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