

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF EMERGENCY MEDICAL SERVICES OEMS COMMUNICATIONS STATEMENT 20-07

Date: March 30, 2020

To: CT EMS Organizations

From: Richard, Kamin, M.D. FACEP ^{RK}
Medical Director

Raffaella Coler, RN, MEd, Paramedic ^R
Director, Office of Emergency Medical Services

Re: COVID-19 Protocol Update

The purpose of this communications statement is to notify you that an update to the Connecticut Statewide EMS Protocols have been approved by the DPH Commissioner. [Version 2020.1](#) has been published to the Statewide EMS Protocols page of the OEMS website and the appendix containing all of the changes is attached here.

This [update](#) represents the ongoing work of the CEMSMAC Protocol Subcommittee and the Department of Public Health in response to the COVID-19 pandemic and the potential impact this emergency has for our patients, providers, and the entire healthcare system.

As with all previous versions, implementation for each EMS organization is under the direction of their EMS sponsor hospital.



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Update Includes:

1. **General EMS Guidance during COVID-19**
2. **Changes to the Asthma Protocols (Adult and Pediatric)**
 - a. **Major adult changes:**
 - i. Inserted explanatory guidance
 - ii. Prioritizes non-aerosol generating procedures and limits nebulizers to patients in moderate to severe distress who are non-responsive or ineligible for other non-aerosol generating procedures treatments.
 - iii. Added meter dose inhaler (MDI - other than patient's own prescribed) to AEMT on standing order
 - iv. Allows AEMT to consider intramuscular (IM) epinephrine with direct medical oversight (DMO) order prior to nebulized medication
 - v. Allows paramedics to administer IM epi on standing order prior to nebulizer in age <40, and after MDI or Neb in age >40
 - vi. Removed steroids for asthma/COPD
 - vii. Allows sponsor hospital to substitute terbutaline for epinephrine
 - b. **Major pediatric changes:**
 - i. Allow IM epinephrine by AEMT on standing order if no cardiac history (previously only for paramedic provider for pediatric patients; Epinephrine with DMO by AEMTs for adults but not children)
 - ii. Added (MDI - other than patient's own prescribed) to AEMT on standing order
 - iii. Removed steroids for asthma
 - iv. Removed nebs for bronchiolitis
 - c. **COVID-19 Emergency Medical Services Non-Transport Guidance**
 - i. This resource has been developed to guide decision making about which patients with symptoms consistent with COVID-19 would benefit from transport to the hospital in the event that the health care system is taxed/overwhelmed.
 - ii. The non-transport guidance will be implemented based on local need under direction of the sponsor hospital medical director. The process hinges on evaluation by an EMS provider as well as the coordination of local resources (local health, community services, etc).



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