



Metropolitan Boston Emergency Medical Services Council, Inc.

SERVING THE 61 CITIES AND TOWNS OF METROPOLITAN BOSTON

COVID-19 EMS/Emergency Department Interface Policy

During this public health crisis we need to continue to take unified approach to keep our patients, EMS providers, and other healthcare providers safe.

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for, responding to, and treating patients with confirmed or possible coronavirus disease 2019 (COVID-19), or any highly contagious respiratory infection, close coordination and effective communications are important between EMS and the Emergency Department to protect the responders as well as the healthcare facilities and patients.

When COVID-19, or a highly contagious respiratory infection is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, a patient who may have COVID-19, or a highly contagious respiratory infection.

NOTIFICATION:

All EMS services transporting potential COVID-19, or any highly contagious respiratory infection patients to Emergency Departments within Region IV or the surrounding regions must make an entry note to the receiving facility via Metro-Boston CMED.

Entry Note

1. Standard process for hailing Metro-Boston CMED on MED 4 as stipulated in the Massachusetts EMS Region IV Entry Note Policy
2. Metro-Boston CMED will advise unit that the requested hospital(s) are on-line and for them to proceed with their transmission.
3. Make the entry note as clear, concise, and short as possible
 - i. Immediately request notification of “Patient Isolation Requested” if suspected COVID-19, or any highly contagious respiratory infection patient

- ii. Provide complete entry note to emergency department regarding the patient being transported
4. Standard process for completion of entry note as stipulated in the Massachusetts EMS Region IV Entry Note Policy
5. If unable to contact hospital via CMED
 - i. Attempt to notify hospital via cellphone or through EMS service dispatch
 - ii. If unable to contact via CMED or landline and patient is stable send one crew member in to triage to notify of arrival
 1. Hospital will provide direction for EMS to either bring the patient into the Emergency Department or alternate care site in accordance with Circular Letter DHCQ 20-03-701

INTERFACE BETWEEN EMS AND EMERGENCY DEPARTMENT

1. Hospitals may direct EMS to transport to designated alternate space for triage/treatment of patients in accordance with Circular Letter DHCQ 20-03-701
2. Upon arrival at the Emergency Department (ED) all aerosol-generating procedures should be stopped and the patient placed in a non-rebreather (NRB) mask with a surgical mask over it as the patient is transported through the ED to the treatment area
 - i. Once the patient has been placed in a designated treatment area in the ED by the staff the EMS crew will work with the ED staff to continue the aerosol-generating treatment that the patient was receiving during transport.
3. Ambulatory Patients & Patients that can be transferred to Wheelchair
 - i. In accordance with OEMS advisory on “Emergency Measures Relating to EMS Due to COVID-19 Outbreak”, EMS personnel may escort patients able walk or place patients into a hospital wheelchair to bring them into the Emergency Department or Designated Triage/Treatment
 1. EMS may enter the Emergency Department wearing PPE if they were wearing during transport.
 - ii. Suspect patients shall have a surgical mask placed on them, if not already, before entering the ED.
 - iii. EMS will provide report to the Triage or Unit Nurse as per normal procedures
 - iv. At the conclusion of the patient handoff, EMS providers, if in PPE, will be escorted from the Emergency Department to the designated doffing area outside of the ED for EMS (ambulance bay, etc.)

1. EMS providers in full PPE are a minimal risk to staff and patients when entering, traversing, or leaving the ED.
2. To conserve PPE EMS shall doff outside of the ED after the conclusion of decontamination of ambulance and equipment.

4. Non-Ambulatory Patients/Stretcher Patients

- i. EMS providers shall bring the patient into the facility to the area designated to transfer care.
 1. EMS may enter the Emergency Department wearing PPE if they were wearing it during transport.
- ii. Suspect patients will have a surgical mask placed on them, if not already, before entering the ED.
 1. All non-invasive positive pressure ventilation and nebulizer therapies shall be stopped during this transfer through the Emergency Department
- iii. EMS will provide report to the Triage or Bedside Nurse as per normal procedures
- iv. At the conclusion of the patient handoff EMS providers, if in PPE, will be escorted from the Emergency Department to the designated doffing area outside of the ED for EMS (ambulance bay, etc.)
 1. EMS providers in full PPE are a minimal risk to staff and patients when entering, traversing, or leaving the ED.
 2. To conserve PPE EMS shall be doffing outside of the ED after the conclusion of decontamination of ambulance and equipment.

DOFFING AND DECONTAMINATION OF EMS

1. The Emergency Department shall establish a procedure for escorting EMS providers from the ED to the doffing area after report has been given and patient care transferred to the ED staff so they do not need to operate doors or contact surfaces
2. The Emergency Department shall established an area outside of the ED for EMS providers to Doff and dispose of PPE as well as decontaminate equipment.
3. The CDC has indicated that COVID-19 waste does not need to be disposed in the red hazardous waste bags unless they have blood or other bodily fluids on them. PPE may be disposed of in regular waste bags as provided in the Doffing Area as designated by the Emergency Department. Red Bio-waste Bags should never be mixed with regular waste.

