



The EHSF would like to remind EMS agencies the Department of Health is the lead regarding information about the Coronavirus. The EHSF will continue to disseminate information provided by the Bureau of EMS for EMS agencies as quickly as possible. Information and guidance are changing rapidly.

## Regional Status

As of the time this document was written (Tuesday, 03/17/2020 at 1830 hours), there are 96 confirmed cases of COVID-19 throughout Pennsylvania. There are confirmed cases within the EHSF region. 10 of those cases are in Cumberland County. Please know the number of cases can change frequently.

You can monitor the coronavirus in Pennsylvania at this link:

<https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx>

The 9-1-1 centers are continuing to screen at-risk chief complaints for suspected coronavirus and will relay that information to EMS providers. However, it is paramount EMS providers practice scene safety to evaluate risks regardless of information provided by the 9-1-1 centers.

## Updates from the Governor's Office/Department of Health:

As you are aware, the Governor is recommending social distancing, which resulted in the mandate of school and non-essential business closures.

Additionally, the guidance has been to avoid gatherings of more than 10 people.

## Updates from the Bureau of EMS

Here is the link to a listing of EMS Information Bulletins (EMSIBs): <https://www.ehsf.org/ems-information-bulletins/>.

- **Previous EMSIBs**
  - o EMSIB 2020-01 Novel coronavirus 2019-nCoV
  - o EMSIB 2020-02 Infection Control
- **New EMSIB**
  - o EMSIB 2020-06 Protocol and Policy Updates Related to COVID-19
    - Information from this EMSIB will be explained below

There have been a variety of guidance provided by the Bureau of EMS over the previous 24 hours. Here is a summary of information provided:

1. New EMS Candidate Testing
  - a. The Bureau of EMS has prohibited psychomotor exam testing until March 31, 2020. The EHSF is arranging the cancellation of exams scheduled in March and will coordinate rescheduling those exams.
  - b. Pearson Vue Centers have closed for testing. Therefore, cognitive exams are unavailable.



2. March/April Expiration Quarter

- a. EMS Agencies / Medical Command Facilities / Educational Institute Accreditations
  - i. As we approach the 31 March and 01 April expiration quarter for EMS agencies, medical command facilities, and education institute accreditations, the Bureau of EMS will not extend the expiration date. However, there is flexibility with the timing of completing the on-site inspection. The EHSF will work with each remaining organization in need to renew to facilitate the completion of the application and conduct an on-site inspection.
- b. EMS Providers
  - i. At this time the Bureau of EMS cannot extend the expiration date of provider's EMS certifications. If providers with expiration dates of 31 March or 01 April do not meet the requirements to reregister their certification prior to the expiration date, then they will expire.
  - ii. If a provider expires, they can contact the EHSF office regarding the reinstatement process.

3. CPR Certification

- a. Effective immediately and in accordance with the general guidance from the American Heart Association, any Pennsylvania Department approved CPR course appearing on EMSIB 2018-11 State Recognized CPR Programs and has a suggested/actual expiration date of on or after January 1, 2020 will be considered by the Bureau to be current through July 1, 2020.
- b. Therefore, EMS providers will be able to operate for an EMS agency, reregister/renew their certification, or complete the reinstatement process for certification if their CPR card is currently expired.

4. QRS Agencies – Request to Suspend Operations or Surrender Licenses

- a. The Bureau of EMS received questions about QRS agencies wishing to temporarily suspend operations or voluntarily surrender their licenses during this public health crisis. The PA EMS Act does not contain provisions to surrender a license temporarily and expect to resume normal operations once the crisis has passed or to refuse to respond to requests for service as dispatched by a public safety answering point.
- b. The Bureau of EMS recognizes the needs to help limit responder exposure. Therefore, if a municipality has designated the QRS agency as a responder, along with the Public Safety Answering Point (PSAP), and the QRS agency themselves can collectively agree to reduce or change the type and number of responses the QRS agency is dispatched to respond, then the change in response is a permissible alternative to surrendering an agency license.
- c. However, until such an agreement is reached if a QRS agency is dispatched by the PSAP, they have a legal obligation and duty to respond as an EMS provider.
- d. If a QRS agency is dispatched to a call where there may be suspected flu-like illness, the QRS personnel can evaluate the situation and not enter the scene if it is not medically necessary. It is strongly recommended members of the QRS agency remain back and only enter if life sustaining treatment is needed. Otherwise they should await arrival and instruction of the EMS transport agency.



## Updated EMS Protocol

- In response to the COVID-19 pandemic, the Bureau of EMS is issuing an update to BLS Protocol 931 Suspected Influenza-Like Illness (ILI). BLS Protocol 931 can be found on page 131 of the PDF. Here is a summary of changes:
  - COVID-19 coronavirus is listed as criteria for use of this protocol.
  - EMS agencies should consider equipment concerns related to aerosolized contamination
    - i.e. stocking bronchodilator MDIs with spacers, supplying appropriate viral filters for BVMs devices, and reviewing outflow from CPAP
  - The procedure section includes the addition of hand hygiene.
    - Use alcohol-based hand rub with 60-95% alcohol or wash hands with soap and water for at least 20 seconds
    - Perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
    - Alcohol-based hand cleanser/sanitizer should be used on gloves before doffing PPE to avoid contamination during doffing.
    - Hand hygiene after doffing is important to remove any pathogens transferred to the bare hands during the removal process
  - Treatment Precautions:
    - Aerosol-generating procedures
      - i.e. nebulized bronchodilators, CPAP, endotracheal intubation, or CPR
      - Aerosol-generating procedures should not be deferred if needed to treat life-threatening illness
      - If the patient is stable, consider contacting medical command to determine if the EMS provider can defer treatment of an aerosol-generating procedure
      - If possible, perform the aerosol-generating procedure in a well-ventilated area
        - In the patient's home
        - In the back of the ambulance with all doors open and HVAC system activated
        - Try to reduce treatment in confined spaces
      - In place of nebulized bronchodilators, consider carrying other options:
        - Albuterol MDI and spacer
          - If giving patients puffs in place of nebulized treatments: 5 puffs of albuterol from a MDI has been shown to be equivalent to a nebulizer treatment
          - Used MDI inhalers should be discarded and not used on another patient
    - Steroids
      - Avoid steroids
        - Steroids work for patients with reactive or obstructive airway disease (i.e. asthma, COPD exacerbation)



- Patients with influenza-like illness will unlikely benefit and may be harmed by steroid use
- Transport Considerations:
  - Limit the number of providers in the patient compartment
  - Limit the number of family members or other passengers in the patient compartment or front passenger compartment
  - Drivers should remove PPE, dispose of PPE, and perform hand hygiene before entering the driving compartment
  - If the driving compartment is not isolated from the patient compartment, the driver should wear a standard mask
- Notes / Additional Considerations:
  - Personal glasses or contact lenses are NOT considered adequate eye protection
  - If N-95 masks or gowns are in short supply, they should be prioritized to patients requiring treatments likely to generate respiratory aerosols
  - Powered air purifying respirators (PAPRs) may be used
  - Reusable PPE must be properly cleaned, decontaminated, and maintained in between uses
  - Apply standard surgical masks on patient presenting with symptoms of respiratory infection
  - When cleaning the vehicle and equipment wear appropriate PPE (i.e. disposable gown, gloves, face shield/facemask and goggles)
  - Clean and disinfect vehicle in accordance with standard operating procedures
  - Clean and disinfect reusable patient-care equipment according to the manufacturer's instructions
  - Follow standard operating procedures for containment and disposal of used PPE and regulated medical waste
  - Follow standard operating procedures for containing and laundering used linen

#### Alternate Destinations

- The Bureau of EMS released EMSIB 2020-06 Protocol and Policy Update Related to COVID-19, which provides guidance as it relates to the potential need for EMS to transport to alternate destinations.
- The EMS Act provides a “receiving facility” must have a fixed location with an organized emergency department including a physician trained to manage cardiac, trauma, pediatric, medical, behavioral and all-hazards emergencies who is present in the facility and available to the emergency department 24 hours per day and seven days per week.
- By regulation, the Department may authorize other types of facilities to serve as receiving facilities for purposes of serving patients who have special medical needs.
- EMS operations must transport a patient to a “receiving facility” as defined above unless otherwise directed by a medical command physician.
  - Therefore, the Bureau of EMS is providing EMS providers may transport a patient to an alternate destination, other than a receiving facility as defined above, when ordered by a medical command physician.



- It is the Bureau of EMS's desire to give EMS agencies, medical facilities, and patients the flexibility needed to be able to respond to the current public health emergency.
- **In order to transport to an alternate destination all of the following must occur:**
  - A medical command physician must provide the order
  - The patient must consent to the alternative destination
    - If the patient does not consent to the alternate destination, they must be transported to an appropriate receiving facility (i.e. emergency room) following the guidance outlined in BLS protocol 170 Patient Destination – Ground Transport.
- The Bureau of EMS cannot guarantee EMS agencies will be reimbursed by insurers for transports to alternate destinations
  - Each insurer has different policies, coverages, and criteria
- The Bureau of EMS supports EMS recommending no transport of patients with influenza-like illness
  - **In order for the patient to not be transported all of the following must occur:**
    - The patient presents with an influenza-like illness
    - A medical command physician approves no transport
    - EMS provides the recommendation to the patient to not be transported and provides instructions for care or isolation at home
      - If the patient still desires transport after the recommendation to remain at home, then EMS must transport the patient to an appropriate “receiving facility” or alternate destination (if approved by the medical command physician)

## EHSF Activities to Date

- Conference Calls:
  - Medical Command Facility Directors
  - County Council Presidents
- Finalizing Regional COOP Plan revisions
  - Prepares the region to request exceptions and make provisions if workforce or resources reach critical levels
- Generating Best Practice Documents for the following:
  - EMS Operations and General Information
  - QRS Response
  - Fire Services on EMS Incidents
  - Con-Ed Sponsors for Classroom Learning
- Developing a Weekly Reporting Tool to monitor staffing levels and PPE at EMS agencies
- Sent treatment consideration for ALS Protocol change to Bureau of EMS
- Providing guidance to medical command facility directors regarding no transport and alternate destinations for transport



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## Communication Pathway

We encourage EMS agency leadership to communicate with the respective County Council President. We will be sharing information to them to share with the EMS agencies. We will also be communicating with them frequently to evaluate the status and needs of each county.

<b>County</b>	<b>County Council President</b>
Adams	Eric Zaney
Cumberland	Duane Nieves
Dauphin	Jason Campbell
Franklin	Doug Bitner
Lancaster	Darrell Fisher
Lebanon	Steve Mrozowski
Perry	Wes Smith
York	Mark Moody

## Helpful Information:

You can learn more about the coronavirus on the CDC's website at:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>