



**Department
of Health**

**Bureau of Emergency Medical Services
And Trauma Systems**

POLICY STATEMENT

No. 20 - 03

Date: February 14, 2020

**Re: COVID-19 County
Emergency Managers,
County EMS Coordinators,
and PSAP Guidance (V1.0)**

Page 1 of 4

**NOTICE: THIS IS A RAPIDLY EVOLVING SITUATION.
PLEASE CHECK BACK DAILY FOR ANY UPDATES TO THIS POLICY.
UPDATED 02.14.2020**

Background:

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for persons with various illnesses. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

This document is designed to provide County Emergency Managers, County EMS Coordinators, and Public Safety Answering Points (PSAPs) with interim guidance regarding the outbreak of 2019 Novel Coronavirus (COVID-19) that began in Wuhan City, Hubei Province, China in December 2019.

This guidance does not constitute a response protocol but serves as a reference for general considerations and the protection of responders.

For questions regarding information in this advisory or information you've received about this outbreak from other sources, please contact the Bureau of Emergency Medical Services and Trauma Systems. For updates and additional information regarding this COVID-19 outbreak, please visit the following web pages:

New York State Department of Health (DOH), 2019 Novel Coronavirus site at:
<https://www.health.ny.gov/diseases/communicable/coronavirus/>

Centers for Disease Control and Prevention (CDC), 2019 Novel Coronavirus, Wuhan, China at:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Regional Approach

Many regions may find it appropriate to develop a regional approach for emergency medical response and inter-facility transportation to meet local needs, maximize the efficacy of locally available resources and ensure the safety of EMS providers in response to a Person Under Investigation (PUI) or confirmed case of COVID-19. For the purpose of this document, the term "region" may include New York State EMS regions, counties, multiple counties, or multiple municipalities.

**Policy 20-03 - COVID-19 County Emergency Managers, County EMS Coordinators, and PSAP
Guidance (V1.0)**

If a region chooses to develop a regional approach, depending upon the resources and needs of the region, one or more lead agency must be identified and asked to staff or otherwise operationally support a regional team. This process should include support from all EMS agencies and medical directors in the region. County EMS Coordinators should provide any regional response plan to the Bureau of EMS for review.

The core mission of any regional approach developed should be:

- 1) To protect the health and safety of our EMS providers.
- 2) To provide PUIs, or patients with diagnosed COVID-19, with appropriate care while limiting the possibility of further contagion.

The development of a regional approach should be a collaborative process involving all local stakeholders and, at a minimum, should include:

Regional EMS Advisory Committees (REMACs)	County EMS Coordinators
Regional EMS Councils (REMSCO)	County Fire Coordinators
Regional Program Agencies	Local EMS Agencies
Agency Medical Directors	Local Public Safety Answering Points (PSAPs)
Regional and Local Hospitals	Local Health Departments (LHDs)
State / County / Local law enforcement	

Coordination with Local Health Departments (LHDs):

County Emergency Managers, County EMS Coordinators, and LHDs are encouraged to develop local policies and procedures for coordination between first responders and LHDs. When developing local policies and procedures, the following should be considered:

- 1) Local guidance for first responders encountering a patient who is ill and who may have risk factors for exposure to COVID-19 and who has not been previously identified as a PUI.
- 2) Procedures for first responders to contact emergency management officials and/or LHDs for consultation and coordination when encountering a patient who is ill and who may have risk factors for exposure to COVID-19 and who has not previously been identified as a PUI. This should include after-hours, weekend, and holiday contact information.
- 3) LHD reporting requirements and procedures for EMS agencies regarding monitoring of health care personnel with potential exposure in a health care setting to patients with COVID-19.

9-1-1 Public Safety Answering Points (PSAPs):

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors associated with the COVID-19. PSAPs should establish policies and procedures for the management of these calls. In developing policies and procedures, PSAPs should consider the following:

- 1) The query process should never supersede the provision of pre-arrival instructions to the caller when immediate life-saving interventions (e.g., CPR or the Heimlich maneuver) are indicated.
- 2) Patients who meet the appropriate criteria should be evaluated and transported as a PUI. Information on COVID-19 will be updated as the public health response proceeds.

Policy 20-03 - COVID-19 County Emergency Managers, County EMS Coordinators, and PSAP Guidance (V1.0)

- 3) Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE) and to limit non-essential responders from having close contact with a PUI.
- 4) PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or state public health department.
- 5) PSAPs and EMS units that respond to ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler.

PSAPs and medical directors can access CDC's PUI definitions at:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fclinical-criteria.html.

Personal Protective Equipment (PPE) Supply Shortage

Shortages of PPE supplies may occur. The Department asks all EMS agencies to compare their existing inventories of PPE, such as face shields, gowns, gloves, masks, N95 respirators, against the expected rate of use of these items under a surge situation, to determine the quantities needed to be on hand. EMS agencies that identify a shortage of PPE, should use existing plans and vendor agreements to procure additional assets, by taking the following steps:

- 1) Use existing vendor agreements and procurement plans to place orders for quantities needed by type and size of PPE.
- 2) Notify County Office of Emergency Management (OEM) when all existing agreements are exhausted and supply needs exceed those available from these sources.
- 3) Coordinate with County OEM to identify and utilize other existing county resources.
- 4) Notify the respective DOH Regional Office of ongoing need.
- 5) If all local resources have been exhausted, submit a request, via your County OEM, to the NYS OEM. The request should include as much detail as available, but include at a minimum the following elements:
 - a) Type and Quantity of PPE by size
 - b) Point of Contact at the requesting facility or system
 - c) Delivery location
 - d) Date request is needed to be filled by
 - e) Record of pending orders
- 6) Upon receipt of a request submitted to NYS OEM, the Department will be notified and will use the information provided to validate the request and its ability to meet the identified need. EMS agencies should expect that the identified Point of Contact listed in the request will be contacted by the Department for clarification and coordination. Please note that in order to assure adequate time to process and fill a request (as resources are available), a request should be submitted via your County OEM no later than 10 days before an item is out of stock at the requesting EMS agency.

- 7) It is critical the EMS agency work in advance to prepare for anticipated shortages and to proactively work with all available sources of critical resources. It is also critical that EMS agencies put controls in place to safeguard these resources and monitor their usage.

Expanding EMS System Capacity During Medical Surge:

County Emergency Managers, County EMS Coordinators, and community planners should evaluate the role of EMS in medical surge planning and examine the need to supplement existing guidance on integrating EMS into community preparedness plans. Plans should address the partnerships, resources, and planning needed to implement four strategies for expanding EMS system capacity during an emergency resulting in medical surge:

- 1) Tiered Dispatch: Strategies to preserve EMS resources, including caller screening to determine acuity and referral of non-life-threatening calls.
- 2) Modified Treatment and Transport Strategies: Strategies to modify routine treatment and transport protocols to allow EMS personnel to assess, treat, release, and refer patients without transport and, when needed, to transport patients away from a hospital.
- 3) Coordinated Transport to Alternate Destinations: Strategies to transport patients to facilities that do not traditionally receive 9-1-1 patients (e.g., clinics, urgent care, surgery centers, and alternate care sites) by establishing surge protocols.
- 4) Support for Rapid Implementation of Patient Interventions: Strategies to allow EMS personnel to assist larger community and public health response efforts by delivering vaccines, pharmaceuticals, non-pharmaceuticals, and personal protective equipment (PPE) to both patients and caregivers at home.

County EMS Coordinators and community planners are encouraged to review the CDC Framework for Expanding EMS System Capacity During Medical Surge tool for community planners to help explore the role of EMS in medical surge planning and to examine the need to supplement existing guidance on integrating EMS into community preparedness plans. The CDC tool can be found at: <https://www.cdc.gov/cpr/readiness/healthcare/Expanding-EMS-Systems.htm>.

###