



The EHSF would like to provide guidance for EMS agencies on a variety of topics surrounding the COVID-19 pandemic. This document will provide best practices at the time drafted. Please know information and guidance are changing rapidly.

Personal Protective Equipment (PPE)

Every EMS provider is responsible to determine scene safety and consider the need for PPE. If your agency experiences a shortage of PPE, then agency leadership should submit and unmet needs request through the local EMA office. While each County EMA Director is aware of this process, there may still be confusion if nontraditional personnel receive your request. If you have any pushback, please contact Matt Kratz at mkratz@ehsf.org, he will further assist with the request.

Here is the recommended disposable PPE to wear:

1. Eye Protection-Goggles
2. Gown
3. Exam Gloves
4. N-95 Respirator Mask

The CDC updated EMS PPE Guidance on 03/10/2020 to provide the following:

- Facemasks are an acceptable alternative until the supply chain is restored. Respirators (i.e., N-95 masks) should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest risk exposure to personnel.
- Eye protection, gown, and gloves continue to be recommended.
 - Consider double-gloving so that the outer pair can be shed after the transfer of care, leaving one pair on for decontamination.
 - 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 personnel.
- When the supply chain is restored, fit-tested EMS providers should return to the use of respirators for patients known or suspected of COVID-19.

Disinfectants for Use against COVID-19

The proper cleaning of EMS vehicles and equipment calls for use of an EPA approved cleaning agent. Cleaning products will have the EPA registered number on the product label. However, here is a link to learn more about EPA approved cleaners and to find a listing of the various approved cleaning agents: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

OSHA: Fit Testing

A fit test **IS** required for anyone wearing a respirator (N95) to protect against COVID-19. Annual first testing can be temporarily suspended **ONLY** if the employee has previously been fit tested to that specific respirator size, make, and model.



Their memo can be found at: <https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>

Exposure vs. Contact

EMS agencies should know there is a difference between an **exposure** and a **contact** with a person with known or suspected COVID-19.

If the provider is properly wearing PPE, then it is considered a contact. The provider does **not** need to be self-quarantined and may continue to work/volunteer.

If the provider was not wearing PPE or experienced a breach in the PPE during patient contact, then it is considered an exposure. The EMS agency should consult with their EMS agency medical director or the emergency department physician point of contact to receive guidance about whether the provider should continue working/volunteering.

The EHSF recommends to not place an entire crew or agency out of service without consulting their EMS agency medical director.

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. By law EMS operations must transport a patient to a “receiving facility” as defined above unless otherwise directed by a medical command physician.

At this time, 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:

1. A medical command physician must provide the order
2. The patient must consent to the alternative destination



- a. 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 EHSF is working with Dr. Reihart and our Medical Advisory Committee regarding alternate destinations.

No Transport of Influenza-Like Illness Patients

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:

1. The patient presents with an influenza-like illness
2. A medical command physician approves no transport
3. EMS provides the recommendation to the patient to not be transported and provides instructions for care or isolation at home
 - a. 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)

The EHSF is working with Dr. Reihart and our Medical Advisory Committee regarding instructions for care or isolation at home.

Safety Consideration for EMS Personnel

The safety of EMS providers is the utmost concern. Here are some precautions EMS agencies and providers can take to avoid unnecessary exposure.

1. EMS agencies are encouraged to limit the number of personnel responding to a dispatched EMS incident. At this time, minimum staffing for each level of licensure is still required to be met.
2. If an EMS agency is dispatched with a QRS agency or other mutual aid services, recommend the additional manpower to maintain a safe distance. If they are not needed, then it is good practice to limit the number of providers making patient contact.

General Safety Considerations

- Consider social distancing for EMS stations by limiting the number of personnel in the building.
 - Limit off-duty personnel hanging out.
 - Consider eliminating observers, students, or other non-essential persons.



- Consider cancellation of trainings, meetings, and public relations/community events.
- If the agency is providing continuing education and cancels a class, please go into the EMS Registry, locate your class, go to the class roster tab, and click on the hyperlink “cancel class”.
- The EHSF will support classroom style education using virtual means/technology.
- Eliminate the sharing of common food at the station level.
- Ensure adequate cleaning and decontamination of units and stations daily.
 - Review or establish a SOP/SOG to ensure appropriate cleaning of the station/facility.
 - Conduct frequent cleaning of common area hard surfaces, keyboards, phones, radios, etc.
- Review proper donning and doffing of appropriate PPE.
 - Before beginning to doff PPE, use alcohol-based hand sanitizer to remove pathogens on gloves.
- Review or establish a SOP/SOG to ensure employee personal hygiene.
 - Consider having providers bring a change of clothing for the end of shift or after contact with a patient at risk for COVID-19 to decrease transfer of pathogens.

General Considerations

- Communicate regularly with served municipalities to manage expectations regarding response capability.
- Track expenses related to COVID-19 in the event reimbursement becomes available.

Data Reporting/Patient Care Reports

EMS agencies using ESO can now use the data elements developed for COVID-19. The Bureau of EMS has opened the restrictions on the schema Tron to comply with their regulations. To turn on the COVID-19 features, go to the admin console to activate.

Billing Question

A question presented asked in the event of reduced staffing can a BLS ambulance with one EMT meet with a paramedic from another agency to complete the crew for patient transport. While this model is supported because minimum staffing is met at the time of patient transport, we are not certain of the accepted billing practice of both agencies submitting a bill if minimum staffing was not met by the BLS agency. We proposed the question to Cornerstone Adminisystems for guidance. We will provide an update when we get a response.

Family Members/Visitors

It is recommended to decrease the number of individuals within the patient and driver’s compartment of the EMS vehicle to avoid additional risks of exposure. Please discourage family members from riding to the hospital in the ambulance.



Each hospital has set different visitation policies. Some hospitals will not permit visitors unless the patient is a minor. Additionally, we could see changes to the restrictive visitation policies among the various hospitals as the pandemic evolves. Please continue to follow guidance provided by your local hospitals. The table below provides current links to their restricted visitation policy.

Health System	Hospitals	Link to Visitor Policy
Geisinger	Holy Spirit Hospital	https://www.geisinger.org/sites/virus/coronavirus-visitor-update
Penn Medicine	Lancaster General Hospital	https://www.pennmedicine.org/coronavirus
PennState Health	Milton S. Hershey Medical Center	https://yourcare.pennstatehealth.org/acton/fs/blocks/showLandingPage/a/34718/p/p-002c/t/page/fm/0
UPMC Pinnacle	Carlisle Community Osteopathic Hanover Harrisburg Lititz Memorial West Shore	https://www.pinnaclehealth.org/l/coronavirus-information
WellSpan	Chambersburg Hospital Ephrata Community Hospital Gettysburg Hospital Good Samaritan Hospitals Waynesboro Hospital York Hospital	https://www.wellspan.org/coronavirus/wellspan-visitor-restrictions/

Transfer of Care to Hospitals

Each hospital has different procedures in how they wish to accept patients with suspected COVID-19. When enroute to a receiving facility with a patient at risk for COVID-19, please provide early notification to the emergency department. The hospital will provide guidance on how they wish to receive the patient.

If possible, place a surgical facemask on the patient to eliminate exposure when transferring care from the ambulance to the emergency room.

Extended Care Facilities

Please consider extended care facilities contain a high-risk population for COVID-19. The nursing homes are attempting to keep their patients safe through a variety of measures. Some of these measures include screening EMS providers upon arrival to their facility during a 9-1-1 response.



We understand the facility screening providers and obtaining a temperature can create minor delays to patient contact. The EHSF reported this trend to the Bureau of EMS for further discussion within the Department of Health.

In the meantime, it is suggested the EMS agency leadership contact extended care facilities within their response area prior to a dispatch to work through logistics. We cannot regulate how the nursing homes will respond, but we can offer some suggestions:

- Partner with the facility to conduct screenings at the start of EMS providers' shifts to avoid the need to be completed by the facility when dispatched
- Develop a plan for the facility to bring the patient to a common room or to the entrance to avoid the need for EMS providers to enter the facility

QRS Agencies Operations/Suggestions

According Bureau of EMS, QRS agencies may not 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 (PSAP). However, the Bureau of EMS recognizes the needs to help limit responder exposure.

The county PSAPs were informed if they and a municipality 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. Therefore, you may see a reduction in QRS accessibility for EMS dispatches.

The EHSF provided guidance for the best usage of QRS recommending if the PSAP and municipalities agree to reduce the number of QRS dispatches, they consider four types of EMS incidents most valuable when considering continuing QRS responses.

1. Cardiac arrest
2. Respiratory distress/ineffective breathing
3. Choking
4. Dangerous hemorrhage

The EHSF suggests continuing to use QRS units for the above criteria as their capabilities can provide necessary care for these life-threatening incidents. In the event, the transport capable unit experiences a delayed response to the patient, the QRS within the community may be able to make a positive impact with patient care. The EHSF anticipates the transport capable unit delays could result from increased call volume or the reduction of personnel/units in the upcoming weeks.

Fire Departments: Mutual Aid and AED Response

The EHSF is aware some fire departments without QRS licenses respond to EMS incidents as a medical assist through mutual aid. The EHSF is recommending the same best practices as identified in the above section for QRS agencies. The EHSF contacted the Pennsylvania Fire & Emergency Services Institute to



**EMERGENCY HEALTH
SERVICES FEDERATION**
YOUR COMMUNITY. OUR COMMITMENT.

assist with sharing this message. EMS agencies are also encouraged to communicate the above message with their local fire departments. The goal is to provide education to keep the fire services personnel safe and reduce risks not to make the fire services feel unauthorized regulation by the Regional EMS Council.

Provider Certification Materials

As of now business is as usual for the EHSF staff. Diana is working diligently to process certification (renewal and initial) and mail the certification materials. In the event of postal service disruption or an inability to physically print at the office, we will still be able to process certifications to be active in the State's system.

EMS agencies can verify certification of providers using the public search. Go to the PA EMS Registry: <https://ems.health.state.pa.us/Registry/>. On the left side, in the gray box, click on "Public Search". Providers can be searched by name or certification number. The search return will provide if the certification is active and when you open the record, the expiration date will be issued.

EMS Week Activities

EMS Week is 17-23 May 2020. The EHSF will decide the status of the EHSF hosted events by the second week of April.

Just in Time (JIT) Training

The EHSF will provide a JIT document on their website to provide links for some just in time training.

Helpful Information

You can learn more about the coronavirus on the CDC's website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

You can reference documents shared by the EHSF at: <https://www.ehsf.org/index.php/resource/coronavirus-update>