UTAH DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services and Preparedness

Utah Bureau of EMS and Preparedness
EMS Pandemic Coronavirus Plan

1. Introduction: this Plan is based on the following guidelines:
    a. Utah Department of Health. Governor's Taskforce on Pandemic Influenza Preparedness: Final Report to Governor. Salt Lake City, Utah, April 2007.
    b. Utah Pandemic Influenza Hospital and ICU Triage Guidelines. UDOH, 2009.
        i. Pandemic Triage Levels 1-3 based on surge volume, bed capacity and staff absenteeism.
    c. Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html
    d. Pandemic Flu and Protocol 36: Special Procedures Briefing. MPDS, 2020
2. Incident Management:
    a. NIMS Command: DHHS/CDC
    b. Statewide Area Command: UDOH
    c. Countywide Area Command: LHD/Tribal Authority
    d. Local EMS Command: Agency(s) having jurisdiction/licensure:
        i. 911 Response
            1. COVID-19-like-illness (CLI)
            2. All other call types
        ii. Interfacility Transport
3. Pre-pandemic Surveillance Period (GREEN status) (each subsequent period to include preceding measures unless otherwise specified):
    a. Dispatch:
        i. Screen for Severe Respiratory Illness.
            1. MPDS Screening Tool, determined by other Dispatch systems as needed.
            2. Alerts EMS Crews to don PPE.
            3. Can be sent as an alert to LHD/Tribal Authority via FirstWatch or manually from dispatchers.
            4. Initially used for: chest pain, respiratory distress, headache, and selected "sick person" calls.
        ii. Participate in regular briefings from LHD/Tribal Authority, UDOH, CDC
    b. EMS Responders:
        i. Medical directors and agency directors should monitor national, state and local websites and participate in conference calls and meeting with public health authorities throughout the

pandemic/epidemic period. Pertinent information should be relayed to EMS providers, administration and dispatchers periodically.

ii. Track COVID-19-like illness (CLI) encounters using CDC case definition. Reported to UDOH and/or Local Health Department (LHD) or Tribal Authorities.

iii. Vaccine for Health Care Workers (HCWs) if available.
    1. Follow CDC Interim Guidance.
    2. Coordinate with LHD or Tribal Authority First Responder Plan.

iv. Use appropriate PPE for patient encounters.
    1. N95 mask, gloves, eye protection, and impermeable gown for any febrile patient or patient with respiratory complaints
        a. Fit-test respirators as practical.
        b. Standard surgical mask for EMS if N-95 not obtainable.
    2. Place standard mask on patient with respiratory complaints or fever

c. Public Health:

i. Caseload Tracking. Includes selected doctor's office, clinic and ED visits and OTC cold/flu remedy sales.
    1. LHD or Tribal Authority decide response.

ii. Mandatory reporting of CLI patients with subsequent positive COVID-19 tests

iii. Activate First Responder Vaccination/ Prophylaxis Plans as indicated.
    1. Vaccine (if available).
    2. Local medication caches (if prophylaxis becomes available).

iv. Prioritize EMS and other first responders for PPE supplies

4. Pandemic Period, Early (Staffing and Hospital Capacity Adequate, call volume for CLI increasing): YELLOW status

a. Dispatch:

i. Continued surveillance of selected call types as above.

ii. Consider Use of specific Pandemic/Epidemic/Outbreak triage (MPDS Card 36).
    1. Screen callers with complaints suggestive of CLI.
        a. Protocols 6, 10, 18, or 26
    2. May not be necessary at this point if staffing adequate and EDs at or below capacity.
        a. Decision by Medical Director. and EMS Administration.

3. Agencies not using MPDS are offered free use of this card by MPDS (http://www.medicalpriority.com/)

b. EMS:
   i. Mandate use of regular mask, gloves and eye protection for ALL patient encounters
   ii. Mandate use of higher level PPE (as above) for patients with fever and/or respiratory complaints or those with known exposure to COVID (as per CDC definitions)
   iii. Begin vaccination/prophylaxis of EMS and first responders, if available.
      1. Depends on availability and effectiveness of vaccine.
      2. Follow CDC Interim Guidance.
      3. Coordinate with LHD or Tribal Authority First Responder Plan.
   iv. Track and report CLI encounters as above.

c. Public Health
   i. Continued surveillance as above.
   ii. Assure that variances for EMS force multiplication and altered standards of care are in place
   iii. Activate First Responder Vaccination/ Prophylaxis Plans as indicated.
      1. Vaccine, if available
      2. Local antiviral medications, if available.

5. Pandemic Period, Moderate (EMS and Hospital Staffing reduced by 20-30%) ORANGE status:

a. Dispatch:
   i. Screen ALL callers for CLI
   ii. Activate Pandemic/Epidemic/Outbreak triage (MPDS Card 36) for patients with CLI.
      1. Determined prior to implementation by Medical Direction and EMS Administration.
      2. Selected low-risk patients may receive no or delayed non-emergent response.
   iii. Activate Altered Response Modes for other patients.
      1. No EMS response to selected calls. Refer caller to Poison Control Coronavirus Information Line, on-line state Coronavirus information page, or refer to “your doctor”.
      2. Modified response to BLS calls. Van or other vehicle with delayed response.

b. EMS:
   i. CLI Patients:
      1. Low risk CLI patients not requiring treatment referred to Poison Control Coronavirus Information Line, on-line state

Coronavirus information page, or told to report to "your doctor," no EMS response.

2. High Risk CLI patients likely to respond to treatment: transport to hospital or to CLI Alternate Care Facility (if available)
    a. Comfort care and non-transport an alternative (with concurrence of patient, family, and Medical Control)

ii. Other Patients: Altered Standards of Care:
1. Low risk patients who do not require emergent or urgent care (as defined by Medical Director):
    a. Release at scene.
        i. Advise to "Call 211 or see your MD".
        ii. Contact Medical Control if in doubt.
2. Patients with mild illness or injury requiring non-emergent care:
    a. POV, non-ambulance or ambulance transport to Urgent Care Center, Clinic, Doctors office or other Alternate Care site as approved by Medical Director.
    b. Transport may be delayed as appropriate to the situation.
3. Patient with moderate to severe illness or injury requiring emergent care:
    a. Ambulance transport as per existing EMS Protocol.
    b. Patients (or patient's family/representative) who decline transport due to terminal medical conditions may be offered comfort care as appropriate. Contact Medical Control if transport of a severely ill patient is declined.

iii. Force Multiplication.
1. Variances as determined by UDOH BEMSP on a statewide basis. Variances to expire in 90 days unless extended by BEMSP.
    a. Variance for ALS = 1 PM or AEMT + 1 EMT
    b. Variance for ALS = 1 PM or AEMT + 1 non-certified personnel as drivers.
    c. Variance for use of ALS and/or BLS assessment units which could respond to scene, begin a few measures while awaiting response vehicle or ambulance or triage the patient to POV transport or no transport. Staff with at least one EMT or higher. BLS equipment and AED recommended as

minimum. May transport ambulatory patients to alternate destinations.
d. Variance for BLS transport of selected ALS patients.
2. Use ambulance only for selected calls.

c. Public Health:
i. Assure that variances for force multiplication and altered standards of care are in place.
ii. Consider long-term prophylaxis (if available) of EMS personnel during the Pandemic/Epidemic period.

6. Pandemic Period, Severe (EMS and Hospital Staffing reduced by 30-40%): RED Status:

a. Dispatch:
i. Screen all callers for CLI as able dependent on staffing.
ii. Continue use of Pandemic/Epidemic/Outbreak Triage (MPDS Card 36) for patients with CLI.
1. Selected low-risk patients may receive no or delayed non-emergent response. Refer caller to Poison Control Coronavirus Information Line, on-line state Coronavirus information page, or refer to "your doctor".
iii. Continue use of Altered Response Modes for other patients.
1. No EMS response to selected calls. May refer caller to Poison Control Coronavirus Information Line, on-line state Coronavirus information page, or refer to "your doctor".
iv. Modified response to BLS calls. Van or other vehicle with delayed response.

b. EMS:
i. Continue measures as in 5.b. above.
ii. Force Protection.
1. Consider long-term prophylaxis (if available)
a. Follow CDC Interim Guidance.
b. Coordinate with LHD or Tribal Authority First Responder Plan

c. Public Health:
i. Assure that variances for force multiplication and altered standards of care are in place.
ii. Consider long-term prophylaxis of EMS personnel during the Pandemic/Epidemic period, if available.