

## 4/01/20 First Responder Call Outline

### I. Welcome and Introduction: Deputy Commissioner Chris Herrick

- I haven't seen anything like this in my 35 years in the emergency field. This will be a long fight, but we'll get through it and we'll get through it together.
- Purpose of this call is to try and address the themes of questions we received through the survey, may not be able to answer some very specific questions.
- Notes from previous calls can be found at: <https://vem.vermont.gov/COVID19FirstResponders>

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### II. SEOC Overview and Updates: Deputy Commissioner Chris Herrick

- The SEOC is fully activated from 0800 until 1600 every day.
- Governor's Orders
  - On Monday, Governor Scott required any person, resident or non-resident, traveling into Vermont for anything other than an essential purpose, to immediately self-quarantine for 14 days.
    - Visitors are instructed not to travel to Vermont if they are displaying symptoms or if they are traveling from cities and regions identified as COVID-19 "hot spots," including, among others, the states of Florida and Louisiana and the cities of Detroit, Chicago and New York City.
    - On-line reservations shall be suspended, and lodging providers shall post a prominent notice on their web platforms which advises potential guests that reservations for lodging in Vermont, as allowed, shall be accepted by phone only. Lodging services are only allowable in support of the COVID-19 Response for vulnerable populations or essential personnel.
  - Businesses with questions about the Stay Home Stay Safe order should use the ACCD form, located on the VEM website. A link to this form will be included in the notes from this call.
- Active SEOC Missions
  - The SEOC is working on avenues of funding for COVID-19 expenses. The state will submit a Major Disaster Declaration Request in the coming days. **The most important thing for you all to do now is track expenses.**
  - The SEOC is working on a plan to extend the capacity of morgues and funeral homes, such as by placing and staffing temporary mortuaries at hospitals.
  - The SEOC is expanding medical surge capacity at multiple alternative care sites across the State.

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### III. COVID-19 Overview and VDH/EMS Comments: EMS Chief Dan Batsie

- As DC Herrick said, these are tough, unprecedented days.
- **Asymptomatic transmission:** The information we have on COVID-19 is still mostly the same, except that the CDC thinks asymptomatic transmission is a bigger factor than previously thought. This might impact contact tracing, but there are no policy changes yet. More importantly, asymptomatic transmission does tell us there's more COVID-19 cases than symptoms would suggest. We must protect ourselves aggressively.
- **Appropriate PPE:** Updated PPE guidelines sent out on Friday stated that any responder within 6 feet of the public should have appropriate PPE. This will increase the PPE burn rate, but our first priority is to keep you safe.

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- Is appropriate PPE an N95 or a surgical face mask? It could be either. Due to supply restrictions, a surgical face mask is the way to go, except for confirmed COVID-19 cases or an aerosolizing procedure (e.g., intubation, using a bag-valve mask).
- Gowns are the hardest PPE to come by right now. The state is doing its best to fill requests. The CDC does say it may be reasonable to reserve gowns for high-risk scenarios (like for N95s, above). Reusing cloth and coverall gowns might be possible. More guidance on this topic coming.
- At a minimum, required PPE is a mask and eye protection. This includes non-medical incidents – any situation requiring close contact calls for PPE. Consider limiting the number of responders exposing themselves (e.g., 5 firefighters entering a building to inspect a CO detector might be too many). Be safe, while also following local SOPs/SOGs.
- **PPE supply/PPE reuse:** The supply situation is not dire yet, but the PPE burn rate is increasing due to 1) the new guidance to wear masks on every call and 2) long-term care facilities and other groups using more PPE. VDH identified new sources for PPE.
  - On Friday, VDH put out respiratory PPE reuse guidelines, contextualizing old (pre-COVID-19) CDC guidance saying it is reasonable to use an N95 mask for an entire shift. There currently is one FDA-approved process for cleaning masks available, but it requires shipping the masks to and from a cleaning facility. VDH is working with UVM Tech Services on a simpler way to sanitize respirators. Regardless of the cleaning procedure, reusing masks goes against the manufacturer's instructions, so VDH and UVM are being careful to not do anything that would risk spreading infection. VDH hopes to have more information to share on this topic in the next week.
  - Friday's email will likely include a suggestion to save used masks in a breathable container (e.g., a paper bag) in a sectioned-off area, in case a method to clean them is found.
- **Protocol changes:**
  - VDH put out guidance on supraglottic airway devices, telling providers to make sure the gastric valve is closed.
  - There will be more guidance on cardiac arrest care -- no major changes, just ways to decrease transmission risk.
  - VDH recommends using metered dose inhalers instead of nebulizers, to reduce aerosolizing respiratory droplets. However, perhaps partly due to this switch, pharmacies are running low on inhalers. Therefore, hospitals recommend bringing the patient's inhaler during transports, both so EMS could use it instead of their own (a decision requiring medical control consultation) and so the patient can use it as needed at the hospital (so bring the inhaler even if the chief complaint isn't respiratory).
- **Licensure updates:** EMS licenses are extended until the end of September. Recently retired providers can get a provisional certification, as can students who completed the written National Registry test. Unaffiliated EMTs should affiliate or sign up for the Medical Reserve Corps.
- **Notification of patients who tested positive:** There are two ways an EMS provider will get contacted about a positive patient: 1) hospitals are required by federal law (the Ryan White Act) to notify providers if they've been exposed to an infectious disease, however the process for doing so is not standardized across hospitals. 2) More reliably, VDH's contact tracing team identifies the patient's contacts, including EMS providers, and notifies those providers.
  - On run reports, please document all providers who got close to the patient, especially first response agencies not on SIREN.

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- When out-of-state hospitals are involved, the process gets murkier. New York and New Hampshire in particular have similar contact tracing procedures to Vermont and should reach out to providers in a comparable way. However, it's hard to promise what another state will do. Any agency having difficulty with notifications from out-of-state hospitals should contact Dan Batsie.
  - On-scene pronouncements of death, including termination of resuscitation, will also result in notification of providers if the patient tests positive for COVID-19.
  - There have been times in past weeks where the VDH contact tracing team dropped the ball and failed to notify EMS providers. VDH is working on it and hopefully it will not happen again. If you know of a situation where VDH failed to notify an EMS provider since Monday, let Dan Batsie know and he will follow up.
  - **Notifying dispatch of local COVID-19 cases:** There's been a lot of conversation recently about notifying dispatch centers and Public Safety Answering Points (PSAPs) about COVID-19 cases within their jurisdiction. The state is working to reconcile this desire with HIPAA requirements. This issue has made its way up the chain and is currently being reviewed by the Attorney General's office. We don't know what the policy will be, but it is being seriously examined.
  - **Risk of COVID-19 to first responders:** The reality is that many first responders will contract COVID-19 or at least come in contact with a patient who has it. The emergency services community is worried. However, it's important to quantify the risk. 80% of those with COVID-19 do not require hospitalization, and this percentage is higher for younger demographics. 99% of people who contract COVID-19 survive. There's riskier stuff than this. Firefighters venting a roof is riskier than COVID-19, for instance. Not to minimize valid concerns, but perspective is key.
    - VDH is posting documents on [healthvermont.gov](http://healthvermont.gov), based on CDC guidance, about proper isolation and cleaning measures to follow if there's a confirmed case of COVID-19 within an emergency response agency. There's also a link to CDC guidance for healthcare facilities managing a COVID-19 patient, which would largely also apply to exposures within stations, especially in terms of cleaning guidelines. Generally, normal cleaning procedures are sufficient.
  - **Cleaning shared equipment:** All emergency response agencies should have a disinfection routine for any shared surface/equipment (e.g., radios, apparatus cabs).
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### IV. VSP Comments: Colonel Matthew Birmingham

- **Executive order enforcement:** There's been many questions about how law enforcement should handle violations of the governor's executive order. The appropriate posture is voluntary compliance and education, without proactive or aggressive enforcement.
  - General guidance is to not conduct traffic stops to check for papers/ID. Law enforcement can provide information about the executive order to those entering the state, but should not vet travel in any way at this point.
  - The attorney general, not law enforcement, will handle enforcement of the order for lodging and vacation rental properties. Law enforcement should continue to monitor such businesses. Noncompliance should be reported to the Vermont Intelligence Center (VIC), for incorporation into a list that will be sent to the attorney general.
    - This past weekend, VSP conducted a massive check of hotel/motel compliance.
    - Local law enforcement should check online vacation rental listings, such as Airbnb and VRBO, and report listings to the VIC as well. The attorney general is reaching

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out to the hosting companies directly to try to shut down all listings in the state. VSP is also working on a response to send to property owners listing on such sites, which will be sent to local chiefs. If law enforcement determines that a property is listed as a vacation rental, they could send this response, which will remind the owner of the executive order and ask them to remove their listing.

- VSP is working on an online portal for the public to report noncompliance with the executive order. Law enforcement agencies receiving such complaints should respond to educate the offender and seek voluntary compliance. Issues with businesses will go through the attorney general's office.
  - **Staffing:** All law enforcement agencies should report staffing concerns, including staff confirmed to have COVID-19, to the VIC
  - **Public safety answering points (PSAPs):** As reported by Captain Burnham, the two VSP PSAPs in Williston and Westminster are operating normally and are in good shape, staffing wise. Call volume is consistent; there was a 30% drop in calls last week, but this week the numbers returned to normal. The 911 call volume with 2 PSAPs is at 78% of usual call volume. The PSAPs are starting to field many COVID-19-related questions from the public.
  - **Crime trends:** There are no out-of-the-ordinary crime trends at this time. VSP's focus continues to be on violent crimes, such as domestic violence and sexual assault.
  - **Shifting grant money:** The governor's office said highway safety grant money cannot be shifted into COVID-19 response efforts. However, this guidance may change.
  - **Highway construction:** Per the Agency of Transportation, almost all highway construction work has been suspended, so there are no current or anticipated needs for law enforcement at such sites.
  - **Response guidance:** Col. Birmingham will send out COVID-19 guidance to local chiefs on responding to untimely deaths and going to hospitals. VSP is working on further guidance – local law enforcement will be kept informed via email.
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### V. DFS Comments: Pete Lynch, Vermont Fire Academy

- **Weekly fire service survey:** In an effort to better understand preparedness and needs at a local level, DFS and the SEOC developed a weekly survey sent to a fire service point of contact in each Vermont county, who then collects information from all fire chiefs in their county. The information gathered from this survey has been very important for making decisions on how to move forward. It is also increasing interdepartmental communication.
  - According to the survey, there are very few concerns about staffing right now, although some departments have members self-isolating. Departments are operating at a normal level, everyone has available mutual aid, and there are not significant issues anticipated in the next two weeks.
  - Fire departments report being satisfied by the flow of COVID-19 information.
  - One change from last week's survey results is that PPE requests are being met. Out of 62 departments requesting PPE, 63% received at least some PPE, although that percentage is outdated and might be higher now. Any departments with PPE requests should complete [this form](#).
- **New guidance and contacts for more information:** DFS developed a FAQ which was sent in Wednesday's fire service report. Departments with further questions can reach out to fire academy staff. If your department has resource needs, reach out to your county point of contact; what can't be produced at a local level will be supported by the state.

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### VI. QUESTIONS FROM CALL PARTICIPANTS

- **PPE questions:**
  - Agencies that received PPE from the state stockpile can continue to request PPE using the [request form](#), and the state will keep resupplying as much as they are able.
  - There is no cost to local jurisdictions for PPE from the Strategic National Stockpile. Any reference to cost sharing is between the federal government and the state.
  - There is no need to dispose of PPE differently than normal, though VDH will double check, including whether the quantity of used PPE puts it above a medical waste reporting threshold.
- **Notification questions:**
  - Patients pronounced dead in the field may get tested for COVID-19, but currently the protocol is not to test all. While we can say that when a test is performed providers will be notified of positive tests, we cannot assure that a test will be conducted in every circumstance. Positive cases lead to the usual VDH contact tracing process. However, COVID-19 is in the community transmission stage, so providers should assume everyone is infected and take the resulting precautions. If full PPE is worn, then even if there is a contact, there is no need for isolation or exclusion. Right now we do not have the capacity to test every cardiac arrest patient and as I stated previously, the best guidance is to assume everyone encountered is positive.
  - VDH's EMS office is working on a button in SIREN for reporting suspected COVID-19 cases, which may streamline contact tracing.
  - Batsie will follow up on whether the Ryan White Act requires hospitals to notify the heads of agencies or the impacted crews directly (of exposure to COVID-19).
- Herrick said he will work with the Agency of Human Services to improve communication with the local population (including emergency responders) about isolation and recovery sites.
- There is no regulatory limitation to EMS providers aiding hospital operations, though there's a waiver for those assisting with testing. If a hospital and EMS agency are sharing personnel, there does need to be clarity on who has responsibility for resulting liability and worker's comp.
- There will be medical surge sites in both northern and southern Vermont. Sites will be announced prior to implementation.
- The state is discussing the possibility of having designated ambulances transport COVID-19 cases, to limit cross contamination. The challenge with this plan is that there's rarely certainty on a 911 call whether the patient has COVID-19, so it's unclear if there's a significant need for dedicated ambulances.
- VDH is working to improve communication and organization when EMS is involved in patient transfers. Both VDH and emergency response organizations were frustrated by recent patient transfer operations, though bumpiness is likely an inevitable side effect of the novel nature of this incident. VDH is working to ensure EMS inclusion in conversations about nontraditional patient groups.

Further questions can be submitted via the form on next week's meeting invite. Any agency with a more immediate question should contact Herrick or Batsie. Herrick concluded the meeting by saying, "I appreciate your efforts, we're all in this together."