COVID-19 Best Practice Information: Emergency Services Operations

Background

- As emergency services, such as first responders and frontline medical workers, across the country continue to provide essential services, constrained resources due to the coronavirus disease (COVID-19) pandemic require them to implement creative solutions.

- The following is a list of key findings and considerations for jurisdictions and communities regarding ongoing COVID-19 operations across the country. These are best practices for consideration and do not constitute and should not be considered as guidance in any way.¹

Key Considerations

- If possible, emergency responders should maintain a safe distance from patients and use approaches that minimize exposure to responders when screening for COVID-19 symptoms.

- Emergency departments can perform screenings and distribute masks to patients and visitors prior to hospital entry.

- Coordination between local health departments, emergency services, and other Public Safety Answering Points (PSAPs) is crucial for increasing the efficiency and effectiveness of COVID-19 response operations.

- Local Emergency Medical Services (EMS) are carefully managing emergency vehicles after transporting potential COVID-19 cases to ensure they are properly decontaminated before future use.

- First responders can use visual communication tools while triaging potential COVID-19 patients who are unable to lipread while responders are wearing face masks. For example, laminated cards with graphics illustrating symptoms allow patients and responders to gesture toward images to communicate.

¹ This document contains references and links to non-federal resources and organizations. This information is meant solely for informational purposes and is not intended to be an endorsement of any non-federal entity by FEMA, U.S. Department of Homeland Security, or the U.S. government.
Lessons Learned Related to Emergency Services Operations

Scene Safety and Patient Screening

- **Potential Best Practice**: Fire Engineering, a fire service and EMS resource magazine, recommends that EMS personnel assess ambulatory patients outdoors, citing Centers for Disease Control and Prevention (CDC) guidance that states COVID-19 transmission may diminish when a patient is outdoors in an open-air environment.\(^2\) If possible, EMS should limit time spent in the patient’s immediate vicinity when the patient does not require lifesaving procedures.\(^2\)

- **Potential Best Practice**: The East Alabama Medical Center EMS expanded services to include a screening hut, where patients and guests receive masks and practice other precautions before entering the Emergency Department.\(^3\)

- **Potential Best Practice**: When responding to calls pertaining to a known COVID-19 positive test, a fire department in Central Illinois first sends a “quick response vehicle” with one paramedic to assess the situation before determining that more help is needed. The paramedic is the only one who enters the home to limit those potentially exposed.\(^4\)

- **Potential Best Practice**: In Michigan, when the COVID-19 status of an area or residence is unknown, 9-1-1 dispatchers ask callers questions to determine the potential risk of COVID-19 exposure prior to dispatch.\(^5\)

Staffing

- **Potential Best Practice**: To ensure adequate EMS staffing levels and continued operations of emergency medical services, California extended EMS license and certification expiration dates for all personnel would otherwise have expired between March and June of 2020, to July 31, 2020. Additionally, those whose licenses had expired within six months prior to March 30, 2020, are authorized to continue their normal functions until the end of the COVID-19 emergency.\(^6\)

Emergency Management and Health System Coordination

- **Potential Best Practice**: EMS departments in the greater Richmond, Virginia area participate in conference calls six times per week to share information, respond to concerns, and stay connected with each other.

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International City/County Management Association (ICMA) suggests including state and local public health organizations and PSAPs in these calls.\(^7\)

- **Potential Best Practice:** The Illinois State Fire Marshall office recommended that EMS medical directors provide appropriate oversight for each PSAP (including 911 call centers, EMS systems, healthcare facilities, and public health organizations) as they coordinate the COVID-19 response.\(^8\)

- **Potential Best Practice:** The State of Kansas Department of Health and Environment’s guidelines emphasize that close coordination and consistent communications between all components of the health system, including PSAPs, the EMS system, healthcare facilities, and the public health system, are needed to ensure all parties are notified in advance that they may be caring for a patient with COVID-19.\(^9\)

- **Potential Best Practice:** The New York Department of Health encouraged local emergency managers, EMS coordinators, and local health departments to develop their own coordination policies, including methods for first responders to contact emergency management officials and health departments when encountering COVID-19 patients after-hours, on weekends, and during holidays.\(^10\)

## Decontamination Strategies

- **Potential Best Practice:** DC Fire and EMS converted a storage building into an emergency vehicle and equipment decontamination facility and is conducting 24/7 decontamination operations.\(^11\)

- **Potential Best Practice:** A California paramedic provider is placing ambulances that have transported a suspected or confirmed COVID-19 patient out of service until a cleaning crew performs an initial sanitization and skilled technicians perform a thorough decontamination process.\(^12\)

- **Potential Best Practice:** An Ohio fire department has released a YouTube video detailing the steps they are taking to decontaminate medical vehicles after transporting suspected or confirmed COVID-19 patients. The video can be viewed [here](#).

## Accessible Communication

- **Potential Best Practice:** To address the communication barrier with deaf and hard of hearing patients when wearing masks, first responders in West Virginia have used an EMS communication card to ask questions and allow patients to point to graphics to respond. These communication cards include graphics for COVID-

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19 symptoms and are laminated for regular cleaning and reuse.\textsuperscript{13} A similar tool has been developed for first responders in Massachusetts.\textsuperscript{14}

- **Potential Best Practice**: In Boston, Massachusetts, a hospital has distributed transparent masks (approved by the Food and Drug Administration) to hospitals workers to increase accessibility in communication for deaf and hard of hearing patients.\textsuperscript{15}

Topics for the “Best Practices” series are generated from crowd sourced suggestions. Have an idea? Let us research it! Organizations and individuals can e-mail best practices or lessons learned to fema-cipsupport@fema.dhs.gov.

\textsuperscript{13} 2020 CBS 13 WOWK, New EMT communication cards will help West Virginia first responders better serve patients who have trouble hearing or speaking, \url{https://www.wowktv.com/news/local/new-emt-communication-cards-will-help-west-virginia-first-responders-better-serve-patients-who-have-trouble-hearing-or-speaking/}.

\textsuperscript{14} 2020 Blue Cross Blue Shield Massachusetts, New graphic can aid deaf patients seeking treatment amid outbreak, \url{https://coverage.bluecrossma.com/article/new-graphic-can-aid-deaf-patients-seeking-treatment-amid-outbreak}.

\textsuperscript{15} 2020 ABC WFTV9, Coronavirus: Hospital using transparent masks to better communicate with hearing-impaired patients, \url{https://www.wftv.com/news/trending/coronavirus-hospital-using-transparent-masks-better-communicate-with-hearing-impaired-patients/S3GVQ0QJFRDUBEBR5HQ2ZF4DXPQ/}.