

Service Directors –

Although many of you do not necessarily have a positive case yet, it is good to see some planning occurring. Since the declaration of a state of emergency amid the COVID-19 pandemic, we have received multiple requests from services and other external sources regarding whether the Kansas Board of EMS is considering relaxing regulations to allow for a single EMS provider to handle all care aspects of a call and then utilize someone to transport them and the patient to the hospital utilizing the ambulance. The “driver” aspect of this has ranged from anyone with a valid driver’s license to someone with experience in driving larger vehicles (CDL) and/or emergency vehicles (law enforcement/fire). So far, all have mentioned to do this only at the point at which the service has reached a documented emergency along with a documented shortage of staff and all have talked only about scenarios that involve their providers being in quarantine (although there are many other ways that COVID-19 could affect staffing).

The Board feels strongly that it is imperative to the safety of the provider and of the patient that at least 2 medically trained persons be on every ambulance in the state of Kansas, but the quick answer is that the utilization of one may be considered as an extreme last option and only with the Board’s prior knowledge in the COVID-19 specific scenarios.

There are a lot of options that exist to maintain 2 EMS trained persons on every ambulance and the Board believes that all options to maintain those 2 trained persons should occur before even considering having only one.

Here are some of those options:

- Standard mutual aid - in 90% or more of our areas, standard mutual aid and working with your immediate neighbors is going to suffice.
- Consider regional assistance (agencies where a shortage is not being seen sending personnel that are available to assist agencies where personnel is short).
- Consider reaching out to the other healthcare personnel in the community that can function on an ambulance to see if they are willing to assist (nurses, physicians, physician assistants, and advanced practice registered nurses).
- Considering reaching out to individuals whose certification recently expired to see if they would be interested in returning to the service for this purpose.
- Consider state assistance (where we can pull from other areas of the state or from state personnel) to assist agencies where personnel are short.
 - Consider requesting MERGe assistance;
 - with the EMS Compact operational, we have the ability to request and utilize personnel from 19 other states (Indiana became our 20th yesterday) to augment our existing service structure;
 - we’ve looked at operationalizing the medical wing of our National Guard to augment existing services; and
 - we’ve looked at activating the National Ambulance Contract (which could bring us up to 100 staffed ambulances to be placed wherever we need them).

Utilizing a non-medically trained person does increase the risk to your service, to the individual being utilized, and indirectly to the patient being provided ambulance service. This is especially applicable given that there are many scenarios where the correct utilization of PPE and decontamination is critical to limiting the spread of this virus and that introduction of a non-medically trained person brings in another population group that may need to be addressed in policies, procedures, protections from liability, and insurance coverage (for operation of the vehicle, not patient medical).

With that said and utilizing the tools currently available to all ambulance services, if the literal application/enforcement of regulation would result in a serious hardship to the service, a variance can be applied for and considered by the Board for approval. To assist in the approval process for variances submitted due to staffing issues encountered from COVID-19, we would expect each variance to explain the obstacles encountered with the other available options to remain in compliance and to provide an expected time that staffing would restore to its previous level. We would also expect to see the service work with the Board to assess the impact that the staff not available due to COVID-19 would have on the service.

The Board highly encourages every ambulance service to start discussions, if they have not already, with neighboring services and within the region to talk about the sharing of personnel and resources as this pandemic may require. Furthermore, because all trend lines anticipate this to progress in pockets across the state, if you have personnel that are willing to assist services in other locations of the state OR any Compact state upon request, please notify me via email and we will add you to our contact list for when state resources are requested. The EMS Compact does require you to have your medical director approval.

Thank you for your time and continue to stay safe! Joe