

INSTRUCTIONS PAGE – Delete this page after your agency has edited the file to personalize the letter

This document is intended to provide clarification around the interaction between first responders and care facilities, such as skilled nursing facilities, assisted living and independent living facilities, and adult family homes. Please ensure your agency is performing the workforce screening as outlined in the “self-screening guidelines.”

The file has been provided as a Word document so that your agency can add a letter date, agency logos, signatures, and local contact information. Please do not otherwise change the document unless you reach out to the EMS Division (contacts listed below).

It is advised that your agency work proactively with the facilities in your area to provide this letter. If you need assistance identifying the facilities, reach out to the EMS Division contacts below. Otherwise, responders may be able to carry the letter and provide it during the course of a call at the facility.

We are providing this as a proactive resource in order to expedite the delivery of emergency care for our communities. Additionally, the EMS Division is working with Washington State DOH and DSHS to clarify their directives to these types of care facilities on screening processes in regard to EMS/first responders.

EMS Division Contacts:

- Amy Warrior, [amy.warrior@kingcounty.gov](mailto:amy.warrior@kingcounty.gov), 206-263-1542
- Erik Friedrichsen, [erik.friedrichsen@kingcounty.gov](mailto:erik.friedrichsen@kingcounty.gov), 206-263-1457

Dear Care Facility Director,

In this time of navigating the novel coronavirus pandemic (COVID-19), ensuring collaboration and close communication is essential to the success of our region. The Emergency Medical Services (EMS) Division of Public Health—Seattle & King County has worked with your local first responder agencies [input relevant first responder agencies] to develop this letter to communicate several important messages to the following intended audiences: Assisted Living and Independent Living Facilities, Skilled Nursing Facilities, Adult Family Homes, and home health care agencies. Other audiences may find this information useful as well.

The goal of this communication is to relay strategies endorsed by the Washington State Department of Health that will help emergency responders and care facilities support patient care and operational safety.

### **First Responder Access and Screening**

When dispatched to an emergency call, it is crucial that first responders make contact with the patient as soon as possible, especially in the case of a cardiac arrest. Screening processes at the entrance of facilities cause delays in essential emergency care we offer.

Under guidance from Public Health—Seattle & King County and the EMS Division Medical Direction, first responders throughout the region have adopted **self-screening procedures**. These procedures include the same temperature and symptom monitoring that are required for entry into your facility and are done by responders multiple times each shift.

**Therefore, when first responders arrive at your facility they should not be expected to stop and complete a screening before responding to the emergency call.**

### **Be prepared when calling 9-1-1:**

The information you provide to 9-1-1 is critical. Please be prepared to provide:

- Facility address and call-back number
- Is the patient conscious?
- What are the primary medical concerns?
- Do you have any suspected or confirmed cases of COVID-19?
- Does the patient or anyone with close contact have fever or respiratory symptoms, such as cough or difficulty breathing?

This information will be passed along to first responders so they can be prepared upon arrival. Please also listen carefully to any instructions or guidance provided by 9-1-1 on what to do before first responders arrive to the facility.

### **Use of Personal Protective Equipment (PPE)**

You can expect that first responders will be taking higher precautions and will wear PPE for most, if not all responses, within care facilities. You may also see an initial “scouting” procedure where 1 or 2 first

responders in PPE assess the patient and report back to the remaining crew about needing to wear PPE. These actions are precautionary measures to keep first responders, facility workforces, and residents, safe and to conserve PPE supplies; it does not reflect our assessment of any specific facility's likelihood of harboring COVID-19.

### **Communications with First Responders**

A good patient hand-off is imperative during this crisis. When available, the report should be given by a nurse and include any pertinent information regarding COVID-19 symptoms, exposure, or testing. Staff should note the presence of any fever, cough, or respiratory symptoms. When nursing staff are not present, please ensure that caregiver staff understand the basic information to convey to first responders.

Per CDC recommendations, if a patient is experiencing respiratory issues either underlying or as the medical concern, please consider placing a mask on the patient.

### **POLST Documentation**

The current crisis has added increased responsibility and stress to all caregivers, whether you work in a care facility or as a first responder. Our EMTs and paramedics continue to respond to all 9-1-1 calls and deliver quality care. We often see patients who are seriously ill or in very poor health, and for these patients, it is imperative that we know their wishes regarding life-sustaining treatment. These wishes are documented on the Physician Orders for Life-Sustaining Treatment (POLST) form.

The POLST summarizes the patient's care directions in relation to resuscitation, medical interventions, antibiotics and artificial feedings. If your patients do not have a current POLST form, it is important to encourage them to have these discussions with their family members and physician and get their wishes documented.

Each patient's POLST should be posted in an obvious location such as the door to the patient's room or on the end of their bed. Ensuring that emergency medical personnel can quickly access and verify the patient's wishes on the POLST form will help prevent them receiving unwanted medical procedures such as CPR or being put on a breathing machine. It also protects us from performing procedures that place us at a higher risk of infection.

Please see the Washington State Department of Health website for more information about the POLST form (search "POLST" at [www.doh.wa.gov](http://www.doh.wa.gov) or visit <https://wsma.org/POLST>).

### **Non-Emergency Medical Events**

While EMS is available for medical emergencies, we also want to avoid unnecessary exposures for all involved. This includes your plan to prevent exposures by managing use of care staff and other resources before EMS is called. Please consider facility nursing staff, care staff, primary care providers, and telemedicine as you manage chronic or minor medical conditions. We strongly encourage your staff to assist for minor conditions including lifting assistance, whenever possible, in order to reduce exposure.

Finally, thank you for your partnership and efforts to mitigate the spread of coronavirus to some of our most vulnerable population. We are all in this together.

### **Additional Information and Resources**

King County COVID-19: [www.kingcounty.gov/covid](http://www.kingcounty.gov/covid)

Washington DOH COVID-19: <https://www.doh.wa.gov/Emergencies/Coronavirus>

CDC COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

King County EMS Communities of Care: [www.kingcounty.gov/ems/care](http://www.kingcounty.gov/ems/care) ([Amy.Warrior@kingcounty.gov](mailto:Amy.Warrior@kingcounty.gov))