

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504-7853*

From: Rinita Cook <[rcook@ncecc.org](mailto:rcook@ncecc.org)> April 6, 2020 – via email

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## **Call for Emergency Volunteer Health Practitioners**

The Department of Health is supporting enrollment and activation of emergency volunteer health practitioners for the COVID-19 response. The department can do this under the authority of the Uniform Emergency Volunteer Health Practitioner Act ([chapter 70.15 RCW](#)). Under [RCW 70.15.050](#), while an emergency proclamation of the Governor is in effect, a volunteer health practitioner who is licensed in another state may practice in Washington without obtaining a Washington license if he or she is in good standing in all states of licensure and is registered in the volunteer health practitioner system. These emergency volunteers will help meet emerging demands for health practitioners in areas impacted by COVID-19.

The first step for a volunteer to register is to complete the Emergency Volunteer Health Practitioners Application. Applications will be screened to ensure the potential volunteer's health license is in good standing in each state they are licensed in. After that, the volunteer will be entered into a database of approved emergency volunteer health practitioners. The Washington State Department of Health will activate approved volunteers as needs arise while an emergency proclamation is in effect.

For more information or to register as an emergency volunteer health practitioner for the COVID-19 response visit our [website](#).

## **EMS and Patient Protected Health Information**

[RCW 70.02.050](#) is the applicable Washington State regulation regarding disclosure of health care information. This law will clarify what information can be disclosed, by whom, and when.

The Health Information Privacy and Accountability Act (HIPPA) is a federal law. Current guidance from the [US Department of Health and Human Services Office of Civil Rights](#) clarifies what health information can be disclosed, by whom, and when related to COVID-19.

## **EMS Authorized to Perform Nasopharyngeal Swabbing to Test for COVID-19**

Our office has established a policy to allow EMS to perform nasopharyngeal swabbing. This will enable local health officials and hospital teams to ask for assistance from EMS workforce that may be willing and able to perform nasopharyngeal swabbing to test for COVID-19 if provided adequate equipment and support to do so. The policy removes regulatory barriers to EMS performing this skill and is described below for your reference.

State law limits emergency medical services (EMS) personnel to provide care in the prehospital emergent setting.

EMS personnel provide emergency medical care under the direction of county EMS medical program directors (MPD). The roles of the county MPDs are established in law. Each county has a physician appointed, certified, and contracted by the Washington State Department of Health. MPD's provide training and medical direction through written and verbal patient treatment protocols. MPD's may delegate authority to other physicians to help with training and supervision.

Current initial training for EMS personnel does not include nasopharyngeal swabbing, however Medical Program Directors may develop specialized training for skills and procedures with Department of Health approval under the provisions in [WAC 246-976-024](#).

EMS personnel may only perform nasopharyngeal swabbing under the following conditions:

1. There is a state or local declaration of an emergency under the provisions of [RCW 38.52](#). A local declaration must be made by the local authorized official. Since nasopharyngeal swabbing is considered primary care and generally not an emergency condition, the law does not allow EMS to perform nasopharyngeal swabbing unless deemed an emergency.
  - a. An emergency incident mission number has been issued by the Washington State Department of Military, Emergency Management Division. ([WAC 118-04-240](#))
  - b. The EMS personnel have received MPD approved specialized training to perform the skill.
  - c. The EMS personnel are acting under the medical direction of the county MPD or an MPD delegate physician such as the local health officer and a department approved MPD protocol is in place.
  - d. The EMS personnel are acting under the operational direction of the appointed incident commander or director of the local or state emergency management organization.

## **EMS Waivers to Regulations**

The Governor has issued the healthcare worker licensing proclamation, which includes a number of waivers of health care regulations to help increase capacity in the health care system while addressing COVID-19. You can find the proclamation [here](#). It's effective now until midnight on April 25, 2020, unless extended by legislative approval. Please note that the Governor's powers under [RCW 43.7.06.220\(4\)](#) states that no orders concerning waiver or suspension may continue longer than thirty days unless extended by the legislature. Should these waivers be extended additional information will be sent out.

Below is a summary of how these waivers affect the EMS profession.

### **Governor waives some requirements for reactivation of expired certification**

The Governor has waived [WAC 246-976-171\(4\)\(a\), \(b\)](#), which waives the requirement to complete education and training to reactivate an EMS certification that has been expired for two years or less.

### **Governor waives AIDS education requirement for emergency medical personnel.**

The Governor has waived [RCW 70.24.260](#), which waives AIDS education requirements for EMS providers through April 25, 2020.

### **Governor waives continuing education requirements for returning from military to active status.**

The Governor has waived [WACs 246-12-530\(4\)](#) and [560\(6\)](#), which waives continuing education requirements for military or military spouses to return their licenses to active status through April 25, 2020.

### **Temporary extension of EMS certifications**

[WAC 246-976-144\(1\)](#) requires EMS certifications to be renewed every three years.

The Secretary of Health has extended health profession license expiration dates for licenses up for renewal between April 1 and September 30, 2020. Providers can opt to renew during the extension. The extension will not change the renewal date of the individual license.

The extension will allow health professionals to focus on patient care and promote continued patient safety during the COVID-19 outbreak.

Washington law allows the Secretary of Health to grant administrative modification for the duration of any license, certification, or registration period to address unusual circumstances. Governor's Proclamation 20-32 provides authority for the action without agency rulemaking. [More information is available on our website.](#)

### **Secretary of Health variance to EMS reciprocity requirement for cognitive examination in WAC 246-976**

[WAC 246-976-142](#) requires out of state reciprocal applicants to *"Provide proof of a passing score on a department-approved certification examination for the level of certification. The score is valid for twelve months from the date of the examination. After 12 months, a passing score on a department approved certification examination is required"*. This requirement sets forth the need for qualified out of state applicants to pass the National Registry of Emergency Medical Technicians (NREMT) assessment examination as a proxy for the Washington State examination when the applicant may already hold an active and valid NREMT certification.

[RCW 18.73.101](#) and [RCW 70.168.080](#) authorizes the secretary to *"grant a variance from a provision in this chapter if no detriment to health and safety would result from the variance and compliance with the provisions would cause a loss of existing emergency medical services."*

Out of state reciprocity applicants will automatically be provided a variance to the requirement to take the cognitive assessment examination if the applicant currently holds an active and valid NREMT certification.

### **Variance to ambulance staffing standards**

[RCW 18.73.150](#), [RCW 70.168.080](#), [WAC 246-976-260](#), and [WAC 246-976-390](#) identify nuanced staffing standards required for licensed and verified ambulance services. Verification is an additional endorsement on a license that allows EMS services to provide trauma care.

[RCW 18.73.150 \(b\)](#) allows *“the use of a driver who has at least a certificate of advanced first aid.”* [RCW 18.73.150 \(2\)](#) allows *“an ambulance service established by a volunteer or municipal corporation in a rural area with insufficient personnel to use a driver without any medical or first aid training so long as the driver is at least eighteen years old, successfully passes a background check issued or approved by the department, possesses a valid driver’s license with no restrictions, is accompanied by a non-driving emergency medical technician while operating the ambulance during a response or transport of a patient, and only provides medical care to the patients to the level that they are trained.”*

[RCW 18.73.101](#) and [RCW 70.168.080](#) authorizes the secretary to *“grant a variance from a provision in this chapter if no detriment to health and safety would result from the variance and compliance with the provisions would cause a loss of existing emergency medical services.”*

Due to consequences of COVID-19 Pandemic, EMS is experiencing workforce shortages due to exposures to the disease and social distancing strategies mandated under the Governor declared emergency for this event.

Because our law currently allows the use of drivers with first aid and no medical training in limited circumstances to mitigate workforce shortages in rural communities, it is reasonable that under the current Governor declared emergency for the COVID-19 pandemic event, that EMS services experiencing workforce shortages due to exposures to the disease and social distancing strategies mandated by Governor proclamations, may use either drivers with first aid or no medical training as long as the other provisions of the use of non-medically trained drivers is met.

Be advised that the EMS service must verify that all non-medically trained drivers meet the following criteria:

1. Are at least 18 years old; and
2. Have no reported offenses on a Washington State Patrol name and date of birth background check provided by your service; and
3. Possess a valid driver’s license with no restrictions; and
4. Have been instructed that they are only to provide care to the level that they are trained to the public.

To request a variance to ambulance staffing standards, the appropriate authority and decision maker within the licensed EMS service must send an email to [jason.norris@doh.wa.gov](mailto:jason.norris@doh.wa.gov) requesting a variance to the ambulance staffing standards. Include

the name of the EMS service, the state issued license number and sufficient information regarding staffing challenges to support the need for the variance.

### **Variance to OTEP requirement for quarterly training**

[WAC 246-976-163\(1\)\(b\)](#) requires that OTEP be conducted at least on a quarterly basis. Department of Health approved OTEP plans include a remediation plan which allows providers a process to make up missed sessions.

[RCW 18.73.101](#) and [RCW 70.168.080](#) authorizes the secretary to “*grant a variance from a provision in this chapter if no detriment to health and safety would result from the variance and compliance with the provisions would cause a loss of existing emergency medical services.*”

For the period of the Governor declared emergency for the COVID-19 outbreak, the department will allow a statewide variance to the requirement in [WAC 246-976-163\(1\)\(b\)](#).

The Department of Health recommends EMS providers continue with their didactic education per the established schedule in their OTEP plan to the extent possible using distributive or virtual lead instructor education training while social distancing is in effect. If didactic content is not available through a distributive or virtual lead instructor model, the rescheduling of those sessions should occur when social distancing requirements are lifted, before the providers expiration. In-person psychomotor skill evaluations / competency-based training (CBT) should be rescheduled once social distancing guidance is lifted.

### **Use of EMS AID and other vehicles to transport patients**

[RCW 18.73.130](#) identifies exemptions to the ambulance and aid service licensing requirement and includes “Operators of vehicles pressed into service for transportation of patients in emergencies when licensed ambulances are not available or cannot meet overwhelming demand.

[RCW 18.73.180](#) identifies when other transportation vehicles not defined in chapter 18.73 RCW, may be used including when “a disaster creates a situation that cannot be served by licensed ambulances. For guidance regarding these two provisions, please contact [jason.norris@doh.wa.gov](mailto:jason.norris@doh.wa.gov).

### **EMS training challenges and Pearson Vue testing sites**

The Department of Health is aware of many challenges for conducting training and testing with EMS students.

Students enrolled in initial EMS courses are having challenges completing didactic requirements and end of course practical examination due to statewide response activities around COVID-19 and new social distancing requirements.

Didactic course requirements may be completed through distributive or virtual lead instructor

training (VLIT). This includes course lessons, homework, and testing.

Throughout initial courses, students complete numerous in-person practical skill evaluations and multiple scenarios. The EMS Training Program and Instructor Manual ([DOH 530-126, p17](#)), allows for two pathways for the SEI/LI can conduct end of course BLS practical skill evaluations. Both pathways require the SEI to determine the competency of each student in each of the individual practical skills.

[NREMT](#) minimum skill evaluations:

- For EMRs these include patient assessment / management – trauma, patient assessment / management – medical, BVM ventilation of an apneic adult patient, oxygen administration by non-rebreather mask, and cardiac arrest management / AED.
- For EMTs these include patient assessment / management – trauma, patient assessment / management – medical, BVM ventilation of an apneic adult patient, oxygen administration by non-rebreather mask, bleeding control / shock management, cardiac arrest management / AED, joint Immobilization, and long bone immobilization.

If you are conducting an EMT/SGA course, students will need to demonstrate proficiency in supraglottic airway placement.

Conducting a comprehensive end-of-course evaluation in initial EMR and EMT courses to determine competency, when working with a team, is listed as optional in the EMS Training Program and Instructor Manual. An EMS training program may choose to waive this requirement, if during the duration of the initial course they successfully demonstrated competency in required practical skills.

Training program directors will need to evaluate the need to waive this requirement.

If you need to cancel or modify an existing EMS course please send an email to [hsqa.ems@doh.wa.gov](mailto:hsqa.ems@doh.wa.gov), include the course approval number and other relevant information.

Pearson Vue testing sites are currently closed to comply with the Governor's Stay Home, Stay Health order. The department is receiving weekly updates from NREMT regarding their strategies and progress in evaluating and developing an alternative to cognitive testing Pearson Vue testing sites.

### **Use of students enrolled in EMS courses for staffing ambulances**

Students who have completed an EMS course in Washington State and are currently unable to take the cognitive and/or end of course psychomotor examination, may be used to staff an ambulance as follows:

- Students may enroll in a MPD approved Field Training Program. The student may ride as a third person on an ambulance and may only provide care to patients at the level of training they have received while under the direct oversight of the appropriate level certified provider.
- Students may operate on an ambulance as a non-medically trained driver in accordance

with [RCW 18.73.150\(2\)](#). The EMS service must comply with the requirements in law.

## **PPE Challenges: Important Information for EMS**

We are all aware of the challenges of obtaining personal protective equipment (PPE) during this pandemic. The current shortage applies to all health care disciplines. EMS is recognized as a critical component of our health care system. Decisions regarding PPE allocation are based on specific and identified need and are being prioritized based on those needs. The Department of Health is updating our guidance related to PPE distribution and allocation. Until our guidance is released, our general guidance is as follows:

1. Continue to submit your request for replenishment of PPE through your normal distribution supply chain. While the supply remains limited, filling these orders will be challenging and you may not receive your entire orders.
2. To request supplies from state or federal resources, you must submit those requests through your established local emergency management structure. Based on that structure in your state, your request may then be processed through the emergency management chain or through the public health chain to the state level emergency management. From the state level, it will be transmitted to the federal level. Final decisions for health care material are made by the US Department of Health and Human Services (HHS) which will then order the distribution of the material.
3. When submitting that request, indicate the following:
  - a. Agency
  - b. Specific material and quantity request
  - c. Detailed risk/exposure justification for the request
  - d. Current on-hand requested supplies
  - e. Burn rate of current supplies
  - f. Other information pertinent to the request
  - g. Alternatives that are available and risks associated with pending gaps.

The shortage of PPE will continue to challenge the COVID-19 response. Following appropriate process for requesting supplies will be critical to your success.

Washington State Prioritization Guidelines for Allocation of PPE:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPEPrioritizationofAllocation.pdf>

Washington State PPE Conservation Strategies:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPEConservationStrategies.pdf>

## **EMS Resources for COVID-19**

Guidance and resources that may help inform your local EMS preparedness and planning activities to address COVID-19 can be found on the [Washington State Department of Health website](#) and are being updated frequently.

