

3/25/20 First Responder Call Notes

I. **Welcome and Introduction:** Erica Bornemann, VEM Director/SEOC Manager

- 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>

II. **DPS Commissioner's Comments:** Michael Schirling, Commissioner of Public Safety

The primary goal of the state response to COVID-19 remains flattening the curve. Vermont is seeing wider scale community transmission. State government is trying to preserve continuity of the healthcare system. According to current projections, COVID-19 infections will overwhelm Vermont's healthcare system.

The Governor issued a [stay-at-home order](#) last night, which takes effect 3/25/20 at 1700 through 4/15/20. The order doesn't prevent recreating outside (as long as people maintain proper social distance), nor crossing state lines, nor going to the grocery store, etc. Regarding enforcement of the order, education is the state's primary tool. We're optimistic that Vermonters will voluntarily follow state guidance.

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

- **SEOC status:** The State Emergency Operations Center (SEOC) has now been activated for two weeks. All partner organizations are represented in the SEOC. The SEOC is undertaking multiple tasks, including building medical surge capacity and providing services to vulnerable populations.
- **Governor's stay-at-home order:** The [order](#) outlines a number of industries and functions deemed essential, and thus exempt from some provisions of the order. The SEOC is aware that many businesses that fall into a gray area; those requesting further guidance should use [this form](#), available on the VEM website. The SEOC is developing a simplified summary of the stay-at-home order.
- **Medical surge capacity:** There are many significant lines of efforts going on right now, in coordination with hospitals, other healthcare facilities, EMS, and various state agencies to build out capacity beyond the borders of hospital campuses. The hope is that the added capacity is not needed, but hope is not a plan. There is sufficient evidence that Vermont needs to prepare this additional capacity. Vermont is building tertiary surge capacity (beyond hospital campuses, as opposed to secondary surge capacity, which is on hospital campuses) at three sites in Burlington, St. Albans, and Barre. With the assistance of the Army Corps of Engineers, the state is looking for more potential sites.
- **Agency of Human Services (AHS) Overview:**
 - AHS and the SEOC are scaling up support services to protect the most vulnerable. Efforts include identifying sites for isolation and recovery of specific populations (i.e., the homeless, mental health patients, and children in state custody) with COVID-19 or who are otherwise impacted by the virus. The hope is that these people will receive housing within their region. AHS is working to ensure wrap-around services at these sites.
 - The emergency voucher housing program is expanded, giving uninfected homeless persons a place to live as well, partially as a strategy to avoid congregation. This housing will include hotels.
 - AHS is particularly concerned about the impact of COVID-19 on long-term care facilities. AHS is identifying additional facilities to isolate impacted patients.

IV. COVID-19 Overview and EMS Updates: Dan Batsie, State EMS Chief/HOC Incident Commander

- COVID-19 is assuredly in the community transmission phase now, requiring a change in approach.
- **Appropriate PPE:** Please make sure you're taking steps to stay safe. There is plenty of PPE guidance, including a COVID-19-specific protocol document. Updates on PPE guidance will continue. Appropriate PPE includes:
 - Eye protection (i.e., anything with more protection than standard glasses, with side protection especially important)
 - Mask (based on supply disruptions and CDC guidance, N95 masks should only be used in high-risk situations, namely known COVID-19 patients and aerosolizing procedures – normal surgical masks [i.e., masks that do not require fit testing] should be used in all other situations)
 - Gloves
 - Gowns
- **Burden on EMS:** EMS in Vermont has not yet been profoundly impacted by COVID-19, insofar as most COVID-19 patients who entered the healthcare system did not do so by ambulance.
 - As infections rise, EMS will be called upon to transfer patients. The SEOC and other state planning bodies are looking into how such transfers will work – EMS should participate in this conversation.
 - The EMS office is also looking at ways to extend the EMS workforce, such as extending the recertification period and allowing those who recently surrendered their certification to get it back. The EMS office is also considering appropriate ways to use those in training. Guidance on this topic is forthcoming.
- **Hospital diversion:** There is not currently a formal standardized plan for hospitals to let EMS know when they cannot receive more patients. Systems vary hospital to hospital. The Vermont Department of Health will use the Health Alert Network (HAN) to communicate urgent access information.
- **Provider exposures:** As community transmission grows, some EMS providers will inevitably come into contact with COVID-19 cases (i.e., be within six feet of a positive case).
 - To mitigate risk, wear appropriate PPE and identify potential COVID-19 patients before you're within 6 feet of them. As stated in state guidance, primary patient assessments should begin from further than 6 feet from the patient. PPE should be donned prior to contact. However, we recognize that these measures are not always feasible.
 - Contact with COVID-19 positive patients without PPE means will require self-isolation of the provider for 14 days. The Vermont Department of Health will conduct contact tracing if someone in the department tests positive for COVID-19. This process will not stop the department from responding to calls. Following a positive result in a station, wash down high-traffic areas. Just because someone was in the station at the same time as a positive case doesn't mean that person was exposed to COVID-19 (it's dependent on how physically close they got to each other).
 - Some providers will get sick. The good news is that COVID-19 is a very survivable virus. 20% of patients require hospitalization, and 30% of that 20% require critical

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care. Overall, COVID-19 only kills roughly 0.1% of those infected. There are already things we regularly do as first responders that are more dangerous.

- **PPE availability:** There continue to be supply chain disruptions. Recent shipments from FEMA allow the Vermont Department of Health to distribute PPE to requestors beyond just the high priority requests. The state will continue to assess PPE inventory. The SEOC set up a PPE team to identify possible alternatives. For instance, the state is looking into a process to decontaminate and reuse N95s, based on CDC guidance. More information on this will be forthcoming.
- **State messaging to EMS providers:** The state EMS office is batching guidance, trying to send non-emergent messaging in a single email on Fridays.
- **Ambulance minimum staffing:** The 2-provider rule for ambulance staffing is suspended. Having only 1 licensed provider in an ambulance (along with a non-provider driver) is sufficient for the time being.
- **EMS training:** Congregate continuing education should be discontinued (training that allows for social distancing, such as online training, is still fine). EMS classes in the state are suspended indefinitely. EMS testing is suspended, following the lead of Pearson Vue (the company that usually administers the National Registry EMT written test). However, there are other testing services offering the National Registry written test, and it is fine to use those as long as social distancing guidance is followed. The state EMS office is looking into extending the recertification period (guidance will be released by the end of the week).
- **Protocol changes:** The state EMS office put out a COVID-19 protocol, as well as a field triage protocol for when it is appropriate for suspected COVID-19 patients to stay at home. Also, the state EMS office authorized the use of metered dose inhalers instead of nebulizers, to reduce aerosolizing respiratory droplets.

V. VSP Comments: Colonel Matthew Birmingham

- Vermont State Police (VSP) is operating at level 2 modified response (as are most law enforcement agencies), which means VSP is reducing contact by restricting preemptive activities and taking some reports over the phone.
- VSP are closely tracking their staffing levels. VSP encourages all law enforcement agencies with positive cases to notify the SEOC, for tracking purposes. There's a phone number on the daily briefing that should be used.
- VSP issued hospital protocols to troopers, developed in consultation with hospitals. VSP can give this protocol to other Vermont police chiefs, if they're interested.
- The Vermont Intelligence Center (VIC) bulletin continues to be the avenue for state law enforcement guidance.
- Overall VSP is seeing a reduction in calls for service. There is not an uptick in crime or other such concerns.

VI. QUESTIONS FROM CALL PARTICIPANTS

- **Contact tracing:** Batsie said there's two ways departments will be notified of their providers' contact with confirmed COVID-19 cases: 1) the patient tells the 911 call taker and/or the providers or 2) providers on a call with a patient who later tests positive will be notified by the Vermont Department of Health's contact tracing team. This contact will be directly with the affected providers, not departmental leadership (due to HIPAA).
 - Thorough call documentation, especially through SIREN, is essential for ensuring providers exposed to COVID-19 cases can be contacted by the health department.

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- Multi-state responses complicate the contact tracing process (e.g., it's harder to track down Vermont FAST squad members who responded to a COVID-19 call where a New Hampshire ambulance took the patient to a New Hampshire hospital). Again, documentation is key.
- The state EMS office will look into creating a distinct "suspected COVID-19 case" button in SIREN, to jumpstart communication between the state and providers.
- If EMS providers transport a patient with COVID-19 symptoms, it is usually on the receiving hospital (not the EMS providers) to notify the state epidemiological team. Batsie will double check this.
- **Reducing risk:**
 - Batsie said there is not currently state guidance on screening providers when they show up to work, but it's a reasonable suggestion and is being implemented elsewhere.
 - Some agencies mandate that their providers change clothes before leaving work, to avoid contamination, which may be an idea worth copying.
- **PPE and cleaning supplies:**
 - Batsie said cleaning supplies are currently not stockpiled by the state, but the state can help procure such supplies if needed. There is no need to get too fancy with cleaning. A bleach solution will do most of the work. Refer to CDC guidance. The Vermont Department of Health is looking into devices marketed as ambulance decontamination tools and is investigating their efficacy.
 - Batsie will follow up on whether the sleeveless paper gowns being sent to some departments are adequate PPE.
 - Departments can include particular sizes in their PPE requests, but supply shortages could result in sizing mismatches.
 - PPE from the state stockpile are being distributed across the state. PPE requests should receive a response within 48 hours.
- Vermont EMS has had too few calls involving COVID-19 patients for there to be meaningful data analytics available. However, the CDC wants data and the state EMS office is looking into ways to increase its data capability.
- As of yet, there is no discussion of mandating EMS providers to staff beyond their usual shifts. Currently, providers are stepping up. The challenge of the outbreak continues to evolve, so mandating greater availability is not off the table.

This first responder call will continue to be weekly, on Wednesdays at 1400. If any first response agency has an urgent question before then, please contact the SEOC at: 800-347-0488.