- Stay outside of 6 feet, while wearing mask, gloves, eye protection and assess
- Throw them mask and have them apply
- Obvious adjustments based on call type, severity, and resource needs

Approach to patients

- No family or friends riding along in cab or back (requires tact and common sense)
- No nebulizer use in back of ambulance when can avoid (do on scene)
- MDIs? Costly, training and spacers/mask and now MDI shortage (bring patient's MDI with you to hospital)
- Avoid/minimize CPAP/BVM (need viral/hepa filters)
- Start with supraglottic for ease/quickness/high success rate
- Consider altering cardiac arrest policies for suspected COVID-19 to conserve resources and mitigate risk of exposure/transport/drain on hospital resources

Nursing Homes/Senior Living Challenges

- CMS memorandum put them on lockdown
- EMS challenges
- Communications with nursing facilities important
- Dispatch tell them to bring us the patient at an exit (IF CAN BE DONE SAFELY)
- Start tracking/trending your nursing facilities and senior living communities (canary in the mine)

Screening EMS personnel on shift

- Work toward developing these policies/procedures
- Temperature/symptom checker
- Involve HR and Legal early
- Staffing challenges this creates
- Relaxed guidelines developed by health department in JOCO to allow for workforce preservation
  - as long as mask worn and not symptomatic could continue to work even if travel to high risk location or medium risk exposure per CDC exposure guidelines

Testing for EMS personnel

- Very challenging
- Partner with health department and/or local hospital
- Testing supplies short
- Billing/cost
- Who gets a test (make it criteria based and not worried well until supplies are robust)

Training Calendars

- Providers need hours to maintain skills/knowledge and certifications/licensures
- Virtual training

Medical Directors

- Be prepared to serve as a resource and answer calls/emails/texts from elected officials, providers, community leaders, hospitals and others on personal issues surrounding COVID-19.
- Don't forget your Law Enforcement providers
  - No IN Narcan unless adequate PPE and risk/benefit in clear benefit category
  - Reduce response to calls unless AED/compressions/tourniquet needed (takes messaging)

Resources

- NAEMSP.org
  - COVID-19 resource page with sample protocols for leave in place
- EMS.gov
- NAEMT
- CDC guidance for healthcare workers and exposure risks better than first response guidance
- KDHE
- Email: rjacobsen@jocogov.org