

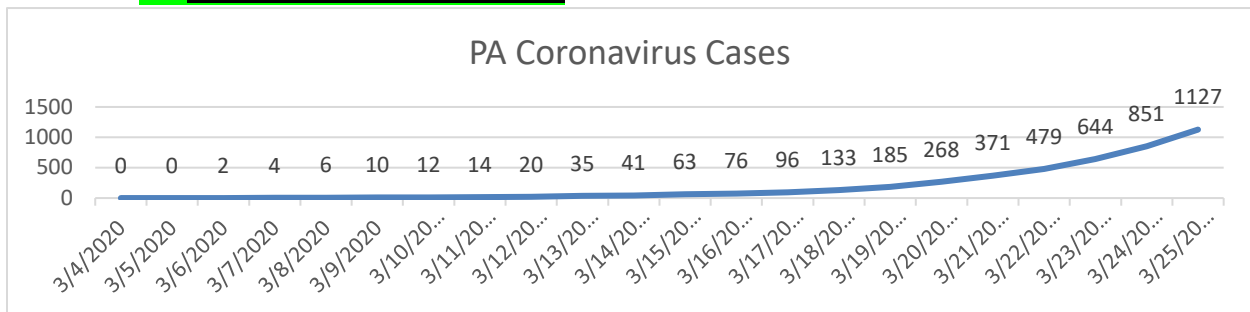


Situation Report	Incident	Operational Period	Reporting Unit	Form
External	COVID-19	03/25/2020	SAEMS	ICS-209 Short

Current Situation:

- 📎 Pennsylvania Department of Health Daily Situation Report Attached
- 📎 **There are currently three (3) presumptive positive or confirmed COVID-19 cases within the Region; one (1) in Cambria County and two (2) in Somerset County.**
- 📎 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) 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.
- 📎 Counties impacted to date:

*** Total Cases 1127; 11 Deaths**



County	Positive Cases	Deaths
Adams	6	
Allegheny	88	2
Armstrong	1	
Beaver	7	
Berks	20	
Bradford	1	
Bucks	86	
Butler	12	
Cambria	1	
Carbon	1	
Centre	8	
Chester	54	
Clearfield	2	

Columbia	1	
Cumberland	13	
Dauphin	10	
Delaware	101	
Erie	4	
Fayette	4	
Franklin	5	
Greene	2	
Juniata	1	
Lackawanna	18	2
Lancaster	12	
Lawrence	1	
Lebanon	3	
Lehigh	38	
Luzerne	27	
Lycoming	1	
Mercer	2	
Monroe	51	1
Montgomery	172	1
Montour	4	
Northampton	44	3
Philadelphia	257	1
Pike	9	
Potter	1	
Schuylkill	6	
Somerset	2	
Warren	1	
Washington	10	
Wayne	4	
Westmoreland	16	
York	20	

KEY POINTS AND UPDATES

- Confirmed cases within Pennsylvania have passed 1,000
- 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.
- 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.

- * Pearson Vue has closed all testing centers nationwide, and at this point no cognitive testing for NREMT certification is occurring. Discussions of alternative pathways for cognitive examinations is occurring.
- 🔊 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:

- 🔊 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 Blair County COVID-19 Task Force webinar.
- Participated in conference call with Regional Medical Director and Somerset County EMA regarding modification of dispatch protocols.
- Participated in acute care facility conference call with HAP and DOH
- 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 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:

- 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 for EMS](#)
- [CDC Healthcare Personnel with Potential Exposure Guidance](#)
- [CDC Strategies for Optimizing the Supply of N95 Respirators](#)
- [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](#)
- [UPDATED-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](#)
-  [NEW-EMSIB-2020-09 Out of State EMS Agencies](#)
-  [NEW-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](#)

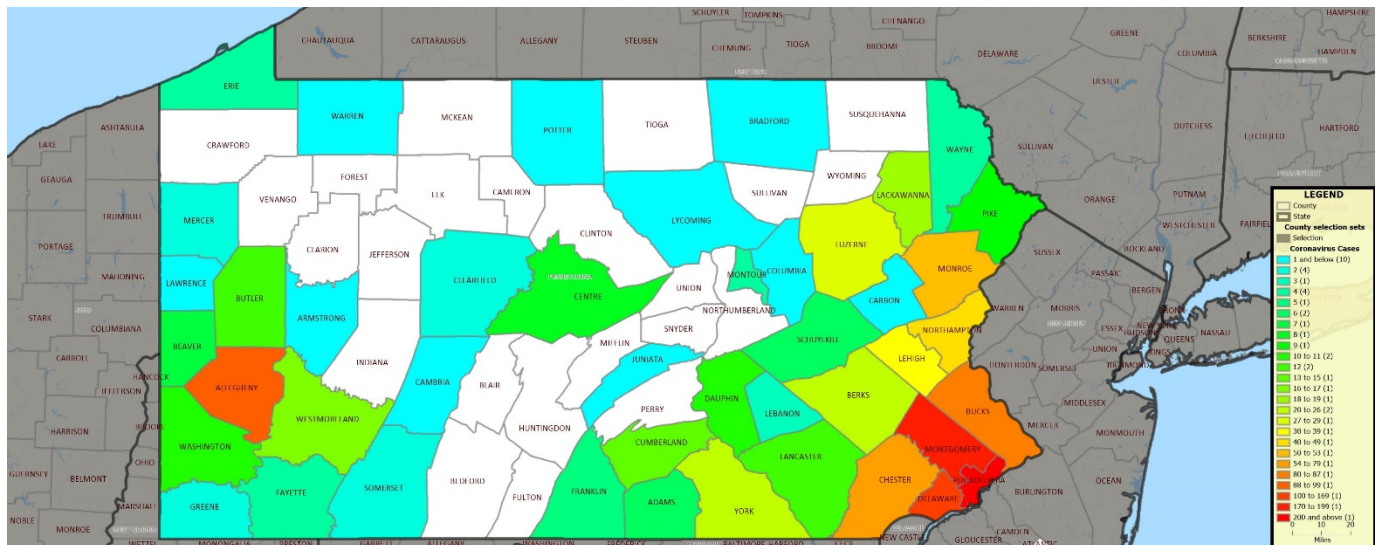


Figure 1 Coronavirus Cases 03-25-20

If you know of someone who should be receiving this report, please forward name and email address to ldriscoll@saems.com.

Current and historical status reports are posted on our website at www.saems.com.

PENNSYLVANIA DEPARTMENT OF HEALTH
2020– PAHAN - 490 – 3-24-UPD
UPDATE: Interim Infection Prevention and Control
Recommendations for Patients with Known or Patients
Under Investigation for 2019 Novel Coronavirus (2019-
nCoV) in a Healthcare Setting



DATE:	3/24/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	UPDATE: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Update”: provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- Due to receipt of many questions regarding the CDC guidance for infection prevention and control in healthcare facilities updated on March 10, 2020, and issued by DOH on March 11, 2020, DOH has clarified specific points within the guidance by communicating directly with CDC.
- CDC and DOH recommend a combination of standard precautions and transmission-based precautions for COVID-19 patients including:
 - Eye protection, gloves and gown;
 - A filtering facepiece respirator (e.g., N95) is preferred; facemasks are an acceptable alternative if the supply chain of respirators cannot meet demand; and
 - Patient placement in a single-person room with the door closed; reserve airborne isolation rooms for aerosol generating procedures.
- The supply chain for PPE continues to be severely strained across the nation. Facilities must evaluate their current stockpiles and supply chain to guide local decisions for PPE use and allocation.
- Implement PPE optimization strategies to extend supplies. See CDC [guidance](#) and [checklist](#).
- Please report any confirmed cases of the COVID-19 by calling DOH at **1-877-PA-HEALTH (1-877-724-3258)** or your local health department.

The Pennsylvania Department of Health (DOH) is releasing the following guidance to reiterate and clarify guidance released on March 10, 2020 from the Centers for Disease Control and Prevention (CDC): **“Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting,”** and the Pennsylvania Department of Health on March 11, 2020.

Due to receipt of many questions DOH has clarified specific points within the guidance by communicating directly with CDC.

Key points for current infection prevention and control practices for suspected and confirmed cases of COVID-19 within healthcare settings:

Standard and Transmission-based Protocol:

CDC’s current guidance recommends the use of Standard and Transmission Based Precautions. The CDC does not use the terms droplet or airborne precautions in this guidance. For COVID-19, the necessary transmission-based precautions do not align with established droplet or airborne transmission-based guidelines. Transmission-based precautions prescribed for COVID-19 are a new precaution type.

DOH recognizes the difficulty caused by creating a new set of practices in the midst of a health emergency, educating staff on those practices, and providing consistency of care. CDC recommendations are informed by the best available evidence about transmission of SARS-COV-2, the virus that causes COVID-19.

Patient/Resident Room Placement:

- Place a patient/resident with known or suspected COVID-19 in a single-person room with the door closed. The patient/resident should have a dedicated bathroom.
- Patients do **not** need to be cared for in an Airborne Infection Isolation Room (AIIR). Procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible. Ideally, AIIR rooms should be used if aerosol generating procedures are performed on known or suspected COVID-19 patients/residents.
- AIIRs should be reserved for patients/residents with conditions that require AIIR rooms, such as patients/residents with Tuberculosis (TB) or measles.

Masks:

- Ideally, N95 or higher filtering facepiece respirators or powered air-purifying respirators (PAPRS), collectively referred to as respirators, should be used for caring of patients/residents with suspected or confirmed COVID-19.
- Although it is preferable that Healthcare Personnel (HCP) wear respirators to care for suspected or confirmed cases of COVID-19, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During these periods, respirators should be prioritized for aerosol generating procedures and for pathogens that require Airborne Precautions such as TB.
- Facilities should maintain an inventory of respirators.
- The facility should continue to evaluate respirator inventory on an ongoing basis. When inventory is replenished, and the facility determines that an adequate supply of respirators

exists, the facility should reinstate the use of respirators for patients with suspected or confirmed COVID-19.

- Respirators or facemasks should be donned before entering the patient/resident room.
- Review CDC's Strategies to Optimize Supply of N95 Respirators.

Eye Protection:

Eyeglasses do not provide enough protection. HCP should wear a face shield or goggles.

Hazard and Supply Chain Evaluation:

Evaluation of the supply chain for respirators and other personal protective equipment (PPE) is an iterative process that involves facility and regional-level insight. Decisions about contingency use of PPE can not be made on a state-wide basis and must be evaluated within each facility or localized health system.

The facility-level decision to adjust PPE usage, including the use of facemasks instead of respirators, must be informed by CDC guidance entitled [Strategies for Optimizing PPE and Equipment](#). This guidance offers a series of strategies or options to optimize supplies of PPE in healthcare settings when there is limited supply. Three general strata are used to describe surge capacity and can be used to prioritize measures to conserve supplies along the continuum of care.

- **Conventional capacity:** measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and personal protective equipment (PPE) controls should already be implemented in general infection prevention and control plans in healthcare settings.
- **Contingency capacity:** measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected shortages.
- **Crisis capacity:** strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known eye protection shortages.

Decisions to implement measures in contingency capacity and then crisis capacity should be based on:

- Consideration of all conventional capacity strategies first.
- The availability of N95 respirators and other types of respiratory protection.
- Consultation with entities that include some combination of: [local healthcare coalitions](#), federal, state, or local public health officials, appropriate state agencies that are managing the overall emergency response related to COVID-19, and state crisis standards of care guidance. Even when state/local coalitions or public health authorities can shift resources between health care facilities, these strategies may still be necessary.

Important Links:

[Pennsylvania Healthcare Coalitions](#)

[Strategies for Optimizing the Supply of PPE](#)

[Checklist for Healthcare Facilities for Supply of N95 Respirators for COVID-19](#)

[CDC Interim Infection Prevention and Control Guidance \(March 10, 2020\)](#)

[2020-PAHAN-486-03-11-ALT Infection Prevention and Control Recommendations](#)

Please report any confirmed cases of SARS COV-2, the virus that causes COVID-19 through the DOH electronic disease surveillance system, PA-NEDSS or by calling DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of March 24, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.



EMS Information Bulletin 2020-09

DATE: March 25, 2020

SUBJECT: Out of State Licensed EMS Agencies

TO: PA EMS Agencies
PA EMS Stakeholders
PA Regional EMS Councils
PA Ambulance Association

FROM: Dylan Ferguson, Director
Bureau of Emergency Medical Services
PA Department of Health
(717) 787-8740

A handwritten signature in black ink, enclosed within a hand-drawn oval. The signature appears to be 'DF' or similar initials.

Pursuant to §8129(a) of the EMS Act, a license is required to be issued by the Pennsylvania Department of Health in order to operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in operating or providing emergency medical services within the Commonwealth of Pennsylvania, unless a specific exemption to the licensure requirement applies.

Furthermore, §8129(r)(2) states that an EMS agency is exempt if *“an EMS agency licensed in another state and not under this chapter that is dispatched to respond to an emergency within this Commonwealth when an EMS vehicle or service licensed under this chapter is unable to respond within a reasonable time or its response is not sufficient to deal with the emergency.”*

In an effort to prepare for, respond to and mitigate the impacts COVID-19 on the Pennsylvania EMS system, and healthcare systems, the Bureau of EMS (Bureau) is interpreting the COVID-19 response as an emergency in which there may not be sufficient resources available to respond to the emergency. As Governor Wolf has signed a disaster declaration to allow for response to and recovery from COVID-19, any EMS agencies that hold licensure in a state other than Pennsylvania and is requested to respond to an emergent issue including interfacility transports within the Commonwealth of Pennsylvania may do so under the exemption outlined in §8129(r)(2) until such time as the disaster declaration for COVID-19 ceases.