The Following Protocols are ADDENDUMS to the existing EMS Treatment Protocols that are already in effect.

Authorization via electronic signature on 3/26/2020.

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ALBUTEROL INHALER – SUBSTITUTION FOR NEBULIZERS PROTOCOL

Enacted: March 18, 2020

Inclusion Criteria	• If the patient's condition allows, an Albuterol handheld inhaler use may be substituted instead of albuterol or DuoNeb (ipratropium-albuterol) nebulizer treatments on all previously approved EMS Treatment Protocols for all ages, and substitution is preferred.

ALBUTEROL INHALER – SUBSTITUTION FOR NEBULIZERS PROTOCOL ORDERS

EMR and above
- ☐ Follow initial patient care protocol

EMT and above
- ☐ If patient has a physician prescribed hand-held metered dose inhaler of albuterol or ipratropium/albuterol, assist them in administering a prescribed dose if they have not already done so.
- ☐ Reassess patient and assist with a second dose if needed, after gaining permission from <u>medical control</u>.

Paramedic and above

An albuterol inhaler may be used in any protocol containing either albuterol or ipratropium-albuterol (DuoNeb) nebulizer orders.

- ☐ <u>Albuterol Metered Dose Inhaler</u> – PRN wheezing with respiratory difficulty
  - 2-6 puffs (with the use of a spacer/aerochamber, when available), may repeat every 5-10 minutes for up to 3 doses.
  - If condition deteriorates, nebulized medications may be given or other medications from existing protocols (e.g., IM Epinephrine, Magnesium Sulfate, Etc.). Consider contacting <u>medical control</u> prior to neb procedures.

EVALUATE/RELEASE AND ALTERNATIVE DESTINATION PROTOCOL

Enacted: March 26, 2020

Purpose and Inclusion Criteria	To identify patients that are safe to assess and not transport to a hospital during a National Public Health Emergency due to the Covid-19 (SARS-CoV-2) Pandemic.

EVALUATE/RELEASE AND ALTERNATIVE DESTINATION PROTOCOL ORDERS

EMR and above

☐ Follow initial patient care protocol. Apply appropriate PPE for direct patient contact, and limit the number of providers with direct patient contact to critical personnel only.

EMT and above

☐ <u>Treat and Release at home without transport</u> may be considered if the following criteria are met.
- Symptoms suggestive of a respiratory illness (fever, cough, upper respiratory symptoms, etc.) AND:
  - Age under 60 years old
  - No comorbidities such as diabetes, heart disease, chronic lung disease (COPD/Asthma), chronic renal disease (dialysis), liver disease, cancer, autoimmune disorder, patients on chemotherapy or immunosuppressive medications, or are otherwise immunosuppressed.
  - Vital signs are stable after 2 complete sets of vital signs (HR, BP, RR, Pulse Ox, and AVPU)
    - Vitals are within normal limits for age
    - Pulse oximetry (oxygen saturation) greater than 94% on room air
  - The patient can safely/effectively maintain home quarantine or isolation
- If the criteria above are not met or the patient has any other medical or traumatic complaint that the EMS Provider, based upon the EMS provider's discretion, feels may not need transport to a hospital, <u>contact medical control</u> to discuss.
- Assess and document the individual's capacity to make a valid judgment concerning the extent of his/her illness or injury
  - If the EMS provider has doubts about whether the individual lacks the mental capacity to understand and make medical decisions, <u>contact medical control</u> to discuss
  - If patient has capacity, clearly explain to the individual and all responsible parties the possible risks and overall concerns with regards to non-transport
  - Document in the patient care report the initial assessment findings and the discussions with all involved individuals regarding the possible consequences of non-transport
- If patient is released without transport:
  - Direct patient to call their doctor or healthcare provider
  - Direct patient to call their county Public Health department for quarantine / self-isolation instructions (if the patient has respiratory symptoms or Covid-19 exposure)
  - Provide patient the necessary phone or web-based (CDC, IDPH, or the patient's Health System) resources for self-isolation instructions and a care at home plan
  - Inform patient when to seek additional care or call 911 (such as worsening, shortness of breath, or based upon their doctor or healthcare provider's recommendation).

- Alternative Destination Transport
  - If the above criteria were not met, but the EMS Provider feels that the patient may be able to be managed in another non-emergency department or hospital setting (such as Urgent/Quick/Convenient Care, Virtual Urgent Care, Mental Health Crisis Evaluation Center, Fever/Testing Center, Drug/alcohol treatment Center, or otherwise), <u>contact medical control</u> to discuss. EMS may transport to a non-hospital facility upon order from medical control.

- If the patient insists on seeking hospital care and refuses the Keep at Home/Home Quarantine strategy, EMS will <u>contact Medical Control</u> or transport the patient to a hospital.

USE OF TELE-TECHNOLOGY PROTOCOL

Enacted: March 26, 2020

Purpose and Inclusion Criteria	To allow for the use of Tele-technology to connect Physicians to the scene during a National Public Health Emergency due to the Covid-19 (SARS-CoV-2) Pandemic.

USE OF TELE-TECHNOLOGY PROTOCOL ORDERS

EMR and above

- ☐ Tele-technology platforms may be used to connect (with video and audio) the patient, EMS Provider, and Medical Control.
  - Acceptable platforms during this Public Health Emergency include: FaceTime, Skype, Pulsara, or other platforms approved by the Medical Director and Service Director
  - Document the use of tele-technology, the hospital or physician provider that is doing the consultation, and their recommendations in the Prehospital Care Report.