

3/18/20 First Responder COVID-19 Call Notes

I. **Welcome and Introduction:**

The purpose of this call is to address questions received through the survey. We may not be able to answer some very specific questions.

II. **DPS Commissioner's Opening Remarks:** Commissioner Schirling

The COVID-19 pandemic will likely be long-lasting and dynamic. The statewide goals are to mitigate the spread of the virus, flatten the curve of infection to protect the integrity of the healthcare system, and to protect the most vulnerable. The Department of Public Safety is working on surge capacity planning and continuity of critical operations (childcare, first response, grocery stores, PPE, etc.), among other priorities.

III. **SEOC Overview:** Director Erica Bornemann

- The State Emergency Operations Center (SEOC) activated on Wednesday, March 11, 2020. The SEOC will be activated through the weekend 3/21-3/22 and will continue operations until further notice. The SEOC is handling a number of resource requests in support of the Vermont Department of Health (VDH). The VDH's Health Operations Center (HOC) takes the lead in tactical response to COVID-19, while the SEOC takes the lead in coordinating the state response.
- Governor Phil Scott issued a state of emergency on Friday, March 13 (amended multiple times since) to limit transmission. Specifically, the state of emergency was part of an executive order:
 - Limiting access to healthcare facilities and long-term care
 - Closing schools until at least April 6th
 - Closing all childcare facilities
 - Limiting public gatherings
 - Revising occupancy limits
 - Limiting restaurants to only offering takeout
 - Closing bars
- The Agency of Education is tasked with implementing a continuity of education plan, to include remote learning and continuing school nutrition programs beginning March 18.
- Another area of emphasis for the SEOC is medical surge planning, especially secondary and tertiary sites (secondary sites are additional facilities on hospital campuses, while tertiary sites are additional facilities elsewhere).

IV. **COVID-19 Overview:** EMS Chief Dan Batsie

- **Overview:** COVID-19 is a respiratory illness similar to infections that cause the common cold. Most humans have no immunity to COVID-19. COVID-19 infections have been ramping up at a fast pace, as has the response. COVID-19 is primarily spread by respiratory droplets. COVID-19 is probably also transmitted by contact with contaminated surfaces. The majority of those transmitting the disease are symptomatic (with fever, cough, and/or shortness of breath), though some people spread transmit the virus before they become symptomatic.
- **Prevention:** Staying 6 feet away from others is adequate to prevent droplet transfer. Handwashing and cleaning surfaces are also important to preventing transmission.

V. **VDH/EMS Comments:** EMS Chief Dan Batsie

- **Personal Protective Equipment (PPE):** First responders don't have the luxury of maintaining social distance, necessitating PPE. The CDC says the required PPE for COVID-19 exposure includes eye protection, an N95 mask or face mask, gloves, and a gown. Per a CDC recommendation, VDH EMS

3/18/20 First Responder COVID-19 Call Notes

guidance may be updated soon to address resource scarcity (specifically, using face masks when N95 masks become scarce). Wearing full PPE on every call doesn't make sense (see the "screening" bullet below).

- **PPE shortages:** VDH is aware of PPE supply disruptions. VDH is distributing Strategic National Stockpile (SNS) PPE supplies. Vermont received a shipment of PPE from the federal stockpile a week ago and is filling requests. There is a prioritization system, with hospitals first, EMS agencies, then other first responders. All first responders should submit requests, regardless of prioritization, but there might be hard decisions as supplies diminish. There's another pending request for the federal stockpile, and VDH is hopeful that supply chains will be restored, especially as China recovers and resumes normal capacity.
- **To submit a request, visit:** <https://www.surveygizmo.com/s3/5504100/COVID-Resource-Request-Form>
- **Disinfecting apparatus:** Based on similar viruses, COVID-19 is killed by the standard disinfectants already commonly used. There is specific CDC guidance on cleaning procedures, available on the VDH website. UV radiation and humidity also kill the virus, so airing out ambulances helps. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- **Social distancing:** It's reasonable to limit visitors at stations, and limit services (e.g., suspending burn permit issuances). Limit personnel on medical calls, if clinically appropriate.
- **Screening:** VDH is updating Public Safety Answering Points (PSAPs) and dispatch centers on COVID-19 screening questions to ask 911 callers, and how to alert responders to suspected COVID-19 cases. If alerted, all recommended PPE should be donned. Whether PPE is warranted sometimes is a matter of provider judgement. Manage PPE resources carefully; assess risk on each call.
- **Testing:** The testing priority is healthcare workers, including first responders. VDH will reach out to providers if their patient tests positive. Hospitalized patients get tested first, so patients who don't go to the hospital (e.g., refusals) may not be tested.
- **Minimum staffing:** VDH is going to suspend the 2-provider rule for ambulance transports. This will be a temporary suspension. One licensed provider in the back of the ambulance during transport, when clinically appropriate, is now okay.
- **Licensure:** VDH is postponing the licensure renewal deadline until after June, to reflect changed National Registry guidance. All Vermont EMS classes are suspended until April 29th, though remote learning may continue to keep current classes going forward. Pearson Vue stopped offering National Registry testing, so Vermont testing (including practical testing) is similarly on pause.
- **Protocol changes:** VDH will release more guidance on a COVID-19-specific EMS protocol, to help providers recognize patients who are ill but wouldn't benefit from hospitalization. VDH has also allowed for the substitution for inhalers instead of nebulizers.

VI. DFS Comments: Director Michael Desrochers

- **Operational status:** The Division of Fire Safety (DFS) remains open with limited staffing. The state specialty teams (HazMat, USAR, and fire investigation) are still ready to respond.
- **Fire academy:** Upcoming Firefighter I and II classes are cancelled. The fire academy is structuring firefighting classes to be remote, followed by practical testing after the outbreak.
- **Mutual aid:** DFS sent a survey about the reliability of mutual aid to a point person in each county. 13 of 14 counties said their mutual aid compacts are reliable and at least 10 departments deep. However, about half of counties reported staffing concerns. The survey will be sent out weekly, and results shared with the SEOC.

3/18/20 First Responder COVID-19 Call Notes

3/18/20 First Responder COVID-19 Call Notes

VII. VSP Comments: Colonel Matthew Birmingham

- **Operational status:** Birmingham said the Vermont State Police (VSP) are operating in a modified response protocol, as most LE agencies are, involving a reduction in responses to some types of events (e.g., not receiving a report in person if it can be handled over the phone). Special teams are still fully operational.
 - **PSAPs:** VSP is keeping a close eye on health and safety at the VSP PSAPs, monitoring staffing, cleaning, and isolating those who may be sick. Capt. Burnham will reach out to PSAPs about tiered protocols to address reduced staffing. The focus for staff will always be on answering 911 calls, but assistance may be needed for dispatching in worst case scenarios.
 - **Police academy:** Yesterday, in-person training for the current training academy class was suspended. The academy is looking to use online training as much as possible, to move the class along so they can get into the field and help with staffing.
 - **Briefings:** All LE agencies should be receiving daily briefings from Vermont Intelligence Center, including PPE information and VDH updates.
-

VIII. **OCME Comments :** Assistant Medical Examiner Coordinator Lauri McGivern talked about how the state responds to deaths suspected to be linked to COVID-19. The risk to first responders who come into contact with infected bodies is low. State examiners will examine bodies in the field. The focus for first responders should be on living folks in the home who are sick, not the deceased patient. OCME will collect specimens on scene or during autopsy, to be sent to the state lab. Testing can't be expedited. If COVID-19 is confirmed, contact tracing will be conducted. Don't call office to ask about the status of testing, the office will call with results. The OCME is working closely with the HOC and CDC.

IX. QUESTIONS FROM CALL PARTICIPANTS

- Using face masks instead of N95s shouldn't impact patient care. The N95 mask is preferred and the first choice. However, CDC guidance is that face masks do provide protection (perhaps not as good as N95), but the added risk is very much outweighed by the advantage of saving N95s in the face of supply shortages. Known or confirmed COVID-19 cases, as well as procedures that spread respiratory droplets (e.g., intubation) warrant N95s. Otherwise, face masks are the way to go.
- DFS staff will look into cartridge products that allow SCBA masks to function similarly to N95s, though PPE shortages impact such products too.
- OSHA waived the annual requirements, but not original fit testing. Fit testing is required for both N95 masks and respirators. A face mask is a reasonable substitute for staff without fit testing.
- To request PPE from the state, fill out an online request form, located on the [healthvermont.gov](https://www.healthvermont.gov) COVID-19 page, under healthcare professionals:
<https://www.surveygizmo.com/s3/5504100/COVID-Resource-Request-Form>
 - It is important to fully fill out the form, including an accurate approximation of how much PPE the department usually uses. Transporting EMS agencies are prioritized before fire departments, but all first response agencies with PPE shortages should complete the form.
 - Given PPE shortages, it may be reasonable to hold personnel back from suspect calls if clinically appropriate.
- There's no current need for EMS providers to act as surge staffing at hospitals, though there's no regulatory barrier preventing them from doing so. Some EMS providers already work in hospitals as part of their normal duties, and some EMS providers are assisting with COVID-19 test collection points. A need for greater EMS participation in hospitals may develop as COVID-19 spreads.

3/18/20 First Responder COVID-19 Call Notes

- The Department of Labor (DOL) Commissioner is reviewing other states' worker's compensation guidance and is working on updating Vermont's policy.
- DFS will look into banning burns to reduce the workload for fire departments.
- Batsie recommended against using reusable substitutes for EMS gowns (e.g., rain jackets). Tyvek painting suits and other disposable coveralls may be appropriate. Batsie will follow up with more guidance.
- Regarding departmental training, departments must judge the risk and make their own decisions but avoid congregation and recommended cancelling trainings when feasible. Zoom meetings, online trainings, or other options are recommended that allow for social distancing.
- The duration of the COVID-19 outbreak is unknown but will be weeks at a minimum. The goal is to elongate the duration, to prevent overwhelming the healthcare system.
- Morristown EMS has the equipment to conduct N95 fit testing and is willing to provide that service to interested departments. To set up fit testing, call Morristown EMS at 802-888-5628.
- OCME said the risk of infection from human remains is very low and made lower by body bags. Normal practices for disposition of human remains still apply.
- There is a lot we don't know about how long the COVID-19 virus can survive outside the body. Based on similar viruses, "not very long." Some reports say up to an hour, some say longer. Risk of transmission at a motor vehicle collision, for instance, is very low. Standard precautions are adequate. Interaction with a high-risk patient warrants washing turnout gear, but otherwise extra gear cleaning is unnecessary, especially if it impacts operational readiness.

This will be a weekly call for local law enforcement, fire, and EMS Chiefs/designees, as well as assistant medical examiners, held Wednesdays at 2pm. The question survey will go out again. Please reach out if there's further questions that need answering before the next call.