

Federal Healthcare Resilience Task Force

EMS/Prehospital Team

Emergency Medical Services (EMS) Personnel Support for Population Testing, Screening, and Vaccination

Product (EMS35) Purpose

New product for external partners to be distributed by web and email.

This paper outlines considerations for the use of EMS personnel to test, screen and vaccinate the general population during the COVID-19 pandemic.

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 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 the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS), National 911 Program, Center for Disease Control (CDC), Federal Emergency Management Agency (FEMA), U.S. Fire Administration (USFA), U.S. Army, U.S. Coast Guard (USCG), Department of Homeland Security (DHS) Cybersecurity and Infrastructure Security Agency (CISA) 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) Health departments, Healthcare coalitions, State Emergency Medical Services (EMS) offices and EMS agencies.

Expected Distribution Mechanism

EMS.gov, Stakeholder Calls, EMS stakeholder organization's membership distribution Email mechanisms, USFA website, Social Media posts, Health department organizations. We would appreciate the EA Team's assistance in getting this out to health departments and Healthcare coalitions. No media advisory or release needed. No interdependencies.

Internal Routing Review

NRCC (for approval), All ESFs and HCRTF Teams & Threads (for SA only)

Primary Point of Contact

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1. Purpose: This paper outlines considerations for the use of EMS personnel to test, screen and vaccinate the general population during the COVID-19 pandemic.
2. Overview: EMS personnel work in a variety of settings beyond a traditional ambulance-based environment. This includes EMS personnel that serve on other 911-dispatched emergency and non-emergency response apparatus (i.e., vehicles that do not transport patients), in hospitals, other healthcare settings, industrial worksites, and public events, etc. In each case, EMS personnel are trained to the appropriate national and/or state, local, tribal, and territorial requirements as well as the specific skills required for licensure in a particular setting or jurisdiction.
3. Common EMS Licensure Levels:
 - *Emergency Medical Responder (EMR)*. EMRs are trained to take appropriate safety precautions and provide immediate lifesaving care until the arrival of higher-qualified personnel. With medical oversight, EMRs can perform basic interventions with minimal equipment. Medication administration of naloxone and epinephrine is also generally included. There are approximately 113,973 licensed EMRs nationwide, although many EMRs are not state licensed.
 - *Emergency Medical Technician (EMT)*. EMTs have skills necessary to safely stabilize patients until their delivery to definitive hospital care. EMTs perform interventions under medical oversight with equipment typically found on ambulances, and their scope of practice commonly includes medication administration via oral, sublingual, intranasal, and intramuscular routes. There are approximately 583,608 licensed EMTs nationwide.
 - *Advanced Emergency Medical Technician (AEMT)*. The primary focus of the AEMT is to provide, under medical oversight, basic and limited advanced emergency medical care and transportation for critical and emergent patients. The AEMT's scope of practice includes basic interventions and some limited advanced interventions such as venous access, as well pharmacological interventions with the basic and

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advanced equipment typically found on an ambulance. There are approximately 39,294 licensed AEMTs nationwide.

- *Paramedic.* Paramedics provide advanced emergency medical care under medical oversight and can perform assessments and interventions that include advanced airway management, cardiac monitoring and therapy, and the administration of medications via multiple routes including intravenous, intramuscular, subcutaneous, and interosseous routes. There are approximately 268,420 licensed paramedics nationwide.

4. Testing, Screening, and Vaccination Best Practices / Lessons Learned:

- In emergency situations there are times when information, medications, and/or other resources need to be efficiently distributed to a large proportion of the population.
- Medical screening questionnaires commonly used for Points of Dispensing (PODs) where medications are provided often do not require those who record answers on the questionnaires to have a medical certification unless a medical screening evaluation is performed that includes assessment of signs/symptoms, vitals, etc.
- Multiple states currently use EMS personnel to conduct targeted COVID-19 sample collection for testing. This fully adopts the public health component of EMS, while utilizing their previous training in infection control, out of hospital operations, medical diagnostic testing familiarity, and physical exam assessments.
- Lessons learned from the 2009-H1N1 pandemic suggest that the most efficient mechanism to deploy vaccines is via private healthcare providers and other local means of distribution and dispensing. Vaccine stocks were provided to state, local, and tribal authorities for distribution within their communities. EMS clinicians served in these local roles in the H1N1 response.
- The COVID-19 pandemic will potentially include future distribution and dispensing of vaccine and/or antiviral medical countermeasures as well as sustained demand for testing and screening potentially affected populations.
- There is not a large enough public health workforce throughout the country, and in many underserved communities, EMS has traditionally filled this gap providing flu vaccination clinics, assistance with clinics,

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assistance with large medication distributions/dispensing, testing and even assistance with source contact tracing.

5. Funding for EMS Provider Support for Testing, Screening, and Vaccination:

- There is no mechanism for an EMS provider/supplier to bill Centers for Medicare and Medicaid Services (CMS) for COVID-19 testing, screening, or vaccination. However, an ambulance provider/supplier could be paid through other mechanisms such as contract with another organization that can bill CMS and or receive other funding for these services.
- Eligible triage and medically necessary tests and diagnosis related to COVID-19 cases may be reimbursed by FEMA under the Public Assistance Program (see FEMA Fact Sheet: Coronavirus (COVID-19) Pandemic: Emergency Medical Care, available at <https://www.fema.gov/news-release/2020/03/31/coronavirus-covid-19-pandemic-emergency-medical-care>).
- Vaccinations for the public and emergency workers may be reimbursed by FEMA under the Public Assistance Program if eligible (see FEMA Public Assistance Program and Policy Guide (Chapter 2, Section VI.B Emergency Protective Measures) (available at <https://www.fema.gov/media-library/assets/documents/111781>)).

6. Recommendation for EMS Provider Use:

- The use of EMS personnel for population testing, screening, and vaccination is appropriate to the extent possible under recognized scope of practice without causing strain on the EMS systems and the employers of EMS personnel responding to the COVID-19 pandemic.
- Optimize the training materials including just-in-time resources and safety precautions so that EMS personnel can perform the necessary tasks in accordance with FDA guidelines for the administration of medication, CDC guidance for PPE, provider scope of practice, and local medical direction.
- Specify what testing, screening, and vaccination tasks require advanced skills (Paramedics/AEMTs) from those tasks that can be conducted by basic providers (EMTs/EMRs). This will reduce the amount of time advanced providers spend performing routine tasks so they can devote more time to advanced assessments and interventions.
- Seek funding sources for EMS personnel testing, screening, or vaccination including CMS reimbursements, public health emergency

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preparedness funding, and applicable expenditures covered under Emergency Protective Measures allowable under the FEMA Emergency and/or Major Disaster Declarations for each state.

- Coordinate with relevant public health authority or healthcare facility organizing the testing, screening, and/or vaccination effort to ensure participating EMS personnel are properly trained on medical countermeasure administration and patient record documentation processes.
- Recognize the need for PPE to be used for this purpose and do not assume, in the current shortage, that the EMS agency has the PPE to provide for this function.