Landon State Office Building
900 SW Jackson Street, Room 1031
Topeka, KS 66612-1228

Kansas
Board of
Emergency Medical Services

phone: 785-296-7296
fax: 785-296-6212
www.ksbems.org

Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Laura Kelly, Governor

**DATE:** April 16, 2020

**TO:** Ambulance Service Directors

**RE:** KBEMS Guidance – COVID-19 - Mitigation of EMS Personnel Staffing Shortages

Maintaining appropriate staffing in EMS is essential to providing a safe environment for your patient as well as for your personnel. Shortages may occur due to many variables such as: exposures, illness, a need to care for family members at home, outside employment restrictions by full-time employers, or quite simply, fear and worry.

This document is broken down into 4 sections: Prevention, Planning, Mitigation, and Review. It also includes an Appendix to address definitions and acronyms. It is meant to offer a framework, identify some tools currently available, and stimulate thoughts as you develop and implement your plan on mitigating EMS Personnel shortages specific to situations related to COVID-19.

The document takes from guidance considered current on the date noted above from the Centers for Disease Control and Prevention; the Kansas Department of Health and Environment; the Office of the Assistant Secretary of Preparedness and Response; the Federal Emergency Management Association, the Army Corps of Engineers, the United States Department of Health and Human Services, and the Kansas Board of EMS and maintains complete compliance with state rules and regulations (except where noted that prior authorization must be obtained/communicated).

For those services that have a continuity of operations plan, we would ask that you review this document to assess its alignment with your plan and to identify earlier any potential disconnects with specifically the mitigation plan so that they have an opportunity to be resolved prior to practice.

If you do not have a continuity of operations plan, then this provides a framework to get that plan started and does provide a mitigation plan specific to staffing to follow for this event.

We know that many of you are still within the prevention phase and implementing strategies to avoid disruptions, please continue those practices and feel free to offer your suggestions for inclusion within that section.

We appreciate all of your efforts and hopefully a lot of this becomes an exercise in preparation for the next event when it occurs. After action debriefings are going to provide us with a tremendous opportunity to receive feedback and to adjust future responses.

Thank you for your dedication to your community and to your EMS providers!

Joseph House, Paramedic
Executive Director
Email: joseph.house@ks.gov

# Section 1 – Prevention

## Keep your providers healthy both physically and emotionally by providing resources to assist with their overall health; anxiety and stress; and fear and worry.

Long hours, limited rest, increased stress, and worry wear upon a person creating vulnerabilities within their immune system. This virus seeks out and exploits vulnerabilities. The responses at the national, state, and local levels are measures that have not been seen or cannot be remembered by the current generations. This combination has led to fears, worries, and a significant amount of misinformation. Keeping your providers rested, knowledgeable, and emotionally ready to respond is a great prevention tool. Some resources to assist with this:

- **Promote information only from verifiable sources** –
  - CDC: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
  - KDHE: https://www.coronavirus.kdheks.gov/
  - KBEMS: https://www.ksbems.org/ems/coronavirus

- **Encourage staff to reach out if having difficulties** –
  - The Substance Abuse and Mental Health Service Administration (SAMHSA) offers free 24/7 support to first responders and EMS providers.
    - Call – 1-800-985-5990
    - Text – **TalkWithUs** to **66746**
    - https://www.samhsa.gov/find-help/disaster-distress-helpline
  - Many employee assistance programs offer financial, emotional, and physical support and counseling services.
  - Federal Healthcare Resilience Task Force – (documents available at the KBEMS link above)
    - Mitigate Absenteeism by Protecting EMS Clinicians' Psychological Health and Well-being during the COVID-19 Pandemic
    - Managing Patient and Family Distress Associated with COVID-19 in the Prehospital Care Setting: Tips for EMS Personnel

- **Promote healthy habits and state/local orders designed to minimize spread –**
  - Practice safe distancing, limit group gatherings, wear cloth masks when in public, etc.
  - Increase opportunities for hand-washing, station disinfection, ambulance disinfection, etc.
  - Consider opportunities that allow a provider to change into and out of their "work clothing" at work in order for that clothing to be laundered at work or through another means rather than taking it home.

- **PPE usage –**
  - When is it appropriate, what level is appropriate, how do you appropriately and safely don and doff, proper means of disposal, when is it safe to re-use, etc.
  - Develop and utilize strategies for optimizing the supply of respirators and facemasks.

- **Consider altering scene operations and initial scene size-up/patient contact to minimizing the number of EMS personnel accessing the scene.**

## Ask for support and accept what is provided.

When a crisis occurs, people are constantly seeking out ways to assist their local responders. It is never a sign of weakness to ask for help.

- **Seek out local currently certified EMS providers not already a part of your organization –**
  - KBEMS made a request on behalf of all ambulance services to all currently certified persons that do not show an affiliation with either an ambulance service or one of the non-transporting entities that voluntarily reports their staff. Within 24 hours, 374 individuals expressed a desire to assist if needed. Contact curt.shreckengaust@ks.gov to obtain the listing of individuals near your organization and their means of contact.

- **Seek out other healthcare personnel in the community that can function on an ambulance to gauge their interest and willingness to assist (nurses, physicians, physician assistants, and advanced practice registered nurses) –**
    - In some areas within our state, these personnel have been limited in their capability to work for their organization due to low census numbers, clinic closures, etc., however, they have expressed desires to continue to assist in the provision of healthcare.

- **Ask for community support –**
    - Some realize that they cannot physically, or legally, be an EMS provider, but there are plenty of roles for someone to assist within an EMS agency that do not involve responding to a call. Inventory, vehicle maintenance, supplies, public assistance, monetary support, meals, etc. Your community supports your existence and will find ways to support you to be there when they need you. Everyone defines support a little differently, so be willing to accept what is provided and if you cannot use it, be honest and help them redirect that support to another area.

## SECTION 1 – PREVENTION RESOURCES

CDC: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

KDHE: https://www.coronavirus.kdheks.gov/

KBEMS: https://www.ksbems.org/ems/coronavirus

SAMHSA: https://www.samhsa.gov/find-help/disaster-distress-helpline

For the List of Currently Certified EMS Providers in your area that responded to the KBEMS request, contact Curt Shreckengaust via email at curt.shreckengaust@ks.gov. The list will contain their name and KBEMS #, along with primary and secondary methods of getting into contact with the individual.

# Section 2 – Planning

## Identify and develop approaches to maintaining coverage.

We would love to see a one-size-fits-all approach to maintaining coverage in our state, but with 167 services where call volumes range from 50 calls a year to 60,000+, and staffing ranging from 200+ full-time employees to 1 part-time "full-time" director and 2-3 routinely responding volunteers, this provides additional challenges in having that singular approach.

- **Look at adjusting schedules to only the minimum number necessary to safely provide service.**
  - Many ambulance services simply staff one unit 24 hours a day, but in those that staff more than one unit, consider limiting the number of staff in the station or perhaps the number of available units. Consider allowing the second out crew or backup crew(s) to cover from home (if not detrimental to response).
  - For those that have a "page and all available respond" approach – limit response to only the number necessary to safely provide care.

- **Look at grouping services in overlapping areas***.**
  - Multiple locations in our state are covered by more than one ambulance service or have more than one ambulance service within a close distance. For the duration of the potential shortage, consider a temporary "merger" of resources to maintain response, but limiting the redundancy to only that which is necessary.

***This approach may require approval of the Board prior to implementation as it may impact permit requirements.

- **Look at forming a longer term regional assistance program.**
  - Start the discussions on looking at how staffing and resources could be shared across a broader region that may include more than just your neighboring counties.

- **Look at demand analysis to identify peak and low usage times.**
  - Having a great understanding of when your peak and low volumes occur allow you to tailor your staffing in efforts to better maintain the minimum number necessary to provide support.

## Identify how to quickly on-board added persons.

As there may be people willing to help your service immediately, understand that those expected to potentially serve within a clinical role still need to be "credentialed" by the service. That involves making sure they understand their medical protocols, or standing orders, have received training upon the equipment you use, and have demonstrated that they are competent to do what is expected.

- **Consider multiple routes to provide necessary education.**
  - Provide tutorial videos, product manuals, electronic copies of materials, etc. allowing your newly on-boarded person to have resources available to them in the case that they have questions.
- **Discuss and identify necessary steps to take if compensation will be provided.**
  - Talk with your human resources, governing bodies, etc. to determine what paperwork needs to be completed and to whom in order to streamline the on-boarding process.

- **Don't forget to provide notification.**
  - If you are using a non-EMS certified healthcare provider, contact James Kennedy or Curt Shreckengaust with KBEMS to get the person placed upon your service roster.
  - Let your receiving facilities know of the new staff and the potential new faces.

## Develop and implement organizational policies.

Providing a consistent means of addressing potential recurring situations protects the organization as much as it protects the providers from distracting events such as lawsuits, discrimination claims, claims

of unfair practices, claims of favoritism,etc. Policies and procedures establish that consistent means. Reach out to your local county health officer for assistance as needed in development of these policies.

- **Consider development of policies/plans to allow asymptomatic EMS providers who have had an unprotected exposure to COVID-19 to continue to work that address at a minimum:**
  - Self-monitoring, or self monitoring with delegated supervision, before, during, and after shift;
  - limiting close contact with co-workers in between calls;
  - what to do if even mild symptoms arise during the shift; and
  - source control measures for the 14 days after the exposure event.

- **Clearly identify Return to Work Criteria that either meets or is more restrictive of the state recommendation (see Appendix A – "Return to Work Criteria").**

### Consider additional areas within the community to assist.

Remember that other facilities and other county level departments may be experiencing similar situations and may be experiencing significantly increased activity. EMS is a 24 hour a day resource and there may be opportunities to share staff in order to maintain minimum work hours of your full time staff (if applicable) or to augment these other county departments during a time where personnel with medical knowledge would be beneficial (county health departments).

Local nursing home facilities, assisted living facilities, and hospitals may also be in need of additional support staff with medical knowledge. Gauge where these opportunities exist and whether your service has a capability to assist, even if only for a short term.

## SECTION 2 – PLANNING RESOURCES

Local County Health Officer

Local County Emergency Manager

Kansas EMS Association (KEMSA) COVID Resources - https://kemsa.org/COVID-19

If you need assistance with demand analysis, contact Joe House via email at joseph.house@ks.gov. You have the ability to compile this information from your electronic patient care reports.

# Section 3 - Mitigation

## Communicate the need for mitigation.

Even with prevention practices in place and support from your entire community, situations may occur that will begin to stress your staffing requirements.

- **Contact KBEMS immediately when it is imminent your plan is headed towards use.**
  - Joe House – email: joseph.house@ks.gov or you can text 24 hours a day.
  - Provide whether you are following a pre-developed continuity of operations plan or this mitigation template.
  - Provide the size of the disruption and your best estimate on a potential duration.
  - Provide the best means to communicate with the service 24 hours a day. KBEMS is able to utilize email, text, phone, or 800 MHz on the statewide template.

## Response

The following provides the recommendations of KBEMS for categories of disruptions as noted. The 4 categories of disruption for this response plan are:

- Immediate Need – a disruption expected to last less than 48 hours.
- Short Term Need – a disruption expected to last more than 48 hours, but less than 7 days.
- Moderate Term Need – a disruption expected to last more than 7 days, but less than 15 days.
- Long Term Need – a disruption expected to last more than 15 days and/or staffing is unable to be mitigated.

***Immediate Need (disruption expected to last less than 48 hours)***

- **Standard Mutual Aid – notify your mutual aid agencies.**
  - Standard mutual aid practices and working with your neighboring service(s) is going to suffice for nearly all situations within this time frame.
  - If capable, provide first response while transporting unit is responding.
- **Initiate a call back procedure of your staff, if one exists, and immediate coverage is needed.**
- **Asymptomatic EMS providers are not restricted from work, but should self-monitor.**

***Short Term Need (disruption expected to last more than 48 hours, but less than 7 days)***

- **All points within the Immediate Need category**
- **Implement utilization of those currently EMS certified, but not already a part of your organization.**
- **Implement utilization of the other healthcare personnel that expressed an interest and willingness to assist.**
- **EMS Providers meeting Return to Work Criteria (via locally established policy or state recommendation if local policy is undefined or less restrictive) shall be utilized.**
- **Request regional assistance, if a regional assistance plan is available.**
- **Upon request, KBEMS will provide you a listing of those in your area that will be offered a conditional reinstatement of their expired certificate if they function for your service, if not already provided.**

***Moderate Term Need (disruption expected to last more than 1 week, but less than 15 days)***

- **All points within both the Immediate Need and Short Term Need categories**
- **Service will be limited to only providing 911 response capability.**
- **State personnel resources will be requested for deployment.**

***Long Term Need (disruption expected to last more than 15 days and/or staffing is unable to be mitigated)***

- **All points within the Immediate, Short Term, and Moderate Term categories.**
- **Service will be closed temporarily.**
- **Local governance may consider implementation of any state-developed contractual agreement(s) or contract with another service for the provision of ambulance service.**
- **State will consider implementation of any state-developed contractual agreement(s) for the provision of ambulance service.**

# Section 4 - Review

## Perform an after action review.

Meet with the various entities involved within the implementation of your mitigation plan to determine what areas need to be modified for future responses.

- **Obtain feedback upon the plan.**
  - Identify the strengths, weaknesses, opportunities, and threats seen during implementation.
  - Gain feedback from your local emergency manager and local public health official.
  - Gain feedback from hospitals.
  - Gain feedback from health care personnel (EMS providers, physicians, nurses, etc.)

- **Share aggregated feedback with other services within your region.**

## Modify your plan for the next response.

The opportunity presents itself to take the feedback from the after action review and to address the weaknesses, opportunities, and threats in the next revision of your plan. Revise the plan now so that it is ready for deployment upon the next event.

If there are modifications needed to the state's recommendations, provide input and reasoning for those modifications to KBEMS.

# Appendix A - Definitions

The following were terms and acronyms utilized throughout this guidance and the definition of the term for the purposes of this document:

"**ASPR**" – United States Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response

"**Asymptomatic EMS provider**" – An EMS provider that may or may not have been exposed to COVID-19, but has not developed signs or symptoms directly related to the illness (fever, cough, sore throat, shortness of breath).

"**CDC**" – Centers for Disease Control and Prevention

"**Cloth face covering**" – Textile (cloth) mask intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. These are not considered PPE and it is undetermined whether these protect the wearer.

"**COVID-19**" – coronavirus disease 2019; the disease caused by the virus SARS-CoV-2.

"**Disruption**" – a significant deviation from standard, day-to-day operations. People call in sick, become injured, need to care for family members, etc. every day. A "disruption" would be a significant deviation from this daily and common occurrence.

"**Facemask**" – PPE referred to frequently as surgical masks or procedure masks. These may or may not include protection against splashes and sprays. FDA-cleared surgical masks are designed to protect against splashes and sprays.

"**KBEMS**" – Kansas Board of Emergency Medical Services

"**KDHE**" – Kansas Department of Health and Environment

"**NIOSH**" – National Institute for Occupational Safety and Health

"**PPE**" – Personal Protective Equipment. Previous guidance has identified the minimum for COVID-19 encounters and that guidance is affirmed as still applicable. Remember that N-95 masks should be utilized if available and the patient is suspected of, or confirmed to have, a respiratory illness.

"**Respirator**" – PPE that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles, gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

"**Return to Work Criteria**" – two strategies are currently addressed within Kansas if the EMS provider has developed symptoms – test-based strategy and a non-test-based strategy. The test-based strategy should be used where possible, but with shortages of molecular assay tests, the feasibility of completing such tests is challenging.

If the EMS provider has developed symptoms and is confirmed or suspected to have COVID-19:

***Test-based strategy.*** Exclude from work until:

- Resolution of fever without the use of fever-reducing medications; AND
- Improvement in respiratory symptoms (e.g. cough, shortness of breath); AND

- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected 24 or more hours apart.

***Non-test-based strategy.*** Exclude from work until:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications AND improvements in respiratory symptoms; AND
- At least 7 days have passed since symptoms first appeared.

If the EMS provider has a laboratory confirmed COVID-19 result, but **HAS NOT** developed any symptoms, they should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they did not develop symptoms since the positive test.

"**SARS-CoV-2**" – Severe acute respiratory syndrome coronavirus 2; the virus responsible for coronavirus disease.

"**Self-monitoring**" – a method by which the EMS provider is responsible to assess themselves for the absence of a fever or respiratory symptoms primarily before, during, and after reporting for work. Any presence of a fever or respiratory symptoms should be immediately reported to their EMS employer. Some employers may require this assessment to be documented.

"**Self-monitoring with delegated supervision**" – a method by which the EMS employer actively verifies the absence of a fever or respiratory symptoms when the EMS provider reports for work and upon any other time the employer desires. This practice is recommended as optional for EMS services.

"**Source control"** – a method utilized to prevent the source of the illness from unknowingly spreading to others. Methods of source control for COVID-19 would include having the infected person, or suspected infected person, to wear a cloth face covering or facemask over their mouth and nose to contain their respiratory secretions.

***It is important to note that the current CDC and KDHE guidance is for Universal Source Control advising that all members of the public should be wearing a cloth face covering whenever they leave their home.