Federal Healthcare Resilience Task Force

EMS/Prehospital Team

# Emergency Medical Services and 911 Resource Guide

**Product (EMS16) Purpose**

Intended to provide access to a collection of guidance and resources for EMS administrators, 911 supervisors, EMS personnel can use to make informed choices on tactics, techniques and procedures for dealing with COVID-19. This document was developed by a team including members from FEMA, CDC, DOT, USFA, USCG and stakeholder organizations.

**Developed By**

The Federal Healthcare Resilience Task Force (HRTF) is leading the development of a comprehensive strategy for the U.S. healthcare system to facilitate resiliency and responsiveness to the threats posed by COVID-19. The Task Force's EMS/Pre-Hospital Team is comprised of public and private-sector Emergency Medical Service (EMS) and 911 experts from a wide variety of agencies and focuses on responding to the needs of the pre-hospital community. This Team is composed of subject matter experts from NHTSA OEMS, CDC, FEMA, USFA, US Army, USCG, and non-federal partners representing stakeholder groups and areas of expertise. Through collaboration with experts in related fields, the team develops practical resources for field providers, supervisors, administrators, medical directors and associations to better respond to the COVID-19 pandemic.

**Intended Audience**

State, Local, Tribal, and Territorial Governments (SLTTs) EMS and 911 agencies

**Expected Distribution Mechanism**

EMS.gov, 911.gov, Stakeholder Calls, EMS stakeholder organization's membership distribution Email mechanisms, USFA website, Social Media posts

**Primary Point of Contact**

NHTSA Office of EMS, nhtsa.ems@dot.gov, 202-366-5440

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# Emergency Medical Services (EMS) & 911 Services Resource Guide: A Practical Guide to Operate During the COVID-19 Pandemic Health Emergency

This document provides examples of promising practices, templates and other resources, both federal and nonfederal, for 911 Public Safety Answering Point (PSAP)/Emergency Communications Center (ECC) personnel, EMS personnel, EMS administrators, and EMS medical directors. These resources can be used to help address issues and challenges associated with the COVID-19 pandemic health emergency. All resources in this document are accessible to the general public.

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## General Approach

The COVID-19 pandemic health emergency is an ever-evolving crisis for which first responders are on the front lines. Timely information and innovation is the key to adapting to these ever-changing challenges. This document is an effort to provide a wealth of resources, best practices and examples for those on the front lines to use. With all the demands placed on our EMS and 911 systems, there is limited time to help address issues and challenges associated with the evolving environment where they are called to work. This document was created by subject matter experts and is intended to provide personnel on the front lines with the tools to innovate, adapt and succeed in the face of so many challenges.

*"When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAP/ECCs)/Emergency Communications Centers (ECCs)— commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. Each PSAP/ECC and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. For the purposes of this guidance, "EMS clinician" means prehospital EMS and medical first responders. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection."*

### General Resources

- Interim Guidance for EMS Systems and PSAP/ECCs: CDC
- What Firefighters and EMS Providers Need to Know about COVID-19
- EMS Coronavirus/COVID-19 Resources: NHTSA Office of EMS
- COVID-19 resources for fire and EMS: USFA

## 911 System (Public Safety Answering Point (PSAP), Emergency Communications Center (ECC)

The below resources have been collected and presented with a target audience of the PSAP and ECC personnel. These individuals and their supervisors are on the front line of communication with the public and play such an important role in system adaptability during these challenging times.



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## Managing Expectations

Information and proposed actions in the face of COVID-19 should be communicated to the public in a proactive, honest, transparent, and accountable manner.

- 10 Ways to Care for Yourself at Home
- Coronavirus COVID-19 Resources: NHTSA National 911 Program
- Need to Call or Text 911: NHTSA National 911 Program
- Community Handout Treat in Place: Medstar*
- Community Release on Treat in Place: Medstar*
- COVID-19 General Information Flyer*
- COVID-19 Press Release: WY*
- Quarantine Guidance: Georgia*
- When to Call 911: Georgia*
- When to Call 911: Illinois*
- When to Call 911: NENA *

## Call Screening and Triage

While call screening and triage is nothing new for PSAP/ECC personnel, there are some recommendations for COVID-19 screening questions that would go far towards protecting our responders and the public.

*"PSAP/ECCs should question callers and determine the possibility that every call involves a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a Person Under Investigation (PUI). Information on COVID-19 will be updated as the public health response proceeds. PSAP/ECCs and medical directors can access CDC's PUI definitions here.*

*Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAP/ECCs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with their local and state public health department."* Interim Guidance for EMS Systems and PSAP/ECCs: CDC



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## General Resources

- 911 PSAP/ECC: CDC Recommendations
- Sample Pandemic Influenza EMS Dispatch Protocol
- Sustaining 911 Resilience During COVID-19*
- 9-1-1 & COVID-19: A Report on PSAPs: NENA*

## Caller Screening Resources

- COVID-19 Modified Caller Queries: CDC
- Public Service Answering Points (PSAPs)/Emergency Communications Centers (ECCs) Call Screening: Healthcare Resilience Task Force EMS Team
- 911 and Emergency Medical Services (EMS) Algorithms: Healthcare Resilience Task Force EMS Team
- Suggested Triage Questions: National Emergency Number Association (NENA)*
- Suggested Triage Questions: Association of Public Communications Officials (APCO)*
- Protocol 36 - Pandemic*
- International Academy of Emergency Medical Dispatch's Emerging Infectious Disease Surveillance Tool*
- Call Screening Questions: Charleston County*
- Call Screening: Florida*
- Call Screening: Maine*
- Call Screening: Virginia*

## Telehealth

There are opportunities during the COVID-19 pandemic health emergency to innovate by utilizing Telehealth at the PSAP/ECC.

*"A covered health care provider [911 / EMS system personnel] in the exercise of their professional judgement may request to examine a patient exhibiting COVID- 19 symptoms, using a video chat application connecting the provider's or patient's phone or desktop computer*



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*in order to assess a greater number of patients while limiting the risk of infection of other persons who would be exposed from an in-person consultation."* https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

### Telehealth Resources

- Telehealth Toolkit: Centers for Medicare and Medicaid Services
- Phone Advice Line Tool for COVID-19

## Continuity of Operations Plan (COOP)

Existing COOP plans will need to be adapted for COVID-19 operations but there are several existing resources that were developed for similar national pandemic health emergencies.

"*Pandemic Influenza demands a different set of Continuity planning considerations. Unlike traditional Continuity planning, pandemic influenza may be widely dispersed geographically and will potentially arrive in waves that could last several months at a time. Organizations are encouraged to establish an annex to their existing Continuity plans to ensure that additional considerations during a pandemic to include increased absenteeism, social distancing procedures, and impacts on interdependencies are adequately addressed."* Pandemic Brochure: FEMA

- "***Operational processes.*** *Identify those with key communications and information technology (IT) components that are critical to the continuation of essential services in an emergency. Also, specify any procedures … to protect computers, paper records, … and identify which, if any, databases should be backed up at the last possible moment.*
- ***Recovery processes.*** *Develop processes to be used during the recovery. They should include procedures for impact assessment, repair/restoration, alternate solutions, post-incident analysis, and the updating of the emergency management plan. Pre-emergency procurement processes/contracts should be in place with appropriate industry partners/vendors that will enable the rapid acquisition of critical telecommunications equipment/services such as fixed and mobile satellite systems which may not be a capability in daily use by critical entities.*



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- ***Communications response team.*** *Develop a team that will take action during and following an emergency. This task must clearly define employee roles and responsibilities and establish a chain of command for operational functions and maintenance of communications infrastructure and IT services."* PSAP/ECC COOP Guidelines: FCC

### COOP Resources

- CDC: Coordinating Call Centers for Responding to Pandemic Influenza and Other Public Health Emergencies
- COOP-COVID-19*
- Pandemic Influenza COOP Guide: FEMA
- Customizable Influenza COOP Outline*
- COOP: Charleston County*
- COOP: DuComm*

### Caller Triage & Referral to Non-Emergency Resources

- PSAP/ECC Triage and Referral: Illinois*
- 911 Nurse Triage Program Overview: MEDSTAR*
- Value of 911 Nurse Triage*

## EMS Personnel (EMRs, EMTs, AEMTs, and Paramedics)

EMS professionals are on the front lines of this pandemic caught among the priorities of protecting themselves, provide quality patient care, minimizing hospital overcrowding and educating the public to prevent further spread. The below resources were gathered with the target audience of "America's Kindest" to facilitate them meeting these multiple objectives.

*"If PSAP/ECC call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19.*

*If information about potential for COVID-19 has not been provided by the PSAP/ECC, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of*



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*at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.*

*A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures."* Interim Guidance for EMS Systems and PSAP/ECCs: CDC

## Personal Protective Equipment

While the use of universal precautions is nothing new to EMS personnel, COVID-19 requires greater protection by EMS personnel, especially when performing "aerosol-generating procedures". We provide the information below in order to keep EMS personnel and their families safe from bringing their jobs home with them.

"*EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard Precautions and use the PPE as described below. Recommended PPE includes:*

- *N-95 or higher-level respirator or facemask (if a respirator is not available),*
  - *N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure*
- *Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.*
- *A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.,*
  - *If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).*
- *When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.*



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- *Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.*
  - *If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.*
- *All personnel should avoid touching their face while working.*
- *Upon arrival, follow local policies and procedures regarding patient transfer to a healthcare facility.*
- *EMS clinicians should also follow local policies and procedures for vehicle and equipment decontamination as well as doffing and discarding of PPE, and performing appropriate hand hygiene.*
- *Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*." Interim Guidance for EMS Systems and PSAP/ECCs: CDC

### PPE Resources

- Healthcare Providers Regarding COVID-19: CDC
- Healthcare Providers Regarding COVID-19 (Poster): CDC
- Illustrations of PPE Wear: CDC
- PPE Minimum Requirements: GMR*

## Treatment

The same high-quality prehospital care will be performed, but some treatment modifications specific to COVID-19 should be considered.

### Aerosolizing Procedures

These procedures are particularly likely to aerosolize the COVID-19 virus, making the likelihood of crew/bystander infectious significantly more likely, without the below recommended mitigation methods.



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*"Some procedures performed on COVID-19 patients could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible. EMS clinicians should exercise caution if an aerosol-generating procedure [e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP)], or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR) is necessary. If possible, consult with medical control for specific guidance before performing aerosol-generating procedures." -New Mexico Emergency Medical Services COVID-19 Guidance**

- *When possible, consult with medical control before performing aerosol-generating procedures for specific guidance.*
- *An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS clinicians present for or performing aerosol-generating procedures.,*
- *EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.*
    - *BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.*
    - *EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.*
- *If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.* Interim Guidance for EMS Systems and PSAP/ECCs: CDC
- CDC FAQ

## Treatment in Place (Treat & Release)

Below are sample guidelines actually being utilized by EMS systems to render patient care at the scene, without transporting the non-life threatening patients to already over-burdened and potentially infectious hospitals.



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- Treat in Place: Florida*
- Treat in Place: NY* (Find: Treat-in-Place)
- Treat in Place Criteria: NV*
- Treat in Place Decision Tree: IL*
- Treat in Place Screening Tool: Florida*

## Transport

The transport of patients to a receiving facility requires a close proximity between the patient and EMS personnel.

### Transport of a Suspected or Confirmed COVID-19 Patient

Transport of suspected or confirmed COVID-19 patients require additional steps in order to protect the crew, the public, the patient's family and hospital providers. We have assembled the below resources in order to ensure the safety of all involved.

*"If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:*

- *EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.*
- *Keep the patient separated from other people as much as possible, [and if available, place a facemask on the patient for source control].*
- *Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.*
- *Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.*
- *When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.*
    - *Close the door/window between these compartments before bringing the patient on board.*



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  - *During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.*
  - *If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.*
  - *Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdfpdf icon)*
- *If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.*
- *Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room)."* Interim Guidance for EMS Systems and PSAP/ECCs: CDC

### Transport Resources

The below are methods in order to minimize potential transmission to others during transport.

- Policy to Eliminate 3rd Party Riders: GMR*
- Management and Transport of EMS Patients: GMR*

## Decontamination

Decontamination needs to be consistent, meticulous and systematic in order to eliminate COVID-19 transmission.

*"Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.*

*Ensure that EMS clinicians and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures."* Interim Guidance for EMS Systems and PSAP/ECCs: CDC



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- Interim Guidance for EMS Systems and PSAP/ECCs: CDC (Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19 section)
- Decontamination Protocol Vehicles: GMR*
- Decontamination Protocol Linen and Uniforms: GMR*
- Decontamination Protocol Facilities: GMR*
- Disinfectants for Use Against Cov-2: EPA

Note: Multiple COVID-19 Response Protocols (In "Response" section of this document) have decontamination procedures integrated into them.



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## EMS Administrator and Medical Director

While EMS personnel are on the front lines of this pandemic, they need the correct response framework, training, equipment and information in order to protect themselves, provide quality patient care, minimize hospital overcrowding, and educating the public to prevent further spread. The below resources were gathered with the target audience of EMS administrators and Medical Directors to facilitate EMS personnel meeting these multiple objectives.

### Sustainability of Operations Through a Pandemic

The organization needs a plan that will permit continued operations during challenging times.

- FEMA Guidance to Emergency Managers
- Information for First Responders on Maintaining Operational Capabilities During a Pandemic

### Crisis Standards of Care

Standards of care need to be adjusted during times of crisis. The degree of these adjustments is directly correlated to the degree of the crisis.

#### General:

Here is a collection of general crisis standards of care documents in order to provide a framework to create an agency-specific crisis standards of care guidance.

- EMS Influenza Pandemic Guidelines for Statewide Adoption
- Crisis Standards of Care: Minnesota*
- Guidelines for Covid-19 Preparations and Response: GMR*
- Guidance on COVID-19 EMS Preparedness: Indiana*
- Guidance on COVID-19 EMS Practitioner: New York State*
- Pandemic Crisis Transport Guidance: Minnesota*
- Crisis Standards of Care Matrix: Minnesota*

#### Response

Here is a collection of response related documents (including actual response protocols) implementing crisis standards of care. These could be used as a starting point for drafting response protocols for your agency during a crisis.



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- Interim Guidance for BLS and ALS support of Patients with Suspected or Confirmed COVID-19: AHA*
- COVID-19 Response Protocol: Alaska*
- COVID-19 Response Flowchart: Illinois*
- COVID-19 Response Protocol: Maine*
- COVID-19 Response Protocol: Minnesota*
- COVID-19 Response Protocol: New Hampshire*
- COVID-19 Response Protocol: North Dakota*

### Modified Staffing Configurations

Here are some documents regarding legal waivers implemented at the state level as a response to COVID-19

- Covid-19 General Waiver #3: Indiana*
- *"Relax scope of practice requirements for health care professionals, including allowing professionals to practice in all settings of care."* https://www.aau.edu/sites/default/files/AAU-Files/Key-Issues/Campus-Safety/GovernorLetterfromAzarMarch24.pdf

## Workforce Expansion Strategies

As EMS agency employees become sick, are quarantined, are isolated, or show signs of mental health issues there is a need for increasing EMS responders. Below are some resources that could potentially help with these challenges.

- Grant reciprocity for EMS providers credentialed in other states.
  - Allow health professionals licensed or certified in other states to practice their professions in your state, either in person or through telemedicine.
- Establish provisional EMS licensure to allow providers to practice pending completion of normal licensing practices.
  - NREMT Provisional Certification FAQs*
- Grant recertification for expired EMS licenses within a specified time frame.
  - "Allow for rapid certification/licensure and recertification/relicensure of certain health care professionals."
  - Suspension of Classes Secondary to Licensure Extension: GMR*
- Credential current EMS students
  - *"For purposes of preparing for, responding to, and mitigating any effect of COVID-19, emergency medical services training programs may, with the approval*



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*of the training program medical director, substitute supervised remote live videoconferencing or simulation for one-half of the supervised clinical instruction hours and one-half of the supervised field internship hours required by section 401.2701, Florida Statutes, and applicable rules. Any statute and/or rule to the contrary is hereby suspended for a period of thirty days, unless extended."* Florida statutes document*

### Workforce Expansion Resources

- AHA Extends Instructor and Provider Card's Expiration by 120 days*
- NREMT Extends Certification and Waives Distributive Learning Limit*
- EMS License Extension: Maine*

## Employee Health Monitoring

Employee health screening prior to entering your organization's structures, vehicles or spaces is designed to mitigate worker absenteeism, and maintain the physical and psychological health of your personnel.

### Sample Employee Occupational Health Surveillance Protocol

Tools and methods to stop the spread of COVID-19 within your organization.

- Employee Occupational Health Surveillance Protocol: GMR*
- Employee Occupational Health Surveillance Protocol: AHCA*
- Employee Occupational Health Surveillance Protocol: Maine*
- Return to Work Criteria for HCP Suspected or Confirmed COVID-19: CDC
- Return to Work for HCP Suspected or Confirmed COVID-19: Maine*

### Caregiver Well Being (Including Mental Health)

The resources below are ways to protect your employee's mental health and resiliency during this time of extraordinary stress and competing priorities.

- Mitigate Absenteeism by Protecting Emergency Medical Service (EMS) Clinicians' Psychological Health and Well-being during the COVID-19 Pandemic: Healthcare Resilience Task Force EMS Team



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- Managing Patient and Family Distress Associated with COVID-19: Healthcare Resilience Task Force EMS Team
- Caregiver Well Being Wallet Card: GMR*
- Stay Health Poster: GMR*
- Protecting the Healthcare Worker Video: GMR*

### Organizational Infection Control

Infection control is critical for the health and well-being of your employees, the public, and your patients. The resources below can be used to ensure an adequate organizational infection control plan is in place.

- Organizational Infection Control Preparedness: CDC
- Infection Control Program Resource: NFPA*
- Strategies for Optimizing the Supply of N95 Respirators: CDC
- NIOSH-Approved N95 Particulate Filtering Facepiece Respirators
- FDA Imported Non-NIOSH Approved Respirator Authorization
- Reuse of N95 Respirators: Los Angeles*
- Preventing Infection of COVID-19 During Healthcare: WHO
- Healthcare Infection Prevention and Control FAQ: CDC

## Employer's Responsibility Regarding Personal Protective Equipment

The resources below have been assembled to ensure that your employees are supported with what they need in order to be safe, while serving the public.

### Personal Protective Equipment Training

EMS personnel must be trained, not only when to use PPE, but how to use PPE in order to ensure their safety.

*"Ensure EMS clinicians are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering face piece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos.*



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*Provide all EMS clinicians with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.*" CDC Interim Guidance for EMS - Employer Responsibilities

- How to Protect Yourself from COVID-19 in Your Workplace: NIH
- EMS Awareness Training Video: Serious Communicable Diseases*

## Personal Protective Equipment Policy

PPE policy must be in place so that EMS personnel know what PPE is required for which patients.

PPE Minimum Requirements: "*EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE*." CDC Interim Guidance for EMS - Employer Responsibilities

- Healthcare Providers Regarding COVID-19: CDC
- Healthcare Providers Regarding COVID-19 (Poster): CDC
- Illustrations of PPE Wear: CDC
- PPE Minimum Requirements: GMR*
- Personal Protective Equipment Supply for EMS: HealthCare Resilience Task Force EMS Team

PPE Donning and Doffing Procedures: "*Ensure that EMS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.*" Interim Guidance for EMS Systems and PSAP/ECCs: CDC

## Personal Protective Equipment Optimization

PPE policy must be in place so that EMS personnel know how to keep themselves safe, while maximizing use and availability of limited PPE.

"*CDC's optimization strategies for PPE offer options for use when PPE supplies are stressed, running low, or absent. Contingency strategies can help stretch PPE supplies when shortages are anticipated, for example if facilities have sufficient supplies now but are likely to run out soon.*



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*Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices."*
Strategies to Optimize the Supply of PPE and Equipment

## Personal Protective Equipment Decontamination

EMS personnel are, in many cases, decontaminating and reusing equipment of which they were previously disposing. Clear guidance of when and how to decontaminate PPE is critical for agencies to meet their legal duties to the EMS personnel.

There are many non-government sources that are discussing options of decontamination and reuse of limited supplies of PPE. These are crisis strategies for those with no other options to replenish their PPE or upgrade to higher levels of PPE. Disposable filtering facepiece respirators (FFRs) are not approved for routine decontamination and reuse as standard of care. However, FFR decontamination and reuse may need to be considered as a crisis capacity strategy to ensure continued availability.

- Respirator Decontamination: CDC
- Healthcare Guidance for Extended Use and Limited Reuse of Respirator: CDC
- Permit Medical Use of all NIOSH ApprovedN95: FDA
- Permit Medical Use of some Non-NIOSH Approved N95: FDA
- N95 Decontamination*
- N95 Filtering Facepiece Respirator Ultraviolet Germicidal Irradiation (UVGI) Process for Decontamination and Reuse*

## Exposure Reporting and Guidelines

EMS personnel need to know when and how to report potential exposure to COVID-19. Failure to report an exposure could result in transmission to multiple agency personnel, failure to recognize the illness as work-related, and have potential legal complications.

*"EMS clinicians should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:*



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- *State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.*
- *EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 [the virus that causes the COVID-19 disease] in coordination with state or local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to SARS-CoV should be made in consultation with state or local public health authorities. Refer to the Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) for additional information.*
- *EMS agencies should develop sick-leave policies for EMS personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.*
- *EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.*
  - *Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.*
  - *EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation*." Interim Guidance for EMS Systems and PSAP/ECCs: CDC

## Exposure Reporting Resources

- COVID-19 Exposure Guidelines: Colorado*
- COVID-19 Post Exposure Protocol: GMR*
- EMS Exposure Guidelines: Colorado*

## HIPAA

With regards to COVID-19, it is important to know that an EMS clinician who has been exposed to a potential COVID-19 patient can receive the PHI necessary to receive treatment, without the consent of the patient.



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*"Yes, the HIPAA Privacy Rule permits a covered entity to disclose the protected health information (PHI) of an individual who has been infected with, or exposed to, COVID-19, with law enforcement, paramedics, other first responders, and public health authorities without the individual's HIPAA authorization, in certain circumstances, including the following:*

- *When the disclosure is needed to provide treatment. For example, HIPAA permits a covered skilled nursing facility to disclose PHI about an individual who has COVID-19 to emergency medical transport personnel who will provide treatment while transporting the individual to a hospital's emergency department. 45 CFR 164.502(a)(1)(ii); 45 CFR 164.506(c)(2)."* https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf

## Funding

EMS agency funding is very challenging as call volumes decrease and many patients are not being transported. Below are some COVID-19 related funding sources that your agency should know about.

### Funding Resources

- Coronavirus (COVID-19) Pandemic: Private Nonprofit Organizations: FEMA Fact Sheet
- Coronavirus (COVID-19) Pandemic: Emergency Medical Care: FEMA Fact Sheet
- Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures: FEMA Fact Sheet
- Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering FAQs: FEMA
- Procurement Under Grants Conducted Under Exigent or Emergency Circumstances: USFA
- COVID-19: Supplemental Funding for Emergency Medical Services: Healthcare Resilience Task Force EMS Team
- WY EMS Reimbursement for Medicaid Transport*

## CMS Policy Change



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CMS has granted certain waivers that apply to EMS agency reimbursement. Reviewing the below might clarify if you are eligible to receive reimbursement during the COVID-19 Pandemic.

*"The goals of these actions are to 1) to ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients through temporary expansion sites (also known as CMS Hospital Without Walls); 2) remove barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states so the healthcare system can rapidly expands its workforce; 3) increase access to telehealth in Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home; 4) expand in-place testing to allow for more testing at home or in community based settings; and 5) put Patients Over Paperwork to give temporary relief from many paperwork, reporting and audit requirements so providers, health care facilities, Medicare Advantage and Part D plans, and States can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19."* https://www.cms.gov/files/document/covid-ambulances.pdf

- Temporarily expanding the list of allowable destinations for ambulance transports.
- Increased flexibility with provider enrollment.
- CMS has expanded their current Accelerated and Advance Payment Program.
  - Traditionally repayment of these advance/accelerated payments begins at 90 days, CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment.



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