

Vermont EMS,

A challenging week of response hopefully draws us closer to the end of this global pandemic. Through all the frustrations and difficulties, I would like to pause to recognize the importance of what you do and how much your services mean to Vermonters. Though the obstacles are many, know that we will overcome them together.

Vermont EMS is doing its best to keep our response community informed. We will continue to offer this Friday update and immediately send out any time sensitive messages. We are trying to control the sheer volume of messages you receive in this unprecedented crisis, but also assure the delivery of the most up to date information. Although our responses may be a bit delayed, we additionally hope to maintain the traditional paths of communication for all our responders.

### **Notification to EMS of COVID-19 Positive Patients**

The challenge of COVID-19 is evolving. As community transmission increases and as outbreaks affect long term care facilities, contact tracing has become an overwhelming task. While the Department of Health has added extra staff and reorganized its efforts (particularly to address EMS concerns), rapidly identifying and notifying all healthcare contacts has proven extremely difficult. While we will continue to do our best to provide timely notification, I would ask for patience and understanding of the complex challenge. I further hope that all providers will understand the limitations of contact tracing including the following:

- With community transmission responders should assume any patient is positive. While emergency response places responders into close contact situations, the reality is that the virus is around us every day.
- Not all patients can be tested. Situations such as termination of resuscitation or death scene investigations do not automatically indicate specimen collection.
- COVID-19 testing is not 100% sensitive. A patient with an immediately negative test can still end up with the virus.
- If full PPE is worn, the CDC recommendations are the same whether the test is positive or negative. While you may be asked to self-monitor with a positive exam, all responders should be self-monitoring every day regardless of testing.

### **COVID-19 Employee Screening at Start of Shift**

We are providing this information in response to requests for guidance for screening EMS practitioners at the start of their shift. Screening may identify people who should not respond to EMS calls, but it does not ensure a person is COVID-19-free. COVID-19 can be transmitted as much as 2 days before a person becomes symptomatic.

In consultation with your medical director, you may consider assessing practitioners' temperature and asking them the following questions at the beginning of each shift to determine their eligibility for duty:

- 1) Do you have a new cough or shortness of breath?
- 2) Have you had a fever in the last 24 hours?
- 3) Have you been in close contact with someone known to have COVID-19?

For more information, consult the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#).

## **PPE**

### ***New link for requesting PPE***

The Vermont Department of Health has recently migrated its COVID-19 PPE Resource Request Form to a new location. Here is the direct link: [PPE Request Form](#)

If you have been directed from the former order form to the new one, please **copy and paste** the following link into a new tab in your browser and save it for future use:

<https://forms.office.com/Pages/ResponsePage.aspx?id=O5O0IK26PEOcAnDtzHVZxnYHsES1qH9Hs2EGYmwc2tBURDVPSDJDS1hUTzdJMFIXVDZHQ1JHS1cxViQIQCN0PWcu>

**Important:** *By submitting this form, your agency certifies that all required Contingency Operations Personal Protective Equipment (PPE) Conservation measures are currently in practice and that any received resources will be used in accordance with these measures.*

### ***PPE Reminder***

It is now the recommendation of the Vermont Department of Health that personal protective equipment should be worn for all emergency medical situations that require a practitioner to make close contact (less than 6 feet) with a patient. For full details please see [27 March 2020 Novel Coronavirus \(COVID-19\) Personal Protective Equipment Update](#). Note that the current guidelines recommend the use of a surgical mask for most situations and an N-95 respirator for high risk circumstances (known COVID-19 cases and aerosolizing procedures).

The State Emergency Operation Center is currently working hard to maintain PPE supply chains and establish new opportunities for resupply. While our stocks are holding, we continue to be concerned about long term needs. We have noted recent challenges around acquisitions of protective gowns. While we continue to recommend the use of gowns as part of the recommended PPE guideline, the following are Centers for Disease Control and Prevention recommendations for supply chain interruptions:

### ***N-95 Respirator Decontamination***

There are several respirator decontamination techniques being evaluated by the State Emergency Operations Center (SEOC). While guidance on approved methods is still being formulated, it is reasonable for health care providers and organizations to safely save used N-95 respirators in anticipation of future disinfection opportunities.

If N-95 respirators are saved beyond a single shift of continuous reuse, please consider the following:

- N-95 respirators used during a patient contact should be considered infectious and should not be handled without proper personal protective equipment (PPE).
- Masks stored together should not be reused before disinfection.
- Used masks should be stored in a marked hazardous materials container and isolated to prevent accidental contact transmission.

Future guidance on disinfection decontamination is anticipated and will be disseminated as soon as possible.

#### *Prioritization of gowns*

Gowns should be prioritized for the following activities:

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures.
- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as:
  - Dressing, bathing/showering, transferring, changing linens, changing briefs or assisting with toileting, device care or use, wound care.

#### *Re-use of cloth isolation gowns*

Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between.

In a situation where the gown is being used as part of standard precautions to protect HCP from a splash, (for example, when a patient who screens negative begins vomiting) the risk of re-using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected or confirmed COVID-19, HCP risk from re-use of cloth isolation gowns without laundering among (1) single HCP caring for multiple patients using one gown or (2) among multiple HCP sharing one gown is unclear. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients. Any gown that becomes visibly soiled during patient care should be disposed of and cleaned.

For more information, visit [CDC Guidelines on Strategies for Optimizing the Supply of Isolation Gowns](#)

### **Cardiac Arrest Guidance**

Several questions have come up regarding the management of the patient in cardiac arrest in the age of Coronavirus (COVID-19). VT EMS guidance is as follows:

1. Prior to contact with any patient in cardiac arrest or severely depressed level of consciousness, **FIRST, don full PPE** (Fit-tested N95, face shield or goggles, gloves and gown).
2. Follow existing VT EMS cardiac arrest protocol with the following emphasis:
  1. Consider use of supraglottic airway (SGA) preferentially over endotracheal intubation.
  2. If using a SGA, it is critically important to plug the side/gastric port to prevent large volume spread of airborne pathogens.
3. Follow existing VT EMS termination of resuscitation (TOR) protocol if indicated.

### **TERMINATION OF RESUSCITATION (TOR) RULE (ADULTS ONLY):**

- 1) Arrest not witnessed by emergency medical services personnel.
  - 2) NO return of spontaneous circulation after 20 minutes of either BLS alone or combined BLS and ALS in the absence of hypothermia.
  - 3) No shock was delivered or advised by the AED.
- If **ALL** criteria are present, contact **Medical Direction** to consider termination of resuscitation.
  - If **ANY** criteria are missing, continue resuscitation and transport, **OR** contact **Medical Direction** to consider termination of resuscitation.
  - Notify law enforcement if terminating resuscitation.



4. NOTE: As per existing TOR protocol, it is appropriate to contact Medical Direction prior to deciding to continue resuscitation and transport any cardiac arrest patient. Be prepared to give Medical Direction:
  1. The patient's past medical history especially chronic or significant illness, and
  2. Down time and response to resuscitation efforts.

### **Metered-Dose Inhaler (MDI) Guidance**

As per our previous guidance, EMS should use MDIs preferentially over nebulization of medications. Hospitals have also been following this guidance. Consequently, there is now a shortage of MDIs.

Therefore, if the patient has their own MDI:

- It is preferable to use the patient's own MDI if you have to administer an MDI to the patient.
- Please obtain the patient's own MDI and bring it with you to give to the hospital.
- Even if you do not use the MDI during transport, the hospital will use it during the patient's ED visit and potential hospital stay.

Note: Please ask every patient (assuming time allows) if they have inhalers and bring them with the patient to the ED, even if the chief complaint is not related to a respiratory problem. The patient may need the inhaler later in their hospital course.

### **Website Resources**

- Be sure to check the [Vermont EMS website homepage](#) regularly for new EMS-specific COVID-19 information and resources
- A number of issues were covered during the EMS Office's monthly conference call on Thursday (See [Leadership Call Minutes – April 2, 2020](#))