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MEMORANDUM

To: All Nor-Cal EMS / EMS System Providers

From: Nor-Cal EMS

Date: April 3, 2020

Subject: Updated COVID-19 Interim EMS Guidance

The purpose of this memorandum is to provide updated direction to EMS system participants related to the current COVID-19 situation. This guidance is in coordination with S-SV EMS and effective immediately. We will continue to update it as necessary to reflect revised local, state and national guidelines.

SUMMARY OF KEY CHANGES FROM PREVIOUS GUIDANCE

- Added new ambulance rider restrictions.
- Added new guidance on facemasks and respirators.
- Added new EMS workforce maintenance language based on 3/24/2020 guidance provided by the California EMS Authority.

Dispatch Call Screening

Dispatch centers who choose to utilize a modified caller query, continue to be directed to ask callers/patients the following two (2) questions:

1. “Are you or someone in your household currently on home isolation or quarantine for coronavirus?”
2. “Do you currently have any respiratory symptoms such as cough, fever, or shortness of breath?”

For any caller/patient who answers affirmatively to either question, this information shall be communicated to EMS personnel before arrival on scene in order to allow for use of appropriate personal protective equipment (PPE). Dispatch centers are advised against using phrasing such as “no PPE required”, “call screen negative”, or other similar wording. It is recommended that EMS personnel are only advised when a caller/patient answers affirmatively to one of the above call screening questions. Regardless of whether or not a dispatch center is utilizing a modified caller query, EMS personnel should remain vigilant. Patients should be evaluated for risk factors as soon as possible

upon initial contact, and appropriate precautions should be immediately taken if necessary.

CDC Criteria to Guide Evaluation of PUI for COVID-19

EMS personnel should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19. According to recent studies COVID-19 symptoms include cough (68%), fever (44%), fatigue (38%), sputum production (34%), shortness of breath (19%), sore throat (14%), headache (14%), and other upper respiratory symptoms.

EMS Patient Assessment & Treatment

- EMS personnel should exercise adequate precautions when responding to any patient with signs or symptoms of a respiratory infection. The following procedures should be utilized to minimize possible exposures:
  - If possible, the patient should be instructed (either by dispatch or initial arriving responders) to meet EMS personnel outside the building or in an area that will allow for adequate distancing (living room, etc.).
  - If possible, initial assessment should occur by a single EMS caregiver, and from a distance of at least six (6) feet from the patient. Patient contact should be minimized to the extent possible until a facemask is placed on the patient.
  - If possible, a facemask should be worn by any patient with signs/symptoms of a respiratory infection for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If none of these options are possible, have the patient cover their mouth/nose with tissue when coughing.
- If COVID-19 is not suspected, EMS personnel shall follow standard procedures and use appropriate PPE for routine evaluation of patients with a potential respiratory infection.

- **<u>If COVID-19 is Supected:</u>**

  - Continue to involve the fewest EMS personnel required for the duration of the call, to minimize possible exposures.
  - EMS personnel providing direct patient care, or who will be in the ambulance patient care compartment with the patient, shall follow contact and airborne precautions. Recommended PPE includes:
    - N-95 or higher-level respirator or facemask (if a respirator is not available).
      - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.
      - When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.

- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated.
- An isolation gown.
  - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).

- AEMT & paramedic personnel may temporarily utilize albuterol metered dose inhalers (MDI's), in place of nebulized breathing treatments, for patients suffering from bronchospasm. Use of MDI's is optional for those EMS providers who wish to purchase/utilize them. A patient's own MDI may also be utilized by prehospital personnel when available and clinically appropriate. A just in time training document related to the use of MDI's is attached to this bulletin.
- Precautions for Aerosol-Generating Procedures:
  - If possible, consult with the base/modified base hospital for specific guidance before performing aerosol-generating procedures.
  - An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS personnel present for or performing aerosol-generating procedures.
  - EMS personnel should exercise caution if an aerosol-generating procedure (BVM ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, CPAP, etc.) is necessary. If possible, BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
  - If possible (i.e., while still on scene), the rear doors of the ambulance should be opened, and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.
  - If EMS personnel are treating/transporting a patient with an aerosol-generating procedure, they shall notify the receiving facility during their pre-arrival report of the type of procedure being utilized and provide a clear picture of the patient's condition. They shall also obtain further guidance from the receiving hospital on whether to continue, discontinue, or complete the procedure. Prehospital personnel shall adequately document, on the electronic patient care report, any hospital order to stop an aerosol-generating procedure.

EMS Personnel Monitoring & Surveillance

- In the setting of community transmission, all health care providers are at some risk for exposure to COVID-19, weather in the workplace or in the community. Continuing work exclusions and home quarantining guidance in the setting of community transmission would quickly result in a deficit of EMS personnel to treat the growing number of COVID-19 patients, and all other patients. Therefore, EMS provider agencies should do the following:
  - Develop a plan for how they will screen for symptoms and evaluate ill employees.
    - This plan could include having employees report absence of fever and symptoms prior to starting work each day.
  - Ask employees to report recognized exposures.
  - In consultation with their occupational health program (or local public health department where applicable), consider allowing asymptomatic employees who have had an exposure to a COVID-19 patient to continue to work.
    - These employees should report temperature and absence of symptoms each day prior to starting work.
    - If there is a sufficient supply of facemasks, consider having exposed employees wear a facemask while at work for 14 days after the exposure event.
  - If employees develop even mild symptoms consistent with COVID-19, they must cease patient care activities immediately, don a facemask (if not already wearing one), and notify their supervisor or occupational health services prior to leaving work.

Ambulance Rider Restrictions

Effective immediately, and for the duration of the COVID-19 pandemic response, the following ambulance rider restrictions are being implemented for all Nor-Cal EMS transport providers:

- Due to COVID-19 concerns, many emergency departments are restricting family member visits. EMS personnel should not transport anyone but the patient except in the following circumstances:
  - A family member/representative of a minor patient, patient without capacity, or patient in extremis.
- All ride-alongs for non-essential personnel should be cancelled.
- If provider agency policies allow, paramedic internships may continue under the following conditions:
  - The paramedic intern has been properly fit-tested by their training program and/or the provider agency they are assigned to.
  - There are sufficient quantities of PPE for the paramedic intern, supplied by the training program and/or the provider agency they are assigned to.

Guidance on Facemasks and N95 Respirators

- Mounting evidence shows that infected persons can transmit COVID-19 during the pre- symptomatic phase. EMS personnel are strongly advised to wear a facemask during all patient care activities, when the use of an N-95 or higher-level respirator is not indicated. A single facemask can be worn for the entire day. This will provide some protection to EMS personnel and will help to prevent inadvertent transmission from presymptomatic healthcare workers to patients and co-workers.
- To extend the supply of N95 respirators, CDC has issued guidance on decontamination processes for N95s using vaporous hydrogen peroxide, ultraviolet germicidal irradiation, or moist steam. N95s may be decontaminated 3-5 times, depending on the process, thereby greatly extending N95 supplies (https://www.cdc.gov/coronavirus/2019ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html)**.**

EMS Workforce Maintenance

In order to implement the Governor's order and consistent with the recommendations of the U.S. Center for Disease Control and Prevention (CDC) and the California Department of Public Health, the California EMS Authority is recommending prehospital care service providers to implement the following actions:

- Encourage employees to call in prior to their shift if they are experiencing an illness or COVID-19 or influenza like symptoms. Direct employees to be evaluated by employee wellness or primary care physician before reporting for work.
- Employers should screen all prehospital care personnel at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If the employee is ill or has a fever above 100.4 degrees Fahrenheit, the employee should be asked to leave the workplace and referred to employee wellness or primary care physician for evaluation before returning to work.
- Employees who become ill or exhibit COVID-19 or influenza like symptoms while working should be removed from the healthcare setting and referred to an appropriate healthcare provider for evaluation and treatment.
- Consistent with CDC recommendations prehospital care personnel that have experienced a low, medium, or high-risk exposure to a COVID-19 positive patient and are asymptomatic should be allowed to work. These personnel should still report temperature and absence of symptoms each day prior to starting work and should wear a facemask (surgical or N95) while at work for 14 days after the exposure. If these personnel develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

This guidance does not preclude an individual EMS provider agency or local public health department that wishes to implement stricter guidance from doing so. EMS provider agencies should continue to consult with their local public health department as necessary on any additional guidance for EMS personnel monitoring and surveillance.