



EMS Information Bulletin 2020-21

DATE: May 8, 2020

SUBJECT: Statewide ALS Protocol Updates Including Interim COVID-19 Treatment Changes

TO: EMS Agencies
EMS Agency Medical Directors

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The Bureau of EMS (Bureau) is providing this Informational Bulletin to inform the EMS community that updated 2020 Statewide ALS Protocols have been posted on the Bureau of EMS website. These updated protocols include ALS-related treatment changes for patients with suspected COVID-19 infection. In 2019, the Statewide ALS Protocols were updated on the regular cycle. The previous protocols remain intact, but these 2020 ALS protocols will add additional treatments that may be given by protocol and without contacting a medical command physician.

Because the interim guidance for care during the COVID-19 pandemic is changing frequently and because some treatment changes affect several protocols, these treatment changes are included in section 1000J, within the General Protocol Principles section. This will allow all COVID-19 treatment changes to be viewed within one area, and this section can be easily updated if additional treatment changes are necessary.

EMS agencies and providers are reminded to continue to follow the entire 2020 Statewide ALS Protocols for patient care and to treat patients' medical conditions in their entirety, but below is the excerpt of the new section for quick reference:

2020 Statewide ALS Protocol 1000.J:

J. Interim Treatment Protocols During COVID-19 Pandemic

1. While the epidemic of coronavirus COVID-19 infections continue in Pennsylvania interim protocols and guidance from the Department of Health will be applicable to operations, procedures and treatments provided by EMS agencies and providers. These directives will be published as EMS Information Bulletins (EMSIBs) on the Bureau of EMS Website, and EMS agencies and providers should stay familiar with the EMSIBs.
2. By regulation, EMS providers may only give treatments that follow Department-approved protocols or orders from a medical command physician. Therefore, the following protocol changes will be in effect during the COVID-19 epidemic:
 - a. Alternatives to nebulized albuterol – to reduce potential aerosol contamination from nebulizer treatments when using the Crashing Patient Protocols (#3000A/P) or the

Asthma/COPD/Bronchospasm Protocol (4022), the one following may be substituted when albuterol nebulizer is indicated in the protocol prior to contact with medical command, and dose may be repeated in 20 minutes, if needed:

- 1) Albuterol MDI with spacer – 5 puffs as described in ILI protocol #931.
 - 2) EPINEPHrine (1 mg/mL) 0.3 mg IM for adults
 - 3) EPINEPHrine (1 mg/mL) 0.01 mg/kg IM (max 0.3 mg) for pediatrics
 - 4) Terbutaline 0.25 mg IM for adults
 - 5) Terbutaline 0.01 mg/kg IM (max 0.25 mg) for pediatrics ≥ 8 y/o. Contraindicated if h/o dysrhythmia, WPW, SVT, epilepsy, or seizure disorder.
- b. Avoid Steroids in patients with possible COVID-19 infection: Asthma/COPD/ Bronchospasm protocol #4022 should not administer steroids to these patients unless ordered by medical command physician.

As always, when options are available within protocol treatments, EMS agencies and their EMS agency medical directors are responsible for choosing which medication and treatment options are best for their situation. EMS agencies and their medical directors are responsible for ensuring that EMS providers within their agency are appropriately educated and credentialed to use any new treatments, procedures or medications that are used by the agency.

In addition to these new 2020 protocols, there have been many EMS Information Bulletins (EMSIBs) and alterations to other statewide protocols, as the COVID-19 pandemic has evolved. EMS agencies and providers must stay continually aware of EMSIBs and the most current set of protocols for all levels of EMS providers.