



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICE
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

COVID-19 Response EMS Conference Call
Tuesday, March 31, 2020
2:00 PM

MINUTES

1. Introduction

Kathy Wahl, BS, MSN, RN

Director, Division of EMS and Trauma

- Kathy Wahl welcomed everyone to the call today.
 - The COVID-19 pandemic is a rapidly evolving situation and this call is to bring you up to date on what has been happening in the Division of EMS and statewide. Kathy discussed the memo she sent yesterday. She is respectfully requesting those asked to deploy through FEMA to other states to please consider the needs of Michigan before responding and leaving the state because the pandemic is spreading, and Detroit is one of the top areas of concentration in the country.
 - A mental health resource toolkit for first responders is being developed by Anthony Pantaleo and Dr. Samantha Mishra. More information should be coming out in the next few days.
 - Johnny Wagner, EMS Data Coordinator, spoke about the EMResource PPE Inventory Module. It is a web-based tool used by hospitals for diversionary status originally, but it has multiple functions. A module is being implemented to allow us to query your PPE needs. There will be an event set, and user information will be emailed out. You'll be able to see the agencies in your region and their PPE supplies. This will allow the state to determine areas of greatest need. Kathy said this is a critical request as we try to gain situational awareness about PPE and will help the healthcare coalitions and emergency management with distribution of EMS PPE.

2. Licensing Update

Sabrina Kerr, BA, MPA, EMS Section Manager
Bureau of EMS, Trauma & Preparedness

- Kathy said EO 2020-30 was focused on healthcare providers in hospital settings. It did mention EMS in relation to being extenders in the hospital. Issues associated with licensing do not apply to EMS as a whole, as EMS is in a different section of the Public Health Code. EMS has unique challenges so that is why a separate EO is being requested.

- Sabrina Kerr gave a summary on the language being pushed up to the governor's office for proposed changes to help with the COVID-19 response.
 - Agencies:
 - We are requesting annual inspections are requested to be waived.
 - We are requesting complaint inspections are requested to be able to be done virtually.
 - A request is in for a vehicle to be able to be downgraded for staffing reasons. If a vehicle is downgraded, ALS equipment and medications must be appropriately and securely stored, and personnel must practice at the level at which they are licensed.
 - We are requesting transportation of a patient, emergent or non-emergent, may be to a facility designated by the MCA or other regulatory authority, based on available resources.
 - Providers:
 - For license renewals and relicensure, we are requesting to have all CEs waived during the governor's emergency declaration.
 - We are requesting BLS remain in effect.
 - We are requesting an extension of licenses for 60 days.
 - For out of state licensure, we are recommending extending a temporary license.
 - We are also requesting notice of actions be able to be sent electronically.

3. Medical Director Update

William Fales, M.D., FACEP

State EMS & Trauma Medical Director

- Dr. Fales thanked everyone for their amazing efforts in the EMS community. This is an unprecedented time in the state and nation and it's placing unimaginable demands on parts of our healthcare system, particularly in Southeast Michigan. This is an opportunity for the entire health care team to come together. He expressed gratitude to those working in the heavily impacted communities in Southeast Michigan.
- The current overall state strategy includes both public health and healthcare interventions.
 - Public health focuses on the importance of social distancing and flattening the curve.
 - The healthcare strategy is based on two core components, relief care facilities and the use of alternate care sites. The relief care facilities were originally thought to be hospitals but now include nursing homes and long-term acute care facilities. Dr. Fales said hospitals located in areas that have relatively low COVID-19 activity will be asked to offer about 10% or more of their beds to help relieve communities that are in desperate need of assistance. The relief facility concept is based on the facility being able to preserve a significant amount of their reserve capacity. The hospitals are encouraged to surge up to 50% above their capacity in crisis. The second aspect of the strategy is the use of alternate care sites. This is being pursued currently at many levels to identify alternate care sites. Dr. Fales discussed the TCF Center in Detroit being set up and other alternate sites. Dr. Fales says a process of central coordination was set up on EMResource.

There is an event where hospitals can declare their willingness to participate as relief hospitals so connections can be made. Dr. Fales said there have been limited participation outside of the impacted areas so far and discussed. Dr. Fales spoke about the potential spread of the virus, including potential cluster outbreaks. They are working on ways to increase relief hospital participation, and this would require EMS to be ready at a moment's notice to be able to assist with the transport of patients, potentially to wide areas of the state. He said we have been collaborating with the Michigan Association of Ambulance Services (MAAS) and discussed the hospital interfacility transportation coordination service Life EMS has been providing connecting transferring hospitals with receiving hospitals who will help balance the load of COVID 19 patients.

- Dr. Fales spoke about clinical treatment and resuscitation changes.
 - [10.20](#)-Clinical Treatment for Patient with Suspected COVID-19 Crisis Standards of Care.
 - Dr. Fales went over some highlights of the protocol.
 - The use of nasal cannula under a surgical mask for patients in mild to moderate respiratory distress or hypoxia, and going to a non-rebreather mask for patients in more clinical distress.
 - The non-rebreather mask is a good way to confine the exhaled droplets of the patients.
 - If there is wheezing, defer a nebulizer treatment to a metered dose inhaler.
 - Nebulizers should be used outside of the ambulance.
 - The use of CPAP should be limited to those with history of pulmonary edema, CHF, or COPD.
 - Fluid resuscitation should be not a liter wide open but limited to small, modest amounts of fluid.
 - Supraglottic airway is preferred over oral tracheal intubation. The rationale is the protection of the operator performing the procedure and Dr. Fales explained.
 - If available, placing an inline HEPA type filter to try and capture the patient's exhaled air is recommended.
 - [10.21](#)-Cardiac Arrest in a Patient with Suspected COVID-19 Crisis Standards of Care
 - This is a resuscitation protocol for suspected patients with fever and sudden cardiac arrest.
 - Dr. Fales reminded everyone to look at the circumstances and history before making rapid decisions.
 - The patients that fall in this protocol are not to be transported without achieving sustainable ROSC.
 - After 10 minutes of resuscitations, contact medical control for guidance.

- Dr. Fales discussed procedures for a witnessed arrest in an ambulance.
- [8.33-Telemedicine and Stationary Treatment of Low Acuity Patients During COVID-19 Outbreak](#)
 - This protocol supports paramedic-initiated referrals for non-EMS transport. He said one region implemented this region wide and discussed.
- Alternate care sites
 - Dr. Fales said additional information will be pushed out on these later today. These include vulnerable patients at risk, but don't need to be in a hospital. Dr. Fales discussed scenarios.

4. Summary of Response

Emily Bergquist, EMT-P I/C, MSA
 Medical Control Authority Coordinator
 Division of EMS and Trauma

- Emily spoke about the volunteer website that has been created at www.michigan.gov/fightcovid19. This can be for several different types of volunteer opportunities.

5. Q&A

All

- A participant asked about nursing homes and definitions for transport with a report of flu-like symptoms. Dr. Fales addressed. The participant spoke of nursing home meeting them at the doorway and won't let the providers in the facility. Emily said they have been communicating with LARA to try and get the word out. Kathy said they have had calls with LARA to try and get the word out to nursing home. She said if an incident is not resolved, she would suggest having the medical control get in touch with the facility. Dr. Fales said this is a great opportunity for preplanning and working with the nursing home.
- A participant asked about staffing a vehicle that will be responding to COVID-19 patients with personnel with multiple agencies. Derek Flory addressed. The vehicle would have to be upgraded to have ALS personnel and have permission to move throughout the counties/MCAs. Derek said additional logistics can be addressed offline. Dr. Fales said this is a good example of the kind of collaboration we need around the state.
- A participant asked about relocation of patients and if it is COVID-19 patients that are going to be relocated or the non COVID-19 patients. Dr. Fales said the big demand is for the COVID-19 positive patients.
- A participant asked for an update on the movement on the distribution of PPE in the state. Emily said they have received all the SNS deployments expected. There was a donation received that will be deployed to 2North and 2South. She said a majority of the supplies has been deployed to Southeast Michigan. Emily said everything has been deployed from the warehouses in Lansing. Linda Scott reported the SEOC is looking for additional resources.

- A participant asked about transport and medicine boxes. Emily addressed. Kathy said to involve the MCA.
- A participant asked if there was a possibility the 120-day temporary licenses will get grandfathered in. Sabrina addressed. These licenses are non-renewable, and they would have to reapply. Grandfathering is not a conversation that has been had yet.
- A participant asked about resource requests. Kathy said we received information from the SEOC that all requests should go through emergency management. Dr. Fales addressed the difficulties and acknowledged. The same participant asked about the telemedicine. Krisy addressed and she said she can connect him. Emily said each MCA is going to be different.
- A participant asked about PPE supplies for non-transport and how often the requests for numbers will be. Emily said weekly right now. The participant will connect with Johnny Wagner on the template. The participant discussed staffing requests from [Michigan MABAS](#).
- A participant asked about call volumes and Dr. Fales addressed.
- A participant asked about downgrading an ambulance and timing. Emily said this is not an option as of yet, as an Executive Order has not been issued. Derek can help with the ins and outs of this.
- Additional questions can be emailed to MDHHS-MichiganEMS@michigan.gov.
- Kathy thanked everyone for their participation.

6. Future Calls

Statewide EMS COVID-19 Call

April 14, 2020 at 2:00pm

- Topic suggestions for items to address can be sent via email at MDHHS-MichiganEMS@michigan.gov.

The call was called to order at 2:05 p.m.

The call was closed at 3:18 p.m.

There were 184 participants at 2:04.