HUDSON VALLEY REGIONAL EMERGENCY
MEDICAL SERVICES COUNCIL, INC.
33 Airport Center Drive
Suite 204 Second Floor
New Windsor, NY 12553
845-245-4292-phone 845-245-4181- Fax

Hudson Valley REMAC Advisory

2020-04
Cardiac Arrest
NYS EMS Viral Pandemic Triage Protocol
Issue Date: 04-30-2020

This advisory clarifies the changes to the following protocols, as of this date, based on the progression of the COVID-19 pandemic, currently accepted medical practice, and healthcare system findings under current protocol procedures:

1. Cardiac Arrest
2. NYS EMS Viral Pandemic Triage Protocol

Cardiac Arrest

Multiple recent protocol changes have created confusion about the management of cardiac arrest patients among providers in the healthcare system.

Initial protocol changes aimed to provide better protection for providers and not overwhelm already over-stretched hospitals. Subsequent protocol updates provided direction for providers during critical infrastructure challenges.

We are now beyond such time frames. Providers should be managing cardiac arrest patients based on the current NYS BLS and ALS Collaborative Protocols. Additionally, providers should manage cardiac arrest patients based on maximizing provider safety while providing care consistent with the best medical evidence that exists:

1. Note that the NYS Cardiac Arrest Protocol dated 04/17/2020 and the HVREMAC Advisory dated 03/30/2020 are currently rescinded.
2. Providers should be wearing full personal protective equipment (PPE) PRIOR to the initiation of resuscitation (including a minimum of N95 protection, gloves, and eye protection, face shield, and Tyvek or similar suit).
3. Pediatric Cardiac Arrest follow: **NYS BLS Cardiac Arrest – Pediatric Protocol or ALS Collaborative Cardiac Arrest General Approach- Pediatric (P2.1.0).**
4. Adult Cardiac Arrest follow: **NYS BLS Cardiac Arrest Protocol or ALS Collaborative Cardiac Arrest: General Approach (A2.1.0).**
5. If after 20 minutes there is no response ALS providers should follow **(2.6) Termination of Resuscitation Protocol (Applies to adult and pediatric patients)**.
6. If patient care is provided by BLS personnel only or if a patient does not meet the Termination of Resuscitation criteria listed in the protocol, providers should contact Medical Control to discuss termination of resuscitation.
7. Per recently released American Heart Association guidelines, consider passive oxygenation with a non-rebreathing face mask (NRFM) covered by a surgical mask.
8. Any ventilation with a Bag Valve Mask (BVM) or other artificial ventilation method should occur with a filtering device.
9. Intubation Attempts should be minimized in favor of the use of a supraglottic airway. The benefit of intubation in the setting of cardiac arrest has never been established pre-Coronavirus. The risk of provider infection is increased by this procedure.

HUDSON VALLEY REGIONAL EMERGENCY
MEDICAL SERVICES COUNCIL, INC.
33 Airport Center Drive
Suite 204 Second Floor
New Windsor, NY 12553
845-245-4292-phone 845-245-4181- Fax

NYS EMS Viral Pandemic Triage Protocol

The focus and intent of the Viral Pandemic Triage Protocol is to identify low risk patients **with mild viral illness** that do not need immediate evaluation in an Emergency Department. The rationale for the protocol was to prevent hospitals from being overwhelmed while simultaneously minimizing provider risk. At present, all hospitals in the Hudson Valley Region have capacity to evaluate patients in their Emergency Departments. Given the presentation intricacies of Coronavirus, members of the HVREMAC recommend the following caveats:

1. It is incumbent that every patient undergoes a full assessment by the prehospital provider. When there is any doubt about the potential severity of disease, and given the availability of Emergency Departments at this time, the default disposition should be an evaluation in an article 28 receiving facility.
2. Elderly and immunosuppressed patients should be treated consistent with current Collaborative protocol guidelines. The preponderance of these patients necessitates evaluation in an Emergency Department.
3. When there is any question about the stability of the patient, medical control should be contacted.
4. When providers reach a point in the protocol that reads: "This patient meets criteria for non-transport and/or treatment in place" Contact Medical Control before enacting the protocol and leaving the patient in place.
5. Prior to contacting Medical Control, providers should continuously monitor a patient's pulse oximetry (SPO2) for at least 1 minute. If the patient's SPO2 is normal, continue to monitor them and have them walk in place. A de-saturation below 90% requires an Emergency Department evaluation.

This protocol is for use in patients **with mild viral illness**. The intent of the protocol is to prevent an overwhelming Emergency Department surge. Given there is ample capacity for these patients to be evaluated within the Hudson Valley Region, providers should utilize this protocol with caution.

Additionally, there are many very sick patients who should be evaluated and treated in the Emergency Department but who are afraid to go to the hospital for fear of contracting COVID19. Providers and Medical Control personnel should work together to allay such fears and encourage patients to go to the hospital if necessary.

Sincerely,

Pamela Murphy, REMAC Chair

Mark Papish, HVREMSCO Medical Director