EMERGENCY HEALTH SERVICES FEDERATION
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The EHSF would like to provide guidance for Quick Response Services (QRS) during the COVID-19 pandemic. This document will provide best practices at the time drafted. Please know information and guidance are changing rapidly.

QRS Agencies – Request to Suspend Operations or Surrender Licenses

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.

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.

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.

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.

QRS Agencies – Dispatch Suggestions

The EHSF acknowledges each county PSAP with the municipalities determine which EMS incidents include a QRS dispatch. Some counties and/or municipalities operate to dispatch available QRS to every EMS incident while other counties and/or municipalities identify specific EMS incidents for QRS dispatch.

Each county PSAP with the local municipalities are responsible for utilizing the QRS units as they feel appropriate throughout the COVID-19 pandemic. However, the EHSF would like to provide guidance for the best usage. If a PSAP and the municipalities agree to reduce the number of QRS dispatches, there are 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.

Safety Consideration for QRS Personnel

The safety of EMS providers is the utmost concern. While the EHSF identifies there is still a role for the QRS agencies to reduce injury and death, there are precautions providers can take to avoid unnecessary exposure.

1. QRS agencies are encouraged to limit the number of personnel responding to a dispatched EMS incident. The minimum staffing for a QRS unit is one EMS provider.
2. If the dispatched QRS agency arrives on scene after higher levels of EMS (i.e. the transport capable unit or ALS squad), then the QRS personnel should simply maintain a safe distance and wait for further direction of the primary provider in charge of patient care. If the QRS personnel is not needed, then it is good practice to limit the number of providers making patient contact.
3. If the dispatched QRS agency arrives on scene and needs to begin patient care prior to the arrival of the higher level of EMS, then the provider should practice scene safety by assessing risks and surveying if the patient or someone within the location/residence has COVID-19.
    a. If COVID-19 is suspected, then the QRS personnel should properly don PPE.
    b. Follow the updated BLS Protocol #931 Suspected Influenza-Like Illness (ILI).

Updated EMS Protocol: BLS 931 Suspected Influenza-Like Illness

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 withs 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

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.
- 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.
- Review or establish a SOP/SOG to ensure employee personal hygiene.
- Understand ***exposure*** is not the same as ***contact*** with a person with 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 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.

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.

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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.

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.

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