

To: All EMS Agencies (GA, AL, FL, NC, TN, SC) who transport patients to a Georgia acute care facility
All Georgia 911 Public Safety Answering Points (PSAPs)
All Georgia District Health Directors, District Epidemiologists and District EP Staff
All acute care hospitals in Georgia

From: Kathleen E. Toomey, M.D., M.P.H., Commissioner and State Health Officer
David Newton, Director, Georgia Office of EMS and Trauma

Re: First Responder Agencies Receiving Information about the COVID-19 Status of Patients

Date: Friday, March 27, 2020

We have received several questions recently from first responders in both Georgia and Alabama about the ability of a first responder agency or transporting EMS agency to know the COVID-19 status for those they care for. To clarify previous guidance that has been issued, there are two situations related to first responder agencies (EMS, Fire, Law Enforcement) who treat or come into contact with possible COVID-19 patients that are addressed here: 1) responding to a 911 call; and 2) transporting a patient who presents with signs and symptoms consistent with COVID-19 and obtaining the COVID-19 status on the patient.

Situation 1: Responding to a 911 Call.

1. **Question:** *Can the 911 dispatch center and the first responder agencies in an area be given a list of all of the patients with confirmed or suspected COVID-19 in their geographic response area so that they can let first responders know if a call is dispatched to that address?*
2. **Discussion:** While this is allowed under the HIPAA privacy rule, there are several concerns with this approach:
 - a. There is not wide scale testing in all areas of the state, but there is community-based transmission. This means that if an address that a first responder agency is being dispatched to does not show up on the COVID-19 list, that is not good evidence that any person at that address does not actually have the disease. This would create a false sense of security for the first responders.
 - b. Due to the lag time between specimen collection and reporting, it is likely that the hospital or DPH would not be able to get the results to any first responder agency prior to them being dispatched to a location where there is a patient who has tested positive for COVID-19.
 - c. Even in a public health emergency, the HIPAA “minimum necessary” standard still applies. This would mean that only the first responders who are dispatched to the location of the patient would be able to receive the information and only during the time frame when a risk of infection is present. There is no automated way to do this, and to do this manually would create a significant burden on district and state epidemiology staff.

- d. If the list were given to first responder agencies, it will only prove useful to the agency if the patient does in fact stay at their home address. If they chose to violate the isolation order and are at another location that is not on the list, then the first responders would have a false sense of security regarding the patient's COVID-19 status.
3. **Conclusion:** Given the concerns listed above, we do not feel it prudent to share lists of potential or confirmed COVID-19 patients and their addresses with first responder agencies.
4. **Recommendation for PSAPs and first responder agencies:**
 - a. PSAPs should ask screening questions of all callers, for example, their temperature, presence of a cough or difficulty breathing, and they should inform the caller that the caller is required to disclose to the first responders if they have COVID-19 (see DPH Administrative Order issued on 3/23/2020). The PSAP may inform first responders being dispatched to the scene of the name, address, and screening results of the persons who may be encountered so that the first responders can take extra precautions or use PPE to lessen the risk of exposure to COVID-19, even if the subject of the dispatch is for a non-medical situation. The PSAP should only disclose the minimum amount of information that the first responders need to take appropriate precautions to minimize the risk of exposure. Depending on the circumstances, the minimum necessary PHI may include, for example, an individual's name and the result of the screening.
 - b. First responders should be aware that COVID-19 is in our communities and should assume that all individuals are positive for COVID-19 until proven otherwise. For more guidance for PSAPs and first responder agencies, please visit:
<https://dph.georgia.gov/EMS/oems-covid-19> .

Situation 2: The EMS Agency transports a patient from an emergency scene or hospital to a hospital or acute care facility and requests information related to the COVID-19 status of the patient.

1. **Question:** *Can a hospital or other acute care facility, or district or state health department, disclose the COVID-19 status (negative, exposed, presumptive positive, confirmed positive) of a patient to the first responder agencies or transporting EMS agencies that have recently come into contact with or transported the patient, without the individual patient's authorization?*
2. **Answer: Yes.** This is permitted under the HIPAA Privacy Rule, and in fact, it is **critical** that hospitals, acute care facilities, and district and state health departments disclose this information to the first responder agencies or EMS agencies that transported a patient. Getting this information to our first responder agencies and transporting EMS agencies is also vital for Georgia's efforts to minimize community transmission especially by first responders – if they aren't told that they might have been exposed, they are not able to help us with contact tracing for other first responders or patients who might have also been exposed.
3. **Discussion:** Under the HIPAA Privacy Rule, a covered entity is permitted to disclose the protected health information (PHI) of an individual who has been infected with or exposed to COVID-19, without the individual's HIPAA authorization, to law enforcement, EMS personnel, other first responders, and public health authorities under circumstances which include, but are not limited to, the following:
 - a. **When first responders may be at risk of infection.** A covered entity may disclose PHI to a first responder who may have been exposed to COVID-19 or may otherwise be at risk of contracting or spreading COVID-19, in the conduct of a public health intervention or

investigation. For example, HIPAA permits a covered county health department, in accordance with a state law, to disclose PHI to a police officer or other person who has or may come into contact with a person who tested positive for COVID-19, for purposes of preventing or controlling the spread of COVID-19. 45 CFR 164.512(b)(1)(iv).

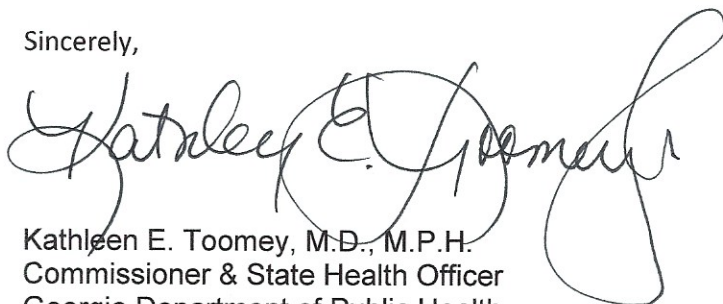
- b. **When the disclosure of PHI to first responders is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.** A covered entity may disclose PHI to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone the covered entity believes can prevent or lessen the threat, which may include the target of the threat. For example, HIPAA permits a covered entity, consistent with applicable law and standards of ethical conduct, to disclose PHI about individuals who have tested positive for COVID-19 to EMS agencies and personnel, fire department personnel, child welfare workers, mental health crisis services personnel, or others charged with protecting the health or safety of the public if the covered entity believes in good faith that the disclosure of the information is necessary to prevent or minimize the threat of imminent exposure to such personnel in the discharge of their duties. 45 CFR 164.512(j)(1).
4. **Conclusion:** Georgia hospitals and acute care facilities, as well as county health departments and if necessary, district public health staff, are permitted and directed to provide the COVID-19 status (negative, exposed, presumptive positive, confirmed positive), when available, to any first responder agency or transporting EMS agency who has recently come into contact with the patient, upon the request of the first responder agency or transporting EMS agency. To clarify:
 - a. First responder agencies and transporting EMS agencies should not request this on each patient they come into contact with, **but only on those patients whose presentation is consistent with COVID-19** (exposure to a positive patient, fever, cough or difficulty breathing). First responder agencies and transporting EMS agencies need to understand the burden that requesting the status on every patient would place on hospitals and county health departments.
 - b. Hospitals, acute care facilities, and county health departments must take proactive measures to notify first responder agencies and transporting EMS agencies that have recently transported a patient who has tested positive for COVID-19. The Emergency Rule issued by the Georgia Office of EMS and Trauma on March 26, 2020, requires that EMS agencies leave a patient care report at a hospital or acute care facility, and the report must identify the transporting EMS agency and any other first responder agency that had patient contact. If a hospital, acute care facility, or county health department is unable to determine which EMS agency transported a patient or which first responder agency came into contact with the patient, then that facility or health department should contact the Office of EMS and Trauma Regional EMS Director for its area. A list of those personnel can be found on this page:

<https://dph.georgia.gov/EMS/regional-ems-systems/regional-contacts>

A hospital, acute care facility, or county health department may also utilize the Regional EMS Director to help notify the responding first responder agencies and transporting EMS agencies of a positive COVID-19 patient.

The role that our first responders and transporting EMS agencies play is critical to our efforts in the COVID-19 public health emergency. We hope that this guidance helps hospitals, acute care facilities, and county health departments maintain an open line of communication with the first responder agencies and transporting EMS agencies that care for our communities.

Sincerely,



Kathleen E. Toomey, M.D., M.P.H.
Commissioner & State Health Officer
Georgia Department of Public Health



David Newton, DrPH(c), MPH, NRP
Director
Georgia Office of EMS and Trauma

c: All Regional EMS Directors, Georgia Office of EMS and Trauma
Michael Nix, Executive Director, Georgia Emergency Communications Authority