



**EMS Information Bulletin 2020-06**

**DATE:** March 17, 2020  
**SUBJECT:** Protocol and Policy Updates Related to COVID-19  
**TO:** All PAEMS Stakeholders

**FROM:** Dylan Ferguson, Director  
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A handwritten signature in black ink, appearing to read 'Dylan J. Ferguson', is written over the printed name of the sender.

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In response to the COVID-19 pandemic, the Bureau of EMS (Bureau) is issuing an update to BLS Protocol # 931 *Suspected Influenza-Like Illness (ILI)*. Primary additions to the protocol include additional emphasis on deferring aerosol generating procedures unless absolutely necessary. Furthermore, the protocol authorizes EMS providers to carry albuterol meter dosed inhalers (MDI) and spacers to be used in place of nebulizers when required. Please note that these MDI's should only be utilized one per patient and not reused for subsequent patients. EMS providers of all levels are encouraged to review this updated protocol in its entirety. This updated protocol is effective immediately.

The Bureau is also issuing the following guidance as it relates to the potential need for EMS to transport to alternate destinations.

Section 8128 of the EMS Act sets forth requirements for a facility to be considered a receiving facility for EMS emergency patients. Those requirements include but are not limited to:

**(b) Requirements.** --A receiving facility shall include, but need not be limited to, a fixed location having an organized emergency department, including a physician trained to manage cardiac, trauma, pediatric, medical, behavioral and all-hazards emergencies, who is present in the facility and available to the emergency department 24 hours per day and seven days per week.

By regulation, the department may authorize other types of facilities to serve as receiving facilities for purposes of serving patients who have special medical needs.

**(c) Patient transports.** --Unless directed otherwise by a medical command physician, the initial transport of a patient following an ambulance response to a reported emergency shall be to a receiving facility pursuant to a protocol under section 8105(c).

As a result, **EMS providers may transport a patient to an alternate destination, other than a receiving facility as defined above, when ordered by a medical command physician.** It is the Bureau's desire to give EMS agencies, medical facilities, and patients the flexibility needed to be able to respond to the current public health emergency.

Despite this ability, it must be reiterated that at this time patients must consent to the alternative destination. If the patient does not consent to the alternate destination, they must be transported to an appropriate receiving facility following the guidance outlined in BLS protocol 170 *Patient Destination – Ground Transport*.

It should be noted that the Bureau cannot guarantee that EMS agencies will be reimbursed by insurers for transports to alternate destinations as each insurer has different policies, coverages and criteria.

Furthermore, if based on a patient's presentation of an influenza like illness and the approval of a medical command physician the EMS provider and/or medical command physician may recommend to the patient the option to not be transported and instead provide instructions for care or isolation at home. However, as above if the patient still desires transport then at this time, they must be transported to an appropriate receiving facility following the guidance outlined in BLS protocol 170 *Patient Destination – Ground Transport*.

The Department of Health's Bureau of EMS website will always contain the most current version of the EMS protocols, the scope of practice for each level of provider, important EMS Information Bulletins, and many other helpful resources. This information can be accessed online at [www.health.pa.gov](http://www.health.pa.gov)

Protocols specifically can be found here [Pennsylvania EMS Protocols](#)

Any questions regarding to this bulletin should be directed to your Regional EMS Council.