



Situation Report	Incident	Operational Period	Reporting Unit	Form
External	COVID-19	04/15/2020	SAEMS	ICS-209 Short

Current Situation:

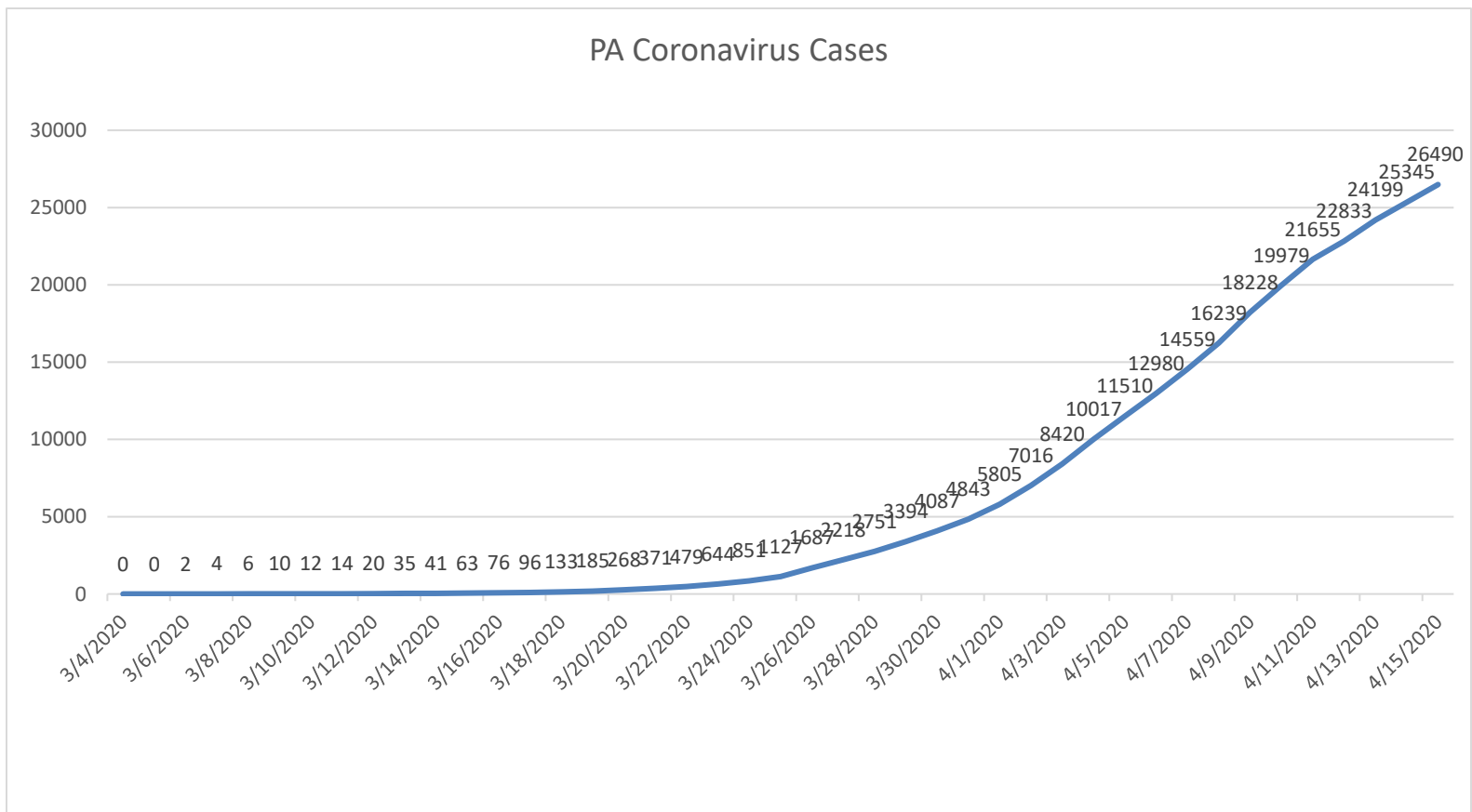
- 🚓 Every county in the region has not reported at least one person with confirmed COVID - 19.

County	Confirmed Cases	Deaths	Case Rate /100,000
Bedford	9 (+4)	1	18.41
Blair	12 (+1)		9.62
Cambria	14 (+0)	1	10.3
Fulton	2 (+0)		13.67
Huntingdon	12 (+1)		26.27
Somerset	14 (+1)		18.51

- 🚓 Governor Wolf and Secretary Levine issued order to address worker safety effective at 20:00 on April 19, 2020 that addresses actions that businesses must take to address issues related to COVID-19. The order can be found at [this link](#)
- 🚓 All Pennsylvania schools will remain closed through the end of the academic year.
- 🚓 The entire state of Pennsylvania is now under an indefinite “Stay at Home” order until at least April 30, 2020
- 🚓 Pennsylvania is currently under an order that [masks should be worn in public](#).
- 🚓 [Pennsylvania Department of Health Daily Situation Report can be found here](#).
- 🚓 Every county in Pennsylvania is now reporting at least one (1) confirmed case of COVID-19
- 🚓 Cambria County reported it's first COVID-19 related death.
- 🚓 Fulton County confirmed first case of COVID-19
- 🚓 Bedford County reported first two (2) confirmed cases of COVID-19.
- 🚓 Somerset County is now under a “Stay at Home” order.
- 🚓 SAEMS continues to monitor the rapidly developing situation and review and respond to questions and concerns, distribute new and updated information as it becomes available and communicate with the Pennsylvania Department of Health, Bureau of EMS (BEMS), Keystone Health Care Coalition (HCC) South West Health Care Coalition (SWHCC) and regional emergency management agency (EMA) coordinators.
- 🚓 Daily situation reports will be distributed to all agencies, facilities, and county EMA Coordinators on weekdays, on weekends as the situation requires, and additional updates as needed.

Current Testing Status:

Negative	Positive	Deaths
111,094	26,490	647
+2,808	+1,145	+63



Current Case Status:

[Current Case Status Link](#)

KEY POINTS AND UPDATES

- Responded to reports of COVID positive provider with numerous high-risk exposures to emergency services personnel and provided guidance and direction on addressing exposures. Based on CDC and DOH guidance made recommendations for at least eight (8) EMS providers amongst six different agencies to quarantine for 14 days, actively monitor for signs and symptoms at least twice per day and report screening to agency infection control officer. At least two other exposed providers are symptomatic and seeking testing related to this situation. Discussed issue with six (6) impacted agencies and provided recommendations for mitigating risk.
- Contacted Somerset and Cambria counties EMA to discuss and update on above situation
- Discussed high risk patient related exposure with Bedford County EMA, contacted two (2) agencies and advised agencies that two providers experienced high-risk exposures and should quarantine for 14 days.
- Developed guidance and flowchart for agencies to utilize when faced with a COVID positive provider (Copy Attached).
- All EMS providers should be wearing at least surgical/procedure masks at all times when they are within six (6) feet of other people, including in vehicles, at stations, when watching TV etc.

- Discussed with Bedford, Cambria and Somerset counties about changes to their CAD systems related to COVID-19
- Agencies with personnel considered exposed to a COVID-19 patient or employee directed to self-isolate for 14-day period should contact our office.
- Agencies that implement any of the staffing exceptions contained in EMSIB 2020-11 must notify our office and their agency medical director within 24-hours of initiation.
- Pennsylvania Bureau of EMS distributed EMS Information [Bulletin 2020-17 Temporary Statewide BLS Non-Transport of Patients with Suspected COVID-19 Protocol \(#932\)](#). The protocol permits non-transport and home care for patients who meet certain criteria without contact with medical command for permission if and only if the patient agrees to non-transport. Agency medical directors must notify our office if they intend to permit their agencies to use this protocol, identify resources for patient follow-up and agree to 100% quality improvement review (Copy Attached).
- The Bureau of EMS distributed EMS Information Bulletin [EMSIB 2020-18 Cardiac Arrest Treatment by EMS in a Patient with Suspected COVID-19](#) (PDF) that provides additional guidance on treating cardiac arrest in patients that may be COVID-19 positive. (Copy Attached)
- DOH Webinar recording from Friday, April 10, 2020 has been posted to [Train PA](#) in the Announcements section. If you are unable to access the Train PA account the recording can also be found [here](#)
- Copy of Bureau of EMS COVID-19 update PowerPoint distributed to registrants on webinar and will be distributed via Facebook, email and webpage.
- Pennsylvania Bureau of EMS distributed [EMS Information Bulletin 2020-16 PPE Reminders](#) to ensure that EMS personnel are utilizing the appropriate level of PPE (Copy Attached)
- EMS agencies within the region have been notified about PPE available to pick up at our office beginning April 12, 2020.
- County EMA's have received push packs from PEMA/DOH with PPE designated for emergency responders
- Bureau of EMS held COVID-19 Update webinar. Copy of the PowerPoint of this program is attached. A recording will also be made available.
- Pennsylvania Bureau of EMS will be hosting an EMS information and update webinar on Friday, April 10, 2020 at 15:00 (3:00 pm). The webinar is limited to 1000 connections and registration is required. To register, use the following link:
https://zoom.us/webinar/register/WN_sn85RnnDSmuS8d88c6Z5gg
- Pennsylvania Department of Health added hospital status dashboard that includes number of beds, ICU beds and ventilators available in each county. [The dashboard can be viewed here.](#)
- EMS agencies within the region should ensure that they are monitoring their agency email for updates, requests for information and other COVID-19 related information on at least a daily basis.
- The Bureau of EMS distributed two EMS information bulletins
 - * [EMSIB 2020-14 COVID-2019 Lapse of Registration Regulatory Exception](#) (PDF) (Copy Attached)
 - * EMSIB 2020-15 Signatures on Transfer of Care Forms (Copy Attached)
- The Bureau of EMS distributed COVID-19 guidance from the Bureau of Prisons (Copy Attached)
- Personal Protective Equipment (PPE) survey distributed to all EMS agencies to determine current stock on hand and expected needs. All agencies should ensure that this survey is completed by one person at your EMS agency. Survey can be found at
<https://www.surveymonkey.com/r/P926CX2>
- * As of noon, 4/7/2020 only 29 of 85 agencies had responded to the PPE survey distributed on 4/6/2020 with a deadline of noon, 4/7/2020

- * Agencies that did not respond are being contacted by phone and requested to submit their response before 8:00 a.m. April 8, 2020
- 🔊 Governor Wolf announced that all Pennsylvanians should wear a cloth mask when going out in public. Surgical and N95 masks should be reserved for health care workers and first responders in health care environments.
- 🔊 [FDA changes course and allows KN95 masks meeting certain criteria to be used in US healthcare organizations](#)
- 🔊 PPE remains difficult to procure, especially N95 or comparable masks and gloves. Actively searching for alternate sources and other alternatives to standard PPE.
- 🔊 Agencies beginning to report critical needs of PPE
- 🔊 [EMS Information Bulletin 2020-13-Alternatives to Nebulized Bronchodilators During COVID-2019](#) addressing modifications to protocols for use of alternate medications to nebulized bronchodilators was distributed
- 🔊 [EMS Information Bulletin 2020-12 PCR Data Collection for Exemptions Outlined in EMSIB 2020-11](#) related to documentation practices when utilizing staffing exemptions was distributed
- 🔊 The Bureau of EMS has been in preparations to host a statewide EMS call for the last week. It is our hope to be able to convene a webinar like call next week to discuss the current situation related to COVID-19. We are currently investigating a variety of different options and platforms to be able to do a call of this scale this so additional information on meeting details will be forthcoming. In the meantime I would ask that for questions that you would like addressed in the call to please send them to the general PA EMS mailbox at PAEMSOOffice@pa.gov
- 🔊 Any EMS agency willing to utilize full face respirators for COVID-19 response, please notify our office.
- 🔊 Governor Wolf and Secretary of Health Dr. Levine issued a statewide “Stay at Home” order effective April 1, 2020 at 20:00 (8:00 p.m.).
- 🔊 Bureau of EMS distributed [EMS Information Bulletin 2020-11 Level 1 Staffing Exceptions for Licensed EMS Agencies](#) addressing staffing exemptions that are available related to COVID-19. Agencies are required to provide notification to the regional council and their agency medical director within 24 hours of the first utilization of these exceptions. Patient care reports (PCR's) of incidents under which these exceptions are used are subject to 100% quality improvement review.
- 🔊 PPE survey distributed to all EMS agencies in the region to determine current availability and critical needs. Agencies should continue to request PPE through their county EMA unmet needs process.
- 🔊 Governor Tom Wolf and Secretary of Health Dr. Rachel Levine revised their “Stay at Home” orders to include Cameron, Crawford, Forest, Franklin, Lawrence, Lebanon and Somerset counties, The order now includes these 33 counties: Allegheny, Beaver, Berks, Bucks, Butler, Cameron, Carbon, Centre, Chester, Crawford, Cumberland, Dauphin, Delaware, Erie, Forest, Franklin, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Monroe, Montgomery, Northampton, Philadelphia, Pike, Schuylkill, Somerset, Washington, Wayne, Westmoreland and York counties.
- 🔊 First two (2) cases identified in Bedford County
- 🔊 Agencies and organizations are recommended to increase security at their facilities to deter theft of equipment and personal protective equipment (PPE). Cases of theft of PPE have been reported, including at an EMS agency in Clearfield County. Report any theft of PPE to your local law enforcement and notify our office.
- 🔊 Initiated distribution of hand sanitizer donated by Guy Chemicals in Somerset for use by emergency responders within the region.
- 🔊 [CMS Flexibility to Fight COVID-19 \(Including Alternate Destinations\) information](#)

- 🔊 [EMS Information Bulletin 2020-10: EMS Providers Obtaining Nasopharyngeal Swabs](#) was distributed by the Bureau of EMS, which indicates that it is within the scope of practice of providers at or above the level of AEMT to perform nasopharyngeal swab testing related to COVID-19, and requirements to be included in any such program..
- 🔊 Gastro-intestinal symptoms such as abdominal pain, nausea and diarrhea as well as loss of taste and smell are being identified as common symptoms of COVID-19 infection, EMS providers should consider these symptoms in assessment of patients to evaluate risk of COVID-19 infection.
- 🔊 After discussion with Dr. Karduck, Regional Medical Director, and incidents where providers were exposed to COVID-19 patients without PPE due to the nature of the call, it is recommended that all EMS agencies consider using at least minimal personal protective equipment (PPE) of a surgical/procedure mask, gloves and eye protection on every response if available.
- 🔊 Agencies with personnel directed to self-isolate due to exposure to confirmed COVID-19 patient should notify our office when that occurs to allow us to track the impact to EMS as well as to ensure that personnel are appropriately identified, tracked and reported through DOH channels
- 🔊 Agencies are encouraged to utilize the CDC Personal Protective Equipment (PPE) Burn Rate Calculator [available here](#) to evaluate their current PPE stocks and the expected time to exhaustion of those supplies. Please forward completed spreadsheets to our office for evaluation and prioritization of PPE needs within the region.
- 🔊 Receiving facilities should be notifying EMS agencies of ambulance transported patients that test positive for COVID-19. NIOSH and CDC have issued additional guidance indicating that COVID-19 is a reportable disease under the Ryan White Act as an airborne disease that requires notification as soon as possible, but no later than 48 hours after the determination. Request will be made to all agencies to update Designated Infection Control Officer and contact information.
 - ✳ Office of Civil Rights Provides [Guidance on Sharing COVID-19 Patient Information with First Responders](#)
 - ✳ PWW EMS Law provides [Guidance on Sharing COVID-19 Information and HIPPA](#)
 - ✳ Agencies and personnel that believe they may have been exposed to a confirmed case of COVID-19 should contact 1-877-PA-Health for guidance on appropriate steps to manage possible exposures.
- 🔊 All UPMC facilities are requiring that all employees, vendors and visitors to be screened and wear a minimum of a surgical type mask while in their facilities. Other facilities have initiated similar requirements for screening prior to entry into the facility. We have requested specific information from each facility in the region to provide a single summary.
- 🔊 Any facility requiring EMS personnel to wear a mask to enter their facility is responsible to provide EMS personnel with a mask if the providers are not already wearing that level of PPE based on availability and the nature of the incident. This includes both hospitals and long-term care facilities.
- 🔊 Agencies transporting confirmed or potential COVID-19 cases should continue to provide advanced notice of arrival to receiving emergency department ideally via phone for secure communications. If unable to utilize phone communication, agencies and facilities can utilize the phrase "Protocol 931" to identify these patients.
- 🔊 Providers should use a high index of suspicion with all patients during this pandemic. There have been several incidents where EMS providers have responded to calls and not utilized full PPE (goggles, N95 mask, gown and gloves) due to the nature of dispatch or patients screening negative based on symptoms when asked by 911, yet the patient later tested positive for COVID-19. Providers with significant exposure that are not protected by full PPE are then being directed to self-isolate for 14 days.

- Agencies should consult with the Pennsylvania Department of Health and consider the CDC [CDC Healthcare Personnel with Potential Exposure Guidance](#) for determination of actions related to personnel potentially exposed to patients with confirmed or presumed COVID-19
- Agencies report receiving conflicting information from DOH and facility infection control practitioners when advised of positive COVID-19 test for providers that were not in full PPE. DOH advised providers should self-isolate for 14 days, facility indicated providers should continue to work, wear a surgical mask and monitor. Agency following DOH guidance
- Confirmed cases within Pennsylvania have passed 1,000
- National Highway and Transportation Safety Office of EMS resources available at their [website](#).
- Pennsylvania Bureau of EMS distributed [EMS Information Bulletin 2020-09 related to Out of State Licensed EMS Agencies](#) (Copy Attached)
- Somerset County modified 911 Emerging Infectious Disease (EID) questions to remove questions related to travel due to identification of cases in Somerset County.
- DOH distributed [2020-PAHAN-490-3-24-UPD: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus in a Healthcare Setting](#) (Copy Attached)
- Guidance for EMS agencies remains that EMS providers, in consultation with medical command physicians, may discuss with possible COVID-19 patients with no life threatening symptoms to remain at home or to accept transport to an alternate destination than a hospital, but if the patient or their legal representative requests transportation, the patient must be transported. At this time, no EMS provider or EMS agency may refuse to transport a patient requesting transportation.
- To support certification of additional EMS providers, Southern Alleghenies EMS Council will reopen our Pearson Vue testing center for candidates to take the NREMT cognitive exam for Pennsylvania certification. Site will be restricted to a single candidate at a time, and candidates will be required to utilize a filtering mask and gloves for the duration of the time they are in the building. All candidates will be screened for possible COVID 19 related symptoms and possible exposures, including temperature prior to entering the testing site. Site is subject to closure at any point as situation develops and changes
- First confirmed case of COVID-19 is identified in Somerset County which is reporting one (1) case.
- Effective at noon on March 24, 2020, following identification of the first COVID-19 case in the county, Somerset County 911 instituted modified dispatch plan for quick response agencies (QRS) limiting their dispatch to only "Echo" or the highest level of response.
- FEMA document "[Information for First Responders on Maintaining Operational Capabilities During a Pandemic](#)" available for download.
- Reference sheets for EMS and 911 from above document attached to this report for consideration and planning. Required Disclaimer: The potential action steps listed here are not all inclusive and do not represent the official position of the federal government. The user should understand that laws, rules, regulations, standard operating procedures and standard operating guidelines, as well as limited resources, may exist, precluding emergency service organizations and providers from implementing some of the following ideas. Each emergency service organization must reference its own pandemic response plan and needs accordingly and seek applicable workaround alternatives for their respective jurisdiction. The possible consequences of a pandemic warrant attention to the possibilities associated with workforce depletion.
- Opening restricted Pearson Vue testing for NREMT certification effective March 25, 2020 to support certification of students that have completed program, but not yet tested. Candidates will be required to answer screening questions and have temperature taken and wear PPE upon entering and during testing in building. Testing will be available five (5) days per week.
- All EMS related certifications expiring either March 31 or April 1, 2020 have been extended to July 1, 2020. All CPR certification cards meeting BEMS requirements that expire after

January 1, 2020 will be considered to be current until July 1, 2020. ([EMS Information Bulletin 2020-08: Issued Extension to EMS Certification Expiration Dates](#) Attached)

Providers with expiration dates of March 31 or April 1, 2020 will not receive new certification cards indicating the extended date. Cards will be considered current until July 1, 2020 and new cards will then be issued with recertification unless extended further.

- 📢 Governor Wolf directed all non-life sustaining businesses in Pennsylvania to close with enforcement beginning at 08:00 March 23, 2020
- 📢 Governor Wolf and Secretary Levine issue “Stay at Home” orders for Allegheny, Bucks, Chester, Delaware, Monroe, Montgomery and Philadelphia counties. Northampton and Lehigh added on March 25, 2020
- 📢 Bureau of EMS issued EMS Information Bulletin 2020-07: Alternate Pathway for Psychomotor Testing that temporarily waives the requirement for completion of a psychomotor exam prior to certification. Candidates still need to successfully complete the cognitive exam. Additional information on the cognitive exam will be forthcoming. All psychomotor examinations are cancelled until further notice.
- 📢 Ambulance Association of Pennsylvania is collecting financial data related to COVID-19 emergency declaration at [their site](#).
 - * Agencies should begin to record and track additional costs related to COVID-19 for any potential reimbursable expenses under disaster declarations. Any additional costs directly related to COVID-19 preparedness or response may potentially be eligible for reimbursement down the road. See attached spreadsheet for sample tracking mechanism.
 - * There has been discussion on the impact of COVID-19 preparedness and response on EMS agency finances due to decreased non-emergency transport, cancelled fundraising or other issues. If your agency has financial projections indicating that the continued COVID-19 situation could have a significantly negative financial impact on your agency, please forward that information to our office for review and discussion with the Bureau of EMS.
- 📢 Continue to strongly recommend that agencies conserve N95 masks for only those situations where they are truly necessary and consider using surgical type mask in all other situations. Routine or excessive use of N95's will rapidly deplete availability and could have negative impacts as the situation worsens. See [CDC guidance on use of N95's versus alternatives](#).
 - * Distributed guidance to agencies regarding process for requesting personal protective equipment (PPE), hand sanitizer and cleaning agents if unmet need at their agency. All unmet needs requests to go to county EMA coordinator for processing. Local agencies are unlikely to be provided with additional PPE from stockpiles unless they are in an area where there are a significant number of cases and/or community spread until supply pipelines improve.
- 📢 All EMS agencies should begin to screen their personnel for fever, cough or other possible COVID-19 symptoms at the beginning and at least once more during their shift. Personnel that have fever or possible COVID-19 symptoms should not report to work or be immediately removed from duty and advised to self-isolate. Fever is either measured temperature >100.0F or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) in consultation with your agency medical director.

- 🔊 Recommend that all public safety answering points (PSAP's) consider modification of the response modes in their respective dispatch systems to minimize the dispatch of QRS agencies by dispatch only to high priority (ECHO) incidents, and that the QRS agencies limit exposure by use of as few personnel as possible to assess and provide treatment for the patient, and to utilize appropriate personal protective equipment (PPE) and social distancing when responding and providing care.
- 🔊 Southern Alleghenies EMS Council remains operational but has restricted access to our building to essential personnel. Please do not come to office. To contact us please call 814.201.2265 or email our regular emails or saems@saems.com.

Activities:

- 🔊 Monitored daily DOH and Federal press briefings
- 🔊 Updated Daily Situation Report
- 🔊 Provided information and guidance as per Key Points and UpdatesParticipated in SCMTF EMS Committee conference call
- 🔊 Participated in Keystone HCC Health and Medical Committee conference call
- 🔊 Distributed PPE push packs to 15 EMS agencies
- 🔊 Participated in Tableau webinar related to COVID-19 data.
- 🔊 Participated in Blair County EMS COVID-19 conference call.
- 🔊 HAP and DOH update conference call was cancelled
- 🔊 Distributed PPE to 28 EMS agencies
- 🔊 Hosted Bureau of EMS COVID-19 webinar with 421 attendees. Webinar recording will be made available for those unable to attend as soon as recording becomes available
- 🔊 Participated in Blair County COVID-19 taskforce conference call.
- 🔊 Discussed PPE distribution with Cambria EMA
- 🔊 Distributed EMS Information Bulletin 2020-016 and 2020-017 (Copies Attached)
- 🔊 Evaluated and planned distribution of on-hand PPE and notified agencies of their allotment and pick-up arrangements
- 🔊 Sorted PPE for distribution to EMS agencies
- 🔊 Participated in Region 13 hospital conference call
- 🔊 Provided guidance to agency regarding transport of COVID positive patient over extended period (3 hours)
- 🔊 Discussed PEMA/DOH PPE push pack distribution with EMA coordinators
- 🔊 Participated in South Central Mountains Task Force Executive Committee meeting.
- 🔊 Participated in PPE webinar
- 🔊 Evaluated survey responses regarding PPE and made plans for distribution of on-hand PPE. Information will be distributed to agencies beginning tomorrow on available PPE.
- 🔊 Received notification from EMA of first responder PPE that was being shipped to county EMA's for distribution
- 🔊 Contacted county EMA coordinators to determine PPE distribution to EMS agencies to date.
- 🔊 Deployed MSEC trailer to EMS West staging.
- 🔊 Discussed availability of N95 or equivalent masks for purchase with local vendor
- 🔊 Evaluate and inventory access to PPE and expected agency burn rates
- 🔊 Participated in HAP/DOH weekly healthcare conference call.(04/06/20)
- 🔊 Participated in Blair County EMS Conference call (04/06/20)
- 🔊 Participated in Blair County COVID-19 Task Force webinar (4/3/20)
- 🔊 Contacted several sources of PPE or alternatives to PPE to determine availability, quantities and pricing and coordinated purchasing (4/3/20)
- 🔊 Provided information to Huntingdon County EMA regarding use of cloth masks (4/3/20)
- 🔊 Received equipment from BEMS
- 🔊 Placed link and information related to Mental Health Warmline on CISM webpage
- 🔊 Monitored daily DOH and Governor press briefing

- Participated in SCMTF EMS Committee conference call
- Participated in DOH/HAP acute care facility conference call
- Inventory of MSEC trailer for possible deployment
- Contacted multiple vendors and local organization regarding availability of PPE
- Provided information to BEMS on agencies willing to utilize APR's for COVID-19 protection
- Developing inventory of sources and availability of PPE
- Participated in Region 13 hospital committee weekly COVID-19 conference call
- Connected to WHITE HOUSE COVID-19 BRIEFING WITH STATE conference call
- Distributed EMSIB 2020-11 Level 1 Staffing Exceptions for Licensed EMS Vehicles
- Assisted agency with critical PPE need. Anticipating distribution of APR to support agency
- Any EMS agency willing to utilize full face respirators for COVID-19 response, please notify our office.
- Distributed EMS PPE survey to determine current assets and needs. All EMS agencies should complete and return
- Agencies with personnel considered exposed to a COVID-19 patient or employee directed to self-isolate for 14-day period should contact our office.
- Participated in Bureau of EMS conference call.
- Participated in Blair County Healthcare Leadership conference call to discuss alternate care sites.
- Working to identify battery source for ILC Dover Sentinel XL PAPR. EMS agency has 15 units with single use non-rechargeable batteries that are expired. Looking for source for rechargeable batteries or alkaline adapter/battery pack.
- Continued distribution of donated hand sanitizer to emergency response agencies.
- Contacted alternate sources of PPE for availability and possible distributions/donations.
- Participated in Keystone HCC long term care facility conference call.
- Monitored daily briefing from PA Department of Health
- Participated in DOH/HAP weekly COVID-19 update conference call
- Received hand sanitizer for distribution to EMS agencies and emergency responders. Distribution information will be forthcoming.
- Contacted regional EMA coordinators for status of PPE requests for EMS agencies.
- Distributed information to regional EMA coordinators relative to possible federal activation of national ambulance contract through AMR.
- Received advanced warning notice of possible deployment of MSEC to support alternate care sites. No activation at this time. Readiness assessed and provided to Bureau of EMS
- Discussion with agency manager related to provider exposures, self-isolation and notification to EMS agencies of positive COVID-19 test results.
- Discussion with 911 center related to expanding emerging infectious disease questioning by PSAPS to all calls and possible additional questions.
- Participated in Blair County COVID-19 Task Force webinar.
- Discussion with Somerset County EMA regarding community support
- Received three calls from agencies with concerns about potential exposure to confirmed COVID-19 patients and required notification and potential isolation for personnel
- Requested COVID-19 screening procedures from all receiving facilities.
- Participated in conference call with UPMC Altoona and Blair County EMS agencies and county EMA director
- Participated in NHTSA Crisis Standards of Care for EMS webinar.
- Participated in acute care facility conference call with HAP and DOH
- Consulted with DOH and affected parties related to possible COVID-19 exposure.
- Participated in conference call with EMA agency related to possibility of PPE availability.
- Participated in CDC COCA webinar related to sustaining PPE utilization
- Participated in Bureau of EMS conference call related to COVID-19 pandemic.
- Monitoring daily EMS patient care report volumes and 911 provided EMS call volumes for trends and identification of increases related to COVID-19.

- Coordinated with county EMA's to ensure that appropriate and consistent messaging and information is distributed as appropriate and necessary.
- Discussed appropriate action with EMS agency for possible exposure and provided CDC guidance.
- Monitored daily DOH briefing for updates on current situation
- Updated website www.saems.com to add and maintain current COVID-19 information and guidance
- Participated in conference call with Regional Medical Director and Somerset County EMA regarding modification of dispatch protocols.
- Participated in discussion of possible hand sanitizer availability.
- Requested regional 911 centers to provide daily report of EMS call volume for tracking and trending-Reports received from Bedford and Somerset Counties.
- Monitoring PCR data on daily basis for tracking and trending of response levels.
- Provided additional guidance to Huntingdon County QRS agency on dispatch of QRS agencies related to COVID-19.
- Contacted local sources for PPE to determine availability.

Challenges:







- Receiving anecdotal information from multiple agencies of dwindling PPE and possibly running out this weekend. Following up on that information to determine criticality of need and possible sources.
- Distribution of PPE to EMS agencies appears minimal. LTC's and hospitals have indicated that they have received push-packs, but agencies are indicating that many of their requests remain unfilled.
- Agencies beginning to receive requests for transports of COVID-19 positive patients to tertiary care centers but are concerned on available PPE for long distance (3 hr) transports.
- Receiving several questions and concerns on potential shortages of hand sanitizer and PPE should the need for either dramatically increase
- Receiving concerns on the distribution of PPE, especially N95's to agencies and organization that do not need that level of protection, raising concerns of depletion of minimal available stock
- Reports that PPE and cleaning agents will be backordered for extended time
- Expect that restrictions and modifications may last an extended period of time and that additional cases are expected to be reported.
- Rapidity and fluidity of information.

Planned Activities:















- Evaluate mechanisms to streamline daily status reports.
- Develop and distribute simplified guidance on exposure risk and post exposure actions for EMS agencies and providers
- Distribute hand sanitizer expected to be available early next week.to EMS agencies within the region
- Develop and distribute guidance to assist agencies and providers to identify stable patients possibly infected with COVID-19 that can reasonably remain at home if and only if the patient agrees to that course of action.
- Update screening questions for 911 centers to include GI symptoms
- Continued monitoring of information updates at local, state and national level
- Continue distribution of guidance and information as available to support EMS and healthcare operations
- Distribution of daily status updates
- Continued coordination with DOH, BEMS EMS agencies, hospitals and EMA's

Additional Information:



CDC Guidance:

-  [CDC Guidance for EMS](#)
-  [CDC Healthcare Personnel with Potential Exposure Guidance](#)
-  [CDC Strategies for Optimizing the Supply of N95 Respirators](#) **UPDATED 4/3/20**
-  [CDC Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies](#)
-  [CDC Interim Guidance for EMS Systems and 911 Public Safety Answering Points \(PSAPS\) for COVID-19](#)
-  [CDC What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection](#)

PA Bureau of EMS Guidance and Information Bulletins:

-  [Pennsylvania BLS Protocols Protocol 931-Suspected Influenza Like Illness](#)
-  [EMSIB 2020-01: Novel Coronavirus 2019-nCoV](#)
-  [EMSIB-2020-02 Infection Control](#)
-  [EMS Information Bulletin 2020-06: COVID -19 Policy and Protocol Updates](#)
-  [EMS IB 2020-07: Alternate Pathway for Psychomotor Testing](#)
-  [EMSIB-2020-08 Issued Extension to EMS Certification Dates](#)
-  [EMSIB-2020-09 Out of State EMS Agencies](#)
-  [EMSIB 2020-10 EMS Providers Obtaining Nasopharyngeal Swabs](#) (PDF)
-  [EMSIB 2020-11 Level I EMS Staffing Exceptions](#) (PDF)
-  [EMSIB 2020-12 PCR Data Collection for Exemptions Outlined in EMSIB 2020-11](#) (PDF)
-  [EMSIB 2020-13 Alternatives to Nebulized Bronchodilators During COVID-2019](#) (PDF)
-  [EMSIB 2020-14 COVID-2019 Lapse of Registration Regulatory Exception](#) (PDF)
-  [EMSIB 2020-16 PPE Reminders](#) (PDF)
-  [EMSIB 2020-17 Temporary Statewide BLS Non-transport of Patients with Suspected COVID-19 Protocol \(#932\)](#) (PDF)
-  [EMSIB 2020-18 Cardiac Arrest Treatment by EMS in a Patient with Suspected COVID-19](#) (PDF)

Other Guidance:

-  [Information for First Responders on Maintaining Operational Capabilities During a Pandemic](#)
-  [IAFF Interim Guidance for EMS for COVID-19](#)

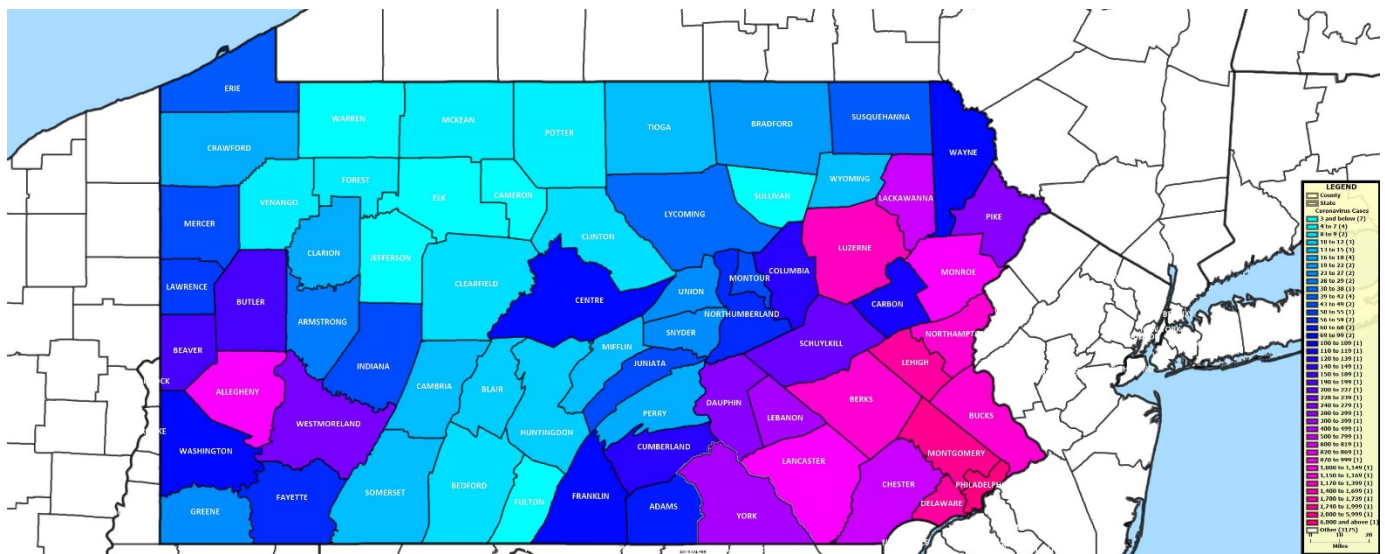
Continuing Updates:

[PA DOH Coronavirus Updates](#)

[CDC Coronavirus Updates](#)

[World Health Organization WHO Coronavirus Updates](#)

[Johns Hopkins COVID-19 Dashboard](#)





TO: All EMS Agencies
All Agency Medical Directors

FROM: Carl L. Moen, Executive Director

DATE: April 15, 2020

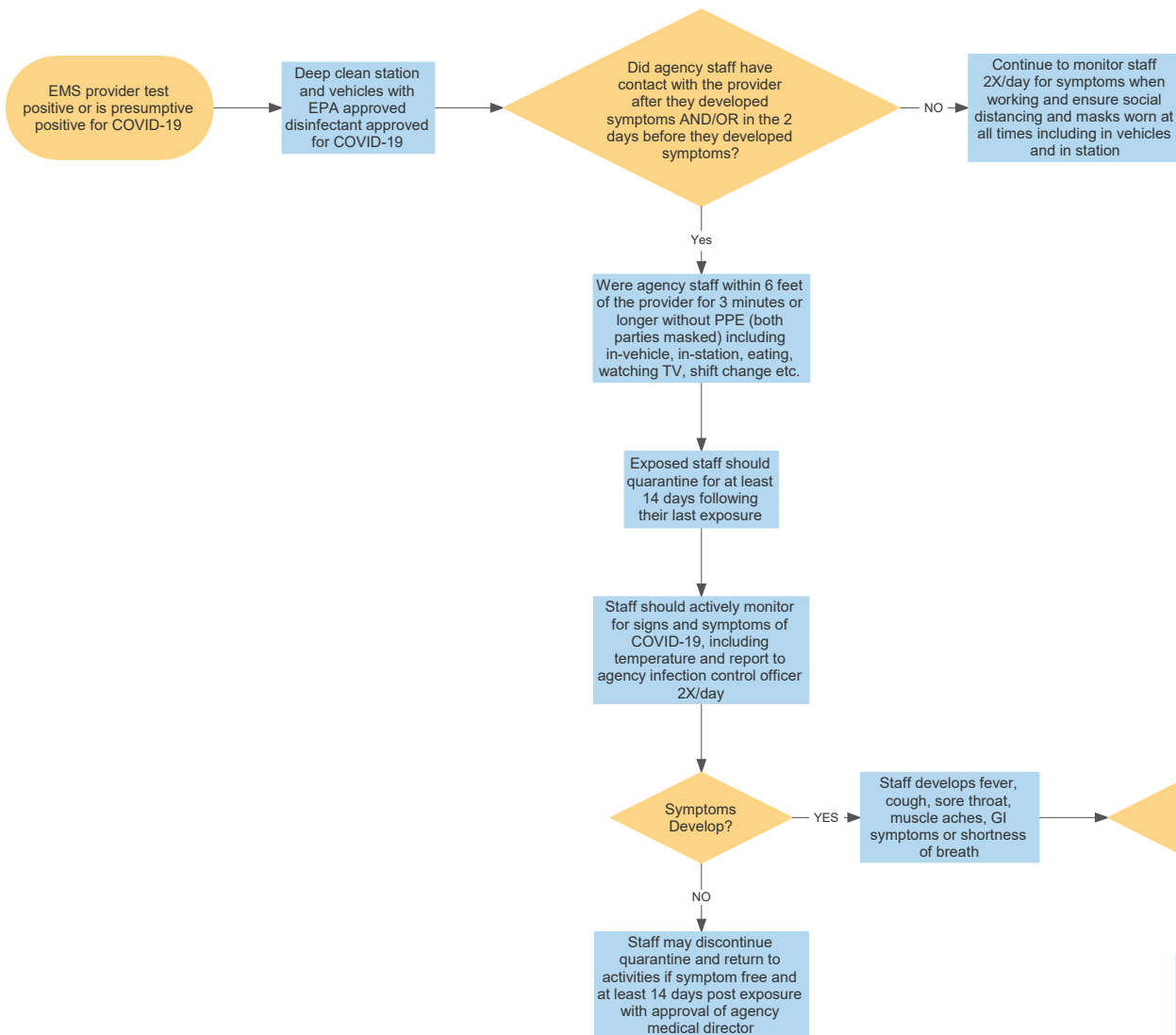
SUBJECT: COVID-19 Positive and Presumptive Positive Providers

As the current COVID-19 pandemic continues to develop it is likely that EMS agencies will eventually have a situation with a provider that tests positive for COVID-19 or a provider who shows symptoms of COVID-19 that has not yet been tested or testing results are pending.

The COVID positive provider should be considered to be contagious for the period beginning 48 hours prior to symptoms, and that time frame should be used for exposure determination. For example, if a provider develops a cough and fever on April 15, anyone that they had contact with, both in and out of work, from April 13 onwards should be considered a possible exposure and follow the directions below.

Based on the CDC guidance, and direction from the Pennsylvania Department of Health, agencies should take the following actions based on exposure risk.

- Anyone who had contact with a confirmed or presumptive positive EMS provider who were within six feet of the provider for a period of three (3) minutes or longer, and neither party was wearing a mask should be considered to be exposed and should quarantine for a period of 14 days from their last contact with the provider.
- Quarantine includes exclusion from work, staying at home or other location, wearing a mask at all times to limit possible spread, limiting themselves to a single room and their own bathroom, if possible, and avoiding contact with other people, including family, friends and coworkers.
- Exposed personnel on self-isolation should actively monitor for symptoms and/or fever and be required to provide that information to the agency infection control officer twice a day.
- Any exposed provider that begins to have symptoms should immediately contact the agency infectious disease officer and their personal healthcare provider to arrange for evaluation and possible COVID-19 testing.
- Any provider who develops signs and symptoms of COVID-19 should consult with their personal healthcare provider regarding return to work and normal function, but cannot be released until at least seven days post exposure and they have been fever free without the use of fever reducing agents for at least 72 hours.
- Asymptomatic providers may return to work and normal function no earlier than fourteen (14) days after last known exposure.



GUIDANCE FOR EMS AGENCIES WITH COVID-19 POSITIVE PROVIDERS

The following guidance is based on CDC guidance and direction from the Pennsylvania Department of Health.

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Someone in self-quarantine stays separated from others, and they limit movement outside of their home or current place.

Isolation is used to separate sick people from healthy people. People who are in isolation should stay home. In the home, anyone sick should separate themselves from others by staying in a specific "sick" bedroom or space and using a different bathroom (if possible).

For additional information on symptoms check the CDC guidance

If you should have questions, please contact SAEMS, your agency medical director or the 1-877-PA-Health line.

Order of the Secretary of the Pennsylvania Department of Health Directing Public Health Safety Measures for Businesses Permitted to Maintain In-person Operations

The 2019 novel coronavirus (COVID-19) is a contagious disease that is rapidly spreading from person to person in the Commonwealth of Pennsylvania. COVID-19 can be transmitted from people who are infected with the virus even if they are asymptomatic or their symptoms are mild, such as a cough. Additionally, exposure is possible by touching a surface or object that has the virus on it and then touching one's mouth, nose, or eyes.

COVID-19 is a threat to the public's health, for which the Secretary of Health may order general control measures, including, but not limited to, closure, isolation, and quarantine. This authority is granted to the Secretary of Health pursuant to Pennsylvania law. *See* Section 5 of the Disease Prevention and Control Law, 35 P.S. §§ 521.1, 521.5; sections 2102 and 2106 of the Administrative Code of 1929, 71 P.S. §§ 532, 536; and the Department of Health's (Department's) regulations at 28 Pa. Code §§ 27.60-27.68 (relating to disease control measures; isolation; quarantine; movement of persons subject to isolation or quarantine; and release from isolation and quarantine). Particularly, the Secretary has the authority to take any disease control measure appropriate to protect the public from the spread of infectious disease. *See* 35 P.S. § 521.5; 71 P.S. §§ 532(a), 1402(a); 28 Pa. Code § 28.60.

Recognizing that certain life-sustaining businesses in the Commonwealth must remain open despite the need for strong mitigation to slow the spread of the virus, I am ordering certain actions to be taken by employers and their employees to protect their health and lives, the health and lives of their families, and the health and lives of the residents of the Commonwealth who depend upon their services. Special consideration is required to protect not only customers, but the workers needed to run and operate these establishments.

As cleaning, disinfecting, and other maintenance and security services performed by building service employees are critical to protecting the public health by reducing COVID-19 infection in the Commonwealth, I previously directed building safety measures in an Order that went into effect at 12:01 a.m. on April 6, 2020. Similarly, based upon the manner of COVID-19's continued and extensive spread in the Commonwealth and in the world, and its danger to Pennsylvanians, I have determined that an additional appropriate disease control measure is the further direction of safety measures for all employees and visitors at life-sustaining businesses that have remained open during the COVID-19 disaster emergency.

Accordingly, on this date, April 15, 2020, to protect the public from the spread of COVID-19, I hereby order:

- A. A business that is authorized to maintain in-person operations, other than health care providers, pursuant to the Orders that the Governor and I issued on March 19, 2020, as subsequently amended, shall implement, as applicable, the following social distancing, mitigation, and cleaning protocols:
- (1) in addition to maintaining pre-existing cleaning protocols established in the business, as specified in paragraph (2) below, clean and disinfect high-touch areas routinely in accordance with guidelines issued by the Centers for Disease Control and Prevention (CDC), in spaces that are accessible to customers, tenants, or other individuals;
 - (2) maintain pre-existing cleaning protocols established by the business for all other areas of the building;
 - (3) establish protocols for execution upon discovery that the business has been exposed to a person who is a probable or confirmed case of COVID-19, including:
 - a. close off areas visited by the person who is a probable or confirmed case of COVID-19. Open outside doors and windows and use ventilation fans to increase air circulation in the area. Wait a minimum of 24 hours, or as long as practical, before beginning cleaning and disinfection. Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas including but not limited to employee break rooms, conference or training rooms and dining facilities, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines used by the ill person, focusing especially on frequently touched areas;
 - b. identify employees that were in close contact (within about 6 feet for about 10 minutes) with a person with a probable or confirmed case of COVID-19 from the period 48 hours before symptom onset to the time at which the patient isolated;
 - i. If the employee remains asymptomatic, the person should adhere to the practices set out by the CDC in its April 8, 2020 Interim Guidance for Implementing Safety Practice for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19;
 - ii. If the employee becomes sick during the work day, the person should be sent home immediately. Surfaces in the employee's workspace should be cleaned and disinfected. Information on other employees who had contact with the ill employee during the time the employee had symptoms

and 48 hours prior to symptoms should be compiled. Others at the workplace with close contact within 6 feet of the employee during this time would be considered exposed;

- iii. Promptly notify employees who were close contacts of any known exposure to COVID-19 at the business premises, consistent with applicable confidentiality laws;
 - iv. ensure that the business has a sufficient number of employees to perform the above protocols effectively and timely;
- c. implement temperature screening before an employee enters the business, prior to the start of each shift or, for employees who do not work shifts, before the employee starts work, and send employees home that have an elevated temperature or fever of 100.4 degrees Fahrenheit or higher. Ensure employees practice social distancing while waiting to have temperatures screened;
 - d. employees who have symptoms (*i.e.*, fever, cough, or shortness of breath) should notify their supervisor and stay home;
 - e. sick employees should follow CDC-recommended steps. Employees should not return to work until the CDC criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments. Employers are encouraged to implement liberal paid time off for employees who do not return to work as set forth above.
- (4) stagger work start and stop times for employees when practicable to prevent gatherings of large groups entering or leaving the premises at the same time;
 - (5) provide sufficient amount of space for employees to have breaks and meals while maintaining a social distance of 6 feet, while arranging seating to have employees facing forward and not across from each other in eating and break settings;
 - (6) stagger employee break times to reduce the number of employees on break at any given time so that appropriate social distancing of at least 6 feet may be followed;
 - (7) limit persons in employee common areas (such as locker or break rooms, dining facilities, training or conference rooms) at any one time to the number of employees that can maintain a social distance of 6 feet;

- (8) conduct meetings and trainings virtually (*i.e.*, by phone or through the internet). If a meeting must be held in person, limit the meeting to the fewest number of employees possible, not to exceed 10 employees at one time, and maintain a social distance of 6 feet;
- (9) provide employees access to regular handwashing with soap, hand sanitizer, and disinfectant wipes and ensure that common areas (including but not limited to break rooms, locker rooms, dining facilities, rest rooms, conference or training rooms) are cleaned on a regular basis, including between any shifts;
- (10) provide masks for employees to wear during their time at the business, and make it a mandatory requirement to wear masks while on the work site, except to the extent an employee is using break time to eat or drink, in accordance with the guidance from the Department of Health and the CDC. Employers may approve masks obtained or made by employees in accordance with Department of Health guidance;
- (11) ensure that the facility has a sufficient number of employees to perform all measures listed effectively and in a manner that ensures the safety of the public and employees;
- (12) ensure that the facility has a sufficient number of personnel to control access, maintain order, and enforce social distancing of at least 6 feet;
- (13) prohibit non-essential visitors from entering the premises of the business; and
- (14) ensure that all employees are made aware of these required procedures by communicating them, either orally or in writing, in their native or preferred language, as well as in English or by a methodology that allows them to understand.

B. In addition to the above, the following measures apply to businesses, other than health care providers, that serve the public within a building or a defined area:

- (1) where feasible, businesses should conduct business with the public by appointment only and to the extent that this is not feasible, businesses must limit occupancy to no greater than 50% of the number stated on the applicable certificate of occupancy at any given time, as necessary to reduce crowding in the business, and must maintain a social distance of 6 feet at check-out and counter lines, and must place signage throughout each site to mandate social distancing for both customers and employees;

- (2) based on the building size and number of employees, alter hours of business so that the business has sufficient time to clean or to restock or both;
- (3) install shields or other barriers at registers and check-out areas to physically separate cashiers and customers or take other measures to ensure social distancing of customers from check-out personnel, or close lines to maintain a social distance between of 6 feet between lines;
- (4) encourage use of online ordering by providing delivery or pick-up options;
- (5) designate a specific time for high-risk and elderly persons to use the business at least once every week if there is a continuing in-person customer-facing component;
- (6) require all customers to wear masks while on premises, and deny entry to individuals not wearing masks, unless the business is providing medication, medical supplies, or food, in which case the business must provide alternative methods of pick-up or delivery of such goods; however, individuals who cannot wear a mask due to a medical condition (including children under the age of 2 years per CDC guidance) may enter the premises and are not required to provide documentation of such medical condition;
- (7) in businesses with multiple check-out lines, only use every other register, or fewer. After every hour, rotate customers and employees to the previously closed registers. Clean the previously open registers and the surrounding area, including credit card machines, following each rotation;
- (8) schedule handwashing breaks for employees at least every hour; and
- (9) where carts and handbaskets are available for customers' use, assign an employee to wipe down carts and handbaskets before they become available to each customer entering the premises.

This Order shall take effect immediately and be enforceable as of 8:00 p.m. on April 19, 2020.

A handwritten signature in black ink, appearing to read 'CL 22 MD'.

Rachel Levine, MD
Secretary of Health