



CHARLES COUNTY EMERGENCY SERVICES



SPECIAL ORDER 2020-07

MIEMSS COVID-19 EMS Vaccination Program Guidelines EMERGENCY SERVICES (FIRE & EMS)

Issue Date: 12/14/2020 Revised: 02/01/21

Expiration Date: N/A

I. OVERVIEW

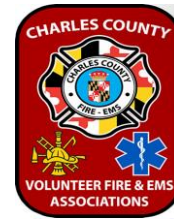
With the annual occurrence of influenza season, and with the recent developments regarding the Coronavirus, we are all reminded that the manner in which we approach infection control incidents is of the utmost importance. Many within the Charles County Department of Emergency Services (CCDES), Charles County Association of Emergency Medical Services (CCAEMS), Charles County Volunteer Firemen's Association (CCVFA) and the Office of the Medical Director are remaining vigilant to emerging issues related to infection control. Of concern is the Coronavirus outbreak which originated in the Wuhan Province of China, and the subsequent cases that have occurred here in the United States and elsewhere throughout the world. This policy and procedure outline the preparation, mobilization, and demobilization required for care and transport of suspected and known Coronavirus 2019 patients.

II. DEFINITIONS

- **Coronavirus 2019** - A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV". There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.
- **Non-public Setting Participants** - For the purpose of this Special Order, non-public participants are defined as EMS clinicians, firefighters, special operations technicians, law enforcement officers, public safety dispatchers, animal control wardens, animal shelter staff, and administrative support personnel for public safety entities.



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- **Person Under Investigation (PUI)** - A person who meets the CDC established criteria for COVID-19 symptoms and epidemiological risk factors. Symptoms include a fever and/or symptoms of acute respiratory illness (e. g. cough, difficulty breathing).
- **Personal Protection Equipment (PPE)** - For the purpose of this Special Order, PPE is considered those items in accordance with the recommendations of the Maryland Institute for Emergency Medical Services Systems - Infection Control and PPE Guidance (attachment). Such items included are gloves, respiratory protection masks, eye protection and gowns.
- **Public Setting Participants** - For the purpose of this Special Order, public setting participants are those persons not covered non-public setting participant definition. Examples of those persons include but may not be limited to, the general public, local government employees, senior citizens, essential workers, children, and those residents with special needs.
- **Seasonal Flu** - Influenza is spread by cough, sneeze, or by common contact with virus-contaminated surfaces.

III. GENERAL

The information contained in this procedure is intended to be consistent with the EMS and PSAP interim guidance given by the Centers for Disease Control (CDC) and Prevention and by MIEMSS for management of patients with known or suspected COVID-19. In some cases, our local implementation of infection control procedures will exceed those recommended by the CDC. In addition, as this is a rapidly emerging situation, the policy is subject to frequent changes. It is our goal to update this plan in accordance with changes recommended by MIEMSS and/or the CDC as they develop.

Specific to this Special Order, the following general assumptions should be recognized by the EMS Operational Program (EMSOP).

- While this Special Order addresses the MIEMSS EMSOP COVID-19 Vaccination Program (the Program), the statewide COVID vaccination efforts are administered by the State Department of Health and Mental Hygiene.
- Locally, this program is designed to be a supplemental partnership with the Charles County Health Department (CCHD) assigned as the lead program agency.
- In the EMSOP's support function, the County's Health Officer is responsible for setting policy and procedures with regards to programs managed by the CCHD.
- The EMSOP's Jurisdictional Medical Director (JMD) will retain medical oversight of the EMSOP during the participation in this partnership and collaborate with the County's Health Officer on unified program goals and objectives.



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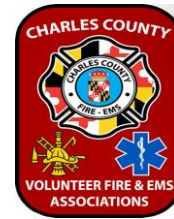
IV. TRAINING

A. EMS CLINICIANS

1. The EMSOP will train all ALS and BLS certified EMS Clinicians on both the didactic and practical materials/skills required to support this program.
2. The EMSOP recognizes that not all ALS and BLS certified EMS Clinicians will assist with the program, however all will be trained to provide the capability.
3. For ALS Clinicians, a didactic and practical training for the program will be developed in partnership with the CCHD and MIEMSS.
 - i. The didactic training portion should accommodate distance learning requirements and work on a myriad of Learning Management System (LMS) platforms.
 - ii. Practical training should be approved by the EMSOP and JMD in the MIEMSS licensure system as well as conducted in small socially distanced groups.
4. BLS Clinician specific training and credentialing requirements include the following:
 - i. An EMT must complete the MIEMSS didactic vaccination training, available at www.emsonlinetraining.org.
 - ii. Practical training should be approved by the EMSOP and JMD in the MIEMSS licensure system as well as conducted in small socially distanced groups.
 - iii. Once didactic and practical training has been completed, the EMT must submit an application to be credentialed as an EMT vaccinator using the MIEMSS licensure system at www.miemssliscense.com.
 - iv. A physician, nurse practitioner, physician assistant, nurse, or paramedic must physically supervise the EMT while administering the vaccine. A maximum of three (3) EMT's may be assigned to one (1) supervisor.



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B. ADMINISTRATIVE STAFF

1. The EMSOP will train administrative support personnel who volunteer their time or are assigned to administratively support the program.
2. Administrative training for the program will be developed in partnership with the CCHD.

V. PROCEDURES

A. NON-PUBLIC SETTING PARTICIPANTS

1. Non-public setting participants (NPSP's) who desire to receive the COVID-19 vaccine should register through the Department of Emergency Services' registration link: <https://forms.gle/SDnYzoG1DiyVNRst9>.
2. The EMSOP will utilize the *Maryland EMS COVID-19 Vaccine Prioritization Guidance* to determine the priority of those NPSP's requesting the COVID-19 vaccine.
3. The County's Mobile Integrated Healthcare (MIH) Team will act as the liaison between the CCHD and the EMSOP.
4. The MIH Team will collaborate the scheduling (first and second dose), patient consent documentation, vaccine administration, and tracking of the COVID-19 vaccine for NPSP's.
5. The MIH Team will coordinate with the CCHD, the reporting of patient data and any adverse events noted by the participant/s.
 - i. Participants should immediately report adverse events to the MIH Team.
 - ii. Participants with severe adverse events should seek immediate medical attention.
6. The maintenance of patient immunization records with the participant/s' host agency will be facilitated by the EMSOP's Infectious Control Officer.
7. The Office of the EMS Chief for the Department of Emergency Services will be the responsible party for updating the MIEMSS COVID-19 EMS Vaccination Smartsheet.



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8. HIPAA regulations apply to NPSP's in the Program.
9. Quality assurance and clinical performance of EMS Clinicians supporting the Program will be monitored through the EMSOP's QA/QI Program.

B. PUBLIC SETTING PARTICIPANTS

1. The EMSOP may be called upon to directly support efforts of the CCHD to vaccinate public setting participants (PSP's).
2. Coordination of PSP's will be facilitated by the CCHD to include the following:
 - i. Scheduling of PSP's,
 - ii. Clinical locations,
 - iii. Clinic times,
 - iv. Administrative data collection and adverse event reporting.
3. Support personnel (clinical or administrative) assigned to assist with PSP vaccination efforts will fall in line with the incident command structure as established by the CCHD.
4. Quality assurance and clinical performance of EMS Clinicians supporting the Program will be monitored through the EMSOP's QA/QI Program.

C. VACCINATION SITE STANDARDS

1. EMS clinicians supporting the Program will ensure that their clinical site has the following minimum equipment available as established by the CDC (attached):
 - i. Appropriate cache of PPE,
 - ii. Site decontamination supplies,
 - iii. Cardiac monitor/defibrillator,
 - iv. Oxygen bag,
 - v. ALS bag,
 - vi. Portable radio.



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2. EMS clinicians will don the appropriate level of PPE when in contact with patients.
3. EMS clinicians should consult the lead CCHD official if they suspect a patient is a PUI.

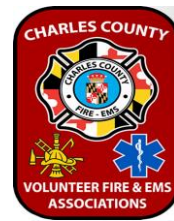
D. QUALITY ASSURANCE

1. Clinical concerns should be reviewed with the County's Quality Assurance Officer.
2. The County's QA Officer and MIH Team will serve as the liaison between the CCHD and the EMSOP.

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APPROVAL

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