

COVID and Fall 2020 Guidance

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Background

With flu season approaching and COVID still being very active within the United States, it is important that agencies begin creating plans to isolate workers who are symptomatic and how agencies will staff units with limited staffing.

Purpose

This guide is a resource for agencies to create or update their plans. This is not intended to create, replace, supersede any plans that agencies have created. The guide gives agencies a list of a variety area's that your agency will need to address to maintain adequate response for your communities.

Topic Area's

Staffing

It is important that agencies look at there current staffing make up. Agencies need to understand that there may be an increase in absences during the fall due to the flu and COVID. This may cause a strain on staffing. Agencies should already have a policy in place for ill employees and requirements for them returning to work. Those policies should reflect flu season as well.

The EMS office highly recommends that all EMS providers obtain their flu vaccine. This the best way to reduce absences from work due to the flu. During the flu season agencies will need to assume a person has COVID until proven otherwise. The risk of co-infection seems to be limited at this time, but the information is evolving. It is important that agencies encourage providers to get the flu vaccine as early as possible. Work with your occupational health provider or local primary care providers to get them vaccinated.

Agencies should begin reviewing mutual aid agreements (especially rural departments with limited providers). Agencies should work to develop alternative plans if an agency becomes unable to respond for an intermittent period. For example, Agency A has several providers with COVID, they are unable to staff their ambulance effectively. Working with their mutual aid partner, Agency B agrees to cover their response area until Agency A providers are released for quarantine.

Agencies must notify the EMS office of all alterations to an agency response model. This should be done as soon as possible. Agencies must notify their mutual aid partners and dispatch center as well of the changes. Agencies should begin working on agreements now. At no time should

agencies stop responding to calls without having an official agreement in place. It is a requirement of all transport agencies to respond to calls unless agreements are in place. Failure to respond to calls could result in penalties from IDPH.

Agencies should review their sick leave, paid time off and other policies if those are applicable to your agency.

Equipment

As supply streams become restocked, it is important agencies look at their current PPE burn rates (how much PPE they go through) and begin working on restocking their supplies. Agencies should look daily (or for agencies who run only 1-2 calls a week, weekly) at their current inventory and adjust stock as needed. Understand agencies should not “horde” supplies but build enough of a reserve to last them 1-2 months of not being restocked.

Agencies should look to ensure they are maintaining the following PPE/Supplies for COVID:

- Gloves (all sizes)
- Surgical Mask
- N95
- Disposable or reusable gowns
- Decontamination equipment/supplies
- HEPA filters for BVM's and CPAP's
- Eye protection (Face shields, goggles, or eyeglasses with full eye protection)

If agencies are unable to obtain PPE through the normal supply chain, please contact your local EMA for assistance.

Station Access

Agencies should begin looking at ways to limit staffing interactions as much as possible. Obviously this is a unique challenge due to the profession of Fire and EMS. The requirements to respond to calls, training, eating and normal every day interactions may be difficult to limit. It is important that agencies are maintaining proper social distancing. Ensure that stations are cleaned regularly and that guest visits are limited.

Finance

Agencies should be working with their local EMA's to ensure that additional financial burdens are addressed. Since this event has been declared a disaster, there may be funds available to assist with recouping the cost of this event.

Additionally, agencies should be planning financially for any future challenges. With economic changes, changes in call volumes and much more, agencies need to plan for future changes.

Additionally, minimum wage law changes going into effect will also add an additional burden to agencies.

Policies

Agencies should have updated their policies and standard operating guidelines to reflect CDC, IDPH and EMS System recommendations and requirements. It is important that agencies are continually re-evaluating their policies to ensure they are up to date with current recommendations and requirements. Agencies must also ensure that their providers are updated on any new policies as they are released.

EMS Agencies Responsibilities

The CDC has listed out the responsibility of EMS agencies (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html/>). Some of the highlights include:

- Proper fit-testing for respirators
- Ensuring each provider are trained on proper use of PPE, cleaning, recognition of COVID symptoms and how to handle infectious diseases
- Ensure providers have enough PPE to respond to calls
- Agencies should have a screening process in place for employees
- Agencies have policies to limit personnel interactions and create environments that reduce the risk of spread of disease

Resource Links

- CDC Interim recommendations for EMS - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html/>
- NASEMSO COOP Planning guide - <https://nasems.org/wp-content/uploads/COOP-Plan-Outline-for-EMS-and-PSAP.pdf>
- IAFC PPE Decon Recommendations - <https://www.iafc.org/topics-and-tools/resources/resource/covid-19-ppe-decontamination-recommendations---quick-reference-info-graphic>
- EMS.gov COVID Information - https://www.ems.gov/projects/coronavirus_covid-19_resources.html
- OSFM Information - <https://www2.illinois.gov/sites/sfm/CurrentFocus/Pages/COVID-19-First-Responders-Guidance.aspx>
- CDC Guide for optimizing PPE - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- CDC Return to work guidance - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- CDC Guide for mitigating healthcare personnel shortage - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>