EMS COVID-19 Update

Dylan Ferguson
Director, Bureau of EMS

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• COVID-19 is a very fluid situation
• Guidance changes frequently in face of changing conditions
• Keep in contact with your regional council
• Get information from CDC or DOH websites
Overview

• Current Situation
• PPE
• Operations
• Finance
Current Situation

• 19,979 Cases
• 416 Deaths
• All 67 counties affected
• Hospital Information Dashboard
Hospital Preparedness Dashboard

COVID-19 Patients Hospitalized
1,992

COVID-19 Patients on Ventilators
604

COVID-19 Patients on ECMO
10

Total Ventilators in Use
1,453

Source: Knowledge Center Hospital Information System

Map last updated at 12:00 p.m. on 4/8/2020. All other data updated once per hour.
Source: Pennsylvania Department of Health
Personal Protective Equipment

COVID-19 SAFETY FOR EMS PROVIDERS

PERSONAL PROTECTIVE EQUIPMENT

GLOVES
Perform hand hygiene, then put on clean, non-sterile gloves. Change gloves if they become torn or heavily contaminated and discard when leaving the patient care area.

RESPIRATORY PROTECTION
Use respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator.

GOWN
Put on a clean isolation gown. Change the gown if it becomes soiled and discard before leaving the patient care area.

EYE PROTECTION
Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face).

TAKE EVERYDAY PRECAUTIONS
- WASH YOUR HANDS
- DON'T TOUCH FACE
- STAY HOME WHEN SICK

INFORMATION + UPDATES: HEALTH.PA.GOV

Created 3/12/2020
Personal Protective Equipment

- PPE supply chain is overwhelmed
- State is trying to procure as much as we can
  - EMS/Hospitals/LTC’s
- Made a previous push to 47 county EMA’s for first responders including EMS in March
- Made another push of PPE to all county EMA’s for first responders including EMS this week.
- **Vendor portal**
- Working with the federal government to try and get more from the SNS
• PPE conservation measures
  ➤ Masks that have been grossly contaminated should be removed from service

• In addition to limited reuse
  ➤ Alternatives as supply chain permits
    ➤ N-95’s/PAPRS/surgical-procedure masks/cloth (homemade masks)
Tyvek Suits

- A lot of questions about Tyvek suits
- Not necessarily recommended
- However can be appropriate in the EMS environment as a more durable alternative to isolation gowns
- Drawbacks
DATE: April 9, 2020

SUBJECT: PPE Reminders

TO: PA EMS Agencies

FROM: Bureau of Emergency Medical Services
PA Department of Health

With the increase of EMS utilization of personal protective equipment, we have received numerous inquiries in the proper process for donning and doffing of PPE. While EMS agencies are ultimately responsible for providing training related to all personal protective equipment, we wanted to provide some general quick reference guidelines that could help.

Routine Masking of EMS providers where there is no high risk for COVID-19:

With the Governor’s recommendation that everyone wear masks in public and to protect your partners and patients, it is suggested that all EMS providers wear a simple medical face mask at all times when on duty, including when at station, in vehicle with partner, and when on all calls where there is no high risk for COVID-19 exposure. These masks must be disposed of when soiled, but otherwise may be worn for up to one week of EMS activities to conserve mask supply. When storing masks, they should be placed in a brown paper (handled) bag to avoid sealing in moisture.

Hand Hygiene:

EMS providers should wash hands frequently with soap and water. Hand hygienic with soap and water or alcohol-based hand sanitizer should be done before applying and after removing gloves. Hand hygiene should also be done before and after each patient encounter.

PPE when the patient has risk of having infection with COVID-19:

If a patient has respiratory symptoms or fever, is known to be COVID-19 positive, or has had close contact with someone who is COVID-19 positive, then full PPE should be used, including an N95 mask or equivalent. Providers can be exposed to infection by improper donning and doffing of PPE.

Source Control by masking patients:

When patients are masked for source control, simple surgical masks should be used. N95 masks are not appropriate for patient masking.

The following resources from the Resuscitation Academy of King County, WA provide a helpful review:

For EMS providers, we recommend the easily recalled acronym MEGG for the order of donning PPE:

- M: N95 Mask
- E: Protective Eyewear
- G: Disposable Gowns
- G: Disposable Gloves

When doffing PPE, the acronym is reversed: GEGG

- G: Place one opened bag on the ground and dispose of all contaminated PPE into the bag at each piece is removed.
- G: Remove Gowns
- G: Wash hands with soap/water or alcohol-based hand sanitizer
- G: Remove Eye Protection (Can be set aside, cleaned and re-used later)
- G: After all PPE has been removed, carefully remove Mask
- G: Wash hands with soap/water or alcohol-based hand sanitizer
- G: Seal bag of contaminated disposable PPE
- G: Put on new gloves to finish any remaining decontamination duties.

The full document titled COVID-19-16 Steps to Help Patients While Staying Safe can be found by clicking on the hyperlink. In addition, links to videos demonstrating correct donning and doffing technique can be found below.

Seattle Fire Department Donning PPE Video
Seattle Fire Department Doffing PPE Video
Seattle Fire Department COVID-19 Demon Video
Call Volume 2019 vs 2020

Pennsylvania 2019 vs 2020 EMS Run Volume all Call Types


2020 2019
Level I Staffing Exceptions

- Tiered approach
- Only possible under the disaster declaration
- Regarding billing, should be able to bill as the state has affirmed that these requirements establish a legal crew under the law
COVID Temporary Reinstatements

- Makes us consistent with Board of Nursing
- Temporary reinstatement through October
- Full privileges at their previously expired level
All certifications that were due to expire on 3/31 or 4/1 were previously extended to July 1.

Decisions have not yet been made on certifications expiring in June. We are monitoring the situation and will act accordingly.
Due to the need for social distancing, most EMS education programs have ceased

We have encouraged programs that wish to continue to utilize web based learning to the extent possible

For BLS providers we have issued guidance that the 10 patient contacts that were required can be simulated, due to the fact that nearly all clinical sites will not take students
• For paramedic programs CoAEMSP has put out a significant amount of guidance. We have been pushing this information to the Regional EMS Education Coordinators. Paramedic program directors can contact CoAEMSP or their regional education coordinator with questions.

• Based on the guidance reviewed, recommend you substantially document rationale and actions taken that stray from your normal established procedures, including course minimums.
• Psychomotor examinations have been suspended at all levels in the commonwealth.

• Individuals who have been able to complete their course, and on the basis of that course completion are not required to complete a psychomotor examination in order to gain PA EMS certification
Education/Certification

• Individuals will receive a provisional NREMT certification in the interim. Once the emergency passes if they wish to keep NREMT certification they will need to complete a psychomotor.

• You will not have to take a psychomotor to keep your PA certification
• Individuals still have to take the cognitive exam to be certified
• Slowly, additional testing centers are opening up in the Commonwealth. There are some centers that are currently open.
• NREMT is also working on web-based proctoring, allowing the exam to be taken from home and supervised through a web cam. Still a few weeks from this.
Exposures and Workforce

• For EMS providers who had an unprotected close contact with a patient who became COVID-19 positive [now includes 2 days prior to displaying symptoms]:
  - Isolate/Quarantine for 14 days
  - A negative test result does not help
  - Someone can become positive at anytime during the 14 day incubation period

• The 14 day clock starts the day of the exposure, not the day of the test or the day of notification
What is Considered Close Contact?

- For healthcare providers defined within 6 feet of a patient for a few (2-3) minutes.
- If you need guidance about determining whether a situation is considered a close contact you can contact, the Department of Health at 1-877-PA-HEALTH, or your county/municipal health department.
If an EMS provider tests positive, but is not demonstrating symptoms (asymptomatic), they may return to work 7 days post-testing since there is not a symptom onset date.

However, once again a negative test does not help get them back to work any sooner.
• Isolation/Quarantine actions are taken with cases, and direct contacts of those cases who had unprotected close contact.

• No isolation or quarantine actions are required for a contact of a contact.
What do I do with Other Crew Members?

- Force protection is extremely important.
  - Individuals should be screened at minimum the start of every shift.
  - To the extent possible staff members should be kept apart to minimize potential contacts and exposures.
What do I do with Other Crew Members?

- If an employee becomes symptomatic then any other employee that had close contact within 2 days prior to having symptoms should be isolated/quarantined.

- Keeping employees masked at all times (source control), can reduce the number of employees affected.
Crisis Strategies to Mitigate Staffing Shortages

• **CDC Guidance**

• HCP should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above {in other guidance}

• If HCP returned to work **earlier than recommended**, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see [CDC’s Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](https://www.cdc.gov).
• The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting.

• They are taken directly from [CDC guidance for Emergency Medical Services](https://www.cdc.gov)
After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.

When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label), are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
Vehicle Decontamination

- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.
- There are a limited number of misting disinfecting units that are available through the commonwealth. Contact your regional EMS council for guidance in being able to possibly schedule a cleaning.
Exposures and Workers Comp

- Is COVID-2019 exposure covered under workers comp?
- What about line of duty death benefits?
- What about presumption laws?
• Within the bureau we have very limited visibility on these issues
• In regards to the workers comp, reach out to your carriers
  - Requirements may differ among them
  - Keep good records outlining exposures and contacts
• Under the federal benefit program the answer is yes that it could be covered

Payroll Protection Loan

- CARES Act Payroll Protection Plan (Federal)
  - Federal Small Business Administration
  - Allows loan from SBA to help cover payroll costs
  - 75% of loan must go towards payroll
  - Under specific circumstances loan can be forgiven
• Legislation introduced in the General Assembly for an emergency appropriation to the states Fire/EMS grant program

• HB 2374 currently in House Veterans Affairs Emergency Preparedness
• Under the Federal disaster declaration there is the potential for reimbursements from the federal government
  
  Keep records of your expenses
  
  Remember as with most disasters the federal government will be looking for expenses above and beyond daily operations
Federal Support

- There are also federal discussions of a fourth stimulus package, which *could* involve additional support to emergency services.
- Treasury Secretary Mnuchin did outline the possibility for hazard pay for first responders and health care workers as part of that package.
Additional Questions

• Contact your Regional EMS Council
• Send us an email
  PAEMSOOffice@pa.gov