**Protocol 36**

Protocol 36 is the code for the plan that is being initiated through the OSF Saint James EMS system in conjunction with the Peoria system. This is in response to the COVID-19 pandemic currently underway. Vermillion Valley 911 Communications as well as 911 centers in Peoria, Woodford, Marshall and Tazewell counties will advise responding units to use Protocol 36 should their questioning lead them to suspect a possible COVID-19 patient.

Following 911 questions will be asked:

1. **Have you had a fever or chills**
2. **Do you have respiratory symptoms such as cough or shortness of breath**

**If these two are positive, then we are notifying crews that they have a possible “protocol 36” call, and dispatch accordingly.  (Negative protocol36 is paged same as you have done before)**

**LEVEL 2 RESPONSE:**

1. **Transport agencies only paged to positive “ protocol 36” calls unless:**
2. **Alt Level of Consciousness**
3. **Severe Respiratory Distress**
4. **Not Breathing**
5. **Cardiac Arrest**

**(a-d will result in both transport and non-transport agencies paged)**

Level two: Confirmed COVID19 Cases

**Transport Agencies:**

* **Initial assessment should begin with highest level provider from a distance of at least 6 feet “from the door assessment”**

**Once on-scene, the crews are then to ask exposure questions such as:**

1. **Have you traveled in the past 14 days?  If so, where?**
2. **Have you been exposed to anyone who has been known or suspected of having COVID-19?**
3. **Have you been exposed to anyone recently who has been sick who has traveled recently?**

* **If questions positive**🡪 Provider dons appropriate PPE (N95 level mask or higher), gown, gloves, face shield/goggles. If COVID-19 not suspected, follow standard procedures and use standard PPE for respiratory infection (droplet and contact precautions)
* **Provider will determine need for transport.** 
  + - 1. Lack of **priority** symptoms ( RESPIRATORY DISTRESS, High Fever)
      2. Lack of comorbidities
      3. Under age of 50
      4. Full vital signs (including pulse ox 95 or higher).
      5. Call medical control for all decisions/SIGNED REFUSAL

Patients will be given instructions for home care

Instructed to call local health department for further instructions.

**IF patient wants to go to ED you still must take them.**

* Patient contact should be minimized until surgical mask is placed on patient. Facemask should be worn over cannula. Oxygen masks can be used if clinically indicated.
* All non-essential personnel will be kept outside, and dismissed when able.
* If patient is able to safely ambulate or stand, the cot will be moved to the patient, and patient assisted to the cot.
* **Aerosol-generating procedures: (Nebulizers, BVM, suctioning, intubation, CPAP, CPR).** 
  + **HEPA filtration ideal but not readily available.**
  + **If possible, rear doors of transport vehicle should be opened, and HVAC system should be activated. Should be done away from pedestrian traffic.**
* **If a patient requires transport:** 
  + Notify receiving facility ASAP that the patient has an exposure history and signs/symptoms suggestive of COVID-19.
  + Keep patient separated from others as much as possible.
  + Family members should not ride with the patient.
  + Isolate the driver from the patient compartment, keeping all pass-thru’s and doors between compartments shut (done prior to placing patient in ambulance).
* Vehicle ventilation in both compartments (driver and patient) should be on non-recirculated mode to maximize air changes, reducing potentially infective particles.
* Rear exhaust fan should be used to draw air away from cab, toward the patient care area, and out the back of the vehicle.
* Documentation should be done **after** transport is completed, PPE is removed, and hand hygiene has been performed.
* Should include a list of EMS providers and public safety providers involved in the response and level of contact that has been made with the patient.
  + This may need to be shared with public health authorities.
* General Guidelines:
  + After transporting, leave rear doors of the vehicle open to allow for sufficient air changes. (time to complete transfer of patient care to receiving personnel and complete documentation should be adequate). Doors are to remain open while cleaning
  + When cleaning, providers should wear disposable gown and gloves. Face shield or facemask/goggles should also be utilized
* Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. They will be identified by a claim on the packaging.

“Product Name) has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard, non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against (name of supporting virus) on hard, non-porous surfaces”

* If there are no available EPA-registered products with this claim, products with label claims against human coronaviruses should be used according to instructions
* All surfaces and reusable patient care equipment that may have had contact with the patient or contaminated materials needs cleaned (stretcher, rails, panels, cabinets, floors, work surfaces, seats, monitors, monitor cables) need cleaned per manufacturer recommendations.
* All disposable items are red-bag items
* Avoid shaking linens, follow receiving facility guidance as to linen drop-off