

EMS Leadership Call Summary -- April 2, 2020

Staff Present: Dan Batsie, Dr. Dan Wolfson, Ray Walker, Mike O'Keefe

Reminder for May: Please mute your phone or retreat to a quiet location when on the call. Background noise from even one caller makes difficulty hearing for everyone. Thank you.

Ray welcomed everyone to the call, explaining that some of what will be heard on the call is a repeat from the Chief's SEOC call from yesterday.

What are EMS staff doing during this public health response?

- Dan Batsie – I/C for the Vermont Department of Health.
- Chelsea – Operations' Section Chief
- Merrill – Health Care Communications Branch Director
- Donna and Ray – staffing the EMS Office for routine EMS needs and supporting COVID-19 response
- Mike O'Keefe – EMS Training Administrator Emeritus

Questions regarding COVID-19 should be submitted using the Emergency Management website:

- <https://vem.vermont.gov/COVID19FirstResponders> or contact Ray Walker (vtems@vermont.gov).
- We're available for non-COVID questions.

Website resources

- The home page of the Vermont EMS website contains almost daily updates to COVID guidance. Last Friday, March 27, we updated the new Assessment & Transport, and Field Triage protocols with the latest PPE guidance.
- Also on the website are:
 - FAQs
 - What to do if I come in close contact with someone with COVID-19:
 - What if I am diagnosed with COVID-19?
 - Cleaning and Disinfecting Your Facility (while geared toward facilities, the information on disinfecting/cleaning is current and helpful to EMS.)
 - PPE Guidance to EMS
 - Clarification on PPE: Surgical masks provide adequate protection for most interventions. Practitioners caring for a known COVID-19 patient or performing CPR or aerosolized procedures on a known or suspected COVID-19 patient should don full PPE, including a fit-tested N95 respirator. Make every attempt to preserve PPE, minimize the number of exposed responders.
 - VDH is working through thoughts behind prolonged PPE use and reusing PPE. More will follow.
 - N95 Respirator Reuse Memo

Provisional EMS License Application (application located on home page of Vermont EMS website)

- Students who have completed a Vermont EMS course and have taken the National Registry (NR) cognitive exam successfully but have not yet passed the NR psychomotor exams may be given a NR provisional license if all of the other requirements are met.

- A NR provisional license may be turned into a Vermont provisional license with the appropriate application and authorizing signatures.
 - It is important to stress that with the appropriate authorizing signatures from heads of service, training officers and district medical advisors (if ALS levels), all are attesting to the affective competencies, skills and knowledge of a practitioner who has yet to pass National Registry's psychomotor testing process.

Provisionally Reinstated EMS License Application (application located on home page of VT EMS website)

- Former EMS practitioners whose license expired on or after June 30, 2018 may apply for reinstatement with the appropriate application and signatures. The date of June 30, 2018 was chosen because those recently lapsed practitioners would have been trained in the latest (2018) protocols.

Ryan White Law

- The Ryan White Law was enacted to ensure notification communication between EMS agency's infection control officer and the hospital's infection control officer in the instance of a confirmed COVID-19 patient. It is important that hospitals know who the EMS agency's infection control officer is and that infection control officer knows what the appropriate procedures are.
- Please list all responders on the run report. If first responders are not available in the SIREN drop-down list, add their names in the narrative of the call.
 - First responder or ambulance services can add their own personnel to SIREN. If needing SIREN assistance, email SIREN@vermont.gov.
 - This is an important time to stress that first responder agencies should be getting on board with SIREN to ensure adequate documentation of all calls, not just those that may involve COVID-19 patients.
- VDH Epidemiology folks should be contacting agencies regarding exposure to a known COVID-19 contact. VT EMS is aware there are anecdotal gaps in this chain of information. Please be sure to let us know of specific issues.

Information Overload

- We are making every attempt to limit guidance issued to carefully thought out information. We are also attempting to do this only every Friday moving forward. Urgent notifications would obviously be pushed out quicker.
- The Vermont EMS website has been updated almost daily. Please be vigilant in checking there for the latest information.
- Think about communications with those under your sphere of influence and the frequency with which you communicate information to them. We have heard practitioners express frustration about being bombarded by information.
- Contact us with any questions or concerns. We want to be conscious of providing as much and as timely information as we can while not inundating practitioners or service heads with too much.

Mail vs. In-Person Visits to Vermont EMS

- VDH staff still working in the building have been asked to limit visits from the public or constituents. Please use the mail system to get applications to our office. There is also a drop-box in the lobby where you can leave documentation.
- In the case where a personal visit is required, you may ask the front-desk staff in the downstairs lobby to contact our office and one of our staff will come downstairs.

MDI (Metered-Dose Inhaler) Shortages

- Hospitals are experiencing a shortage of MDIs as we try to avoid the use of nebulizers. If a patient has their own MDI, EMS practitioners are encouraged to bring that with their patient to the hospital.
- Follow the 2018 protocols regarding who can administer MDIs. There is no change in the existing protocols around the administration of MDIs.

Cardiac Arrest

- In any situation involving CPR, naloxone administration or other aerosol-producing procedures, full PPE including a fit-tested N95 respirator is important. Defibrillation should be done by a practitioner in full PPE. PPE is step 1.
 - Aerosol-producing procedures are listed in the Assessment and Transport protocol on the EMS webpage.
- Patients who are pronounced in the field may or may not be tested for COVID-19. An agency's infection control officer should contact the Assistant Medical Examiner in your area to discuss possible testing. This is a constantly moving target. VDH staff are aware of concerns, and EMS staff continue to bring it to the forefront of discussions. It is important at this point, however, to assume exposure and therefore guard against it with appropriate PPE and by limiting the number of practitioners exposed.
- One item of note is that most COVID-19 deaths are occurring in a hospital setting, with minimal exceptions.

Workers Comp Insurance Questions

- Several callers shared their experiences with calls to Workers Comp companies. Heidi from Deerfield indicated that she had heard that if a full-time employee with an EMS agency also volunteers for one or more other agencies, they may not be covered by Workers Comp in the case of exposure. Art from Bennington said he had spoken with their Workers Comp representative. There is a) a question about coverage at all and b) if a claim needs to be filed, it needs to be filed with all the employee's companies to let the carriers fight it out.

EMS Agencies Who Wish to Take Part in Testing Sites for COVID-19

- There is a waiver available to organizations that want to take part in testing the public. It's the agency's choice whether to participate. If the decision is made to participate, it should be after a waiver is submitted and AFTER a determination has been made as to what liability insurance will come into play if an EMS practitioner becomes exposed to COVID-19 while participating in a testing site. Be sure to get that process clear before participating.

Transporting COVID-19 Patients from Nursing Homes

- Nursing home administrators are receiving the same guidance as EMS agencies when it comes to the assessment, treatment and transport of suspect patients. However, they may well have implemented their own plans. While Vermont EMS staff are doing their best to participate in

the decision-making processes and guidance provided by VDH to nursing homes, we can make no promises. VDH and EMS cannot affect a change if a nursing home has put into practice their own protocols and guidelines.

- If you have an ongoing issue with a specific agency or have particular concerns, contact us.

SIREN Updates During the Pandemic

- Two changes are being made to SIREN to help with data collection around COVID-19:
 - Several fields will be added to later assist in identifying COVID patients for research purposes.
 - A PPE tracker will be added so that agencies can document the type of PPE used and the rate used.
- Chelsea and Tom Hoodiman are working on these changes and they should be out later this week or next week.

Cleaning Facilities and Ambulances

- Guidance around the cleaning/disinfecting of surfaces is included on our website under “Cleaning and Disinfecting Your Facility.” This includes information on hydrogen peroxide solution percentages.
- Dan Batsie warned that with this pandemic come all sorts of companies selling all sorts of “stuff.” VDH is utilizing UVM Technical Services, a team of virologists, physicists and others who are working in laboratories testing products, concepts and ways to defeat the virus. We’re relying on them for scientific testing. Most tech devices don’t provide better infection control and mitigation than a bleach solution and a spray bottle. The UVM team is also working on mask disinfection theories. Rob Mullen said he would provide EMS with a 2015 document he had received from Homeland Security.

Students in the Midst of Course Completion Requiring Clinical Time

- Courses are suspended and clinical time will likely be limited for the long term. Vermont EMS staff are maintaining contact with others nationally as they look for innovative solutions to the lack of clinical time. This is, however, a complicated and long-term conversation. Anyone with thoughts on developing a better process are welcome to bring their thoughts forward. However, standards cannot be discarded, particularly in times where practitioners need to be well-prepared and trained.

The call adjourned at 11:48 a.m.