

Considerations for State Emergency Medical Service Offices in Response to COVID-19

- Integration of Emergency Medical Services (EMS) into the state emergency management structure
 - Ensure that the state EMS Office, including the state EMS medical director, is represented in, or has direct input into, the state Emergency Operations Center (EOC) and its public health equivalent
 - Define the chain of command within the EOC to ensure EMS input to leadership
 - Clarify the roles and responsibilities of EMS medical directors (local/state/regional) to the state emergency management office
- Potential need for waiver/suspension of EMS laws and regulations relating to:
 - Public Safety Answering Points (PSAP) operations
 - Personnel licensure (and re-licensure)
 - Out-of-state reciprocity
 - Medical oversight
 - Ambulance staffing
 - Patient treatment / scope of practice
 - Patient transport
 - Training and education
 - Protocol adherence
- EMS licenses and certifications
 - Develop guidance re: temporary extensions of state EMS licenses that are expiring
 - Develop guidance re: provisional licensing of EMS clinicians in certain circumstances (e.g., licensed out-of-state, completed course requirements but not testing, recently expired license)
 - Identify which EMS certifications (e.g., CPR, PALS, ITLS, PHTLS, ACLS) have been automatically extended by a certification organization
- Provide guidance on potential strategies for managing limited EMS resources, including:
 - Caller screening, triage, and prioritized dispatch
 - Referral or re-direction of calls to non-emergency resources
 - Utilization of telemedicine resources
 - Modified staffing and response models
 - Modified treatment protocols
 - Alternative transport, no transport, and transport to alternative destinations
 - Follow-up and leave-behind information, including telemedicine resources, for patients that are not transported
- Other COVID-19 guidance, including:
 - Guidance on testing and quarantine or self-isolation of EMS providers
 - Guidance on limiting physical access to PSAPs and other EMS/public safety buildings
 - Guidance directing EMS clinicians to resources as needed for mental health and family support
- Management of PPE Supply
 - Relay guidance on how to request PPE supplies, including:
 - Direction to continue to submit requests through normal distribution channels
 - Direction on how to submit unmet requests to local and state emergency management officials for transmittal to FEMA
 - Relay guidance on the optimization and preservation of existing PPE supplies

- Coordinate with state and local emergency management officials on the prioritization of PPE requests from EMS agencies (public, private, and volunteer)
- Regular communication to EMS agencies and stakeholders
 - Conduct webinars or conference calls to assure that EMS stakeholders are kept informed
 - Maintain consistent communication with EMS agencies to monitor the implementation of strategies for managing limited EMS resources