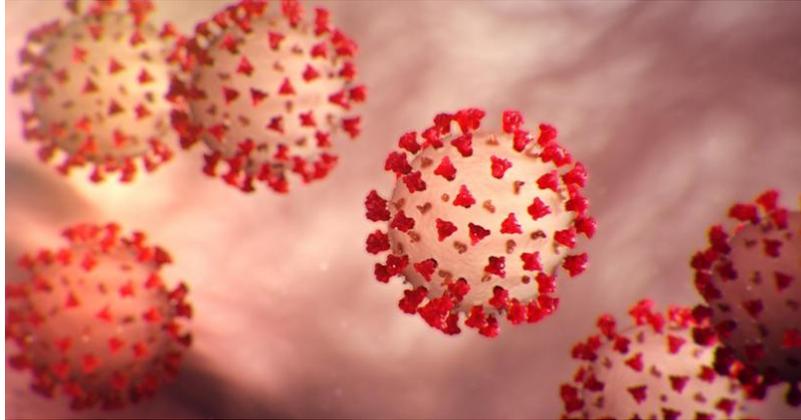


COVID-19



Medical Director Recommendations

Eric Cortez, MD

A handwritten signature in blue ink, appearing to read "Eric Cortez". The signature is fluid and cursive, with a long horizontal stroke at the end.

16 December 2020

Table of Contents

I. Patient Screening	3
II. Personal Protective Equipment	4
III. Clinical Care Guidelines	5
IV. Patient Transports	6
V. Special Responses	7
VI. COVID-19 Exposures	8-9
VIII. Confirmed COVID-19 in Law Enforcement, Fire, and EMS	10
IX. Fire Station	11
X. Appendix	12-14

Patient Screening

I. Dispatch

- A. Screening for potential COVID-19 patients should occur during dispatch if possible

II. Arrival On-Scene

- A. EMS providers should screen patients upon arrival on scene
- B. Perform initial assessment and evaluation at a safe distance from the patient (6 feet or greater).

III. Screen for signs and symptoms of COVID-19.

- A. Fever or chills
- B. Cough
- C. Shortness of breath or difficulty breathing
- D. Fatigue
- E. Muscle or body aches
- F. Headache
- G. New loss of taste or smell
- H. Sore throat
- I. Congestion or runny nose
- J. Nausea, vomiting or diarrhea

Personal Protective Equipment (PPE)

I. Place a surgical mask on all patients during all encounters

II. EMS PPE

A. Wear at least a surgical mask, eye protection and gloves for all patient encounters

B. For suspected COVID-19 patients and all invasive procedures, wear the following PPE:

1. N-95 or alternative (reusable APR or SCBA)
2. Gloves
3. Eye protection
4. Gown or alternative (high-visibility jackets or layers of clothing)

C. Examples of invasive procedures (aerosol-generating procedures):

1. Breathing treatments
2. Intranasal medication administration
3. BVM
4. CPAP
5. Endotracheal intubation and supraglottic airway placement
6. Chest compressions and cardiopulmonary resuscitation

D. Apply appropriate PPE before initiating patient care.

E. Guidelines for Reusing N-95 Respirators

1. Use clean gloves to put on N-95 respirator.
2. Wash hands before and after touching respirator.
3. Avoid touching the inside of the N-95 respirator (wash hands if touched).
4. Hang in a designated storage area or keep in a breathable paper bag. Avoid cross contamination. COVID-19 can survive on fomites (non-living surfaces) so limit contact with objects if possible.
5. Discard if used during aerosol-generating procedures (breathing treatments, airway management, CPR, etc.).
6. Discard if contaminated with blood, secretions or other bodily fluids.
7. Discard if obviously damaged or it becomes hard to breathe through
8. Discard after five uses or according to manufacturer recommendations regarding limited reuse.

III. Driver

A. Isolated Cab Approach

1. No PPE required
2. Wash hands before driving if PPE removed

B. Non-Isolated Cab Approach

1. Minimum PPE is respirator/facemask
2. Wash hands before driving if other PPE is removed
3. Decontaminate cab and patient compartment
3. PPE Conservation Approach (applies to isolated and non-isolated cabs)
 - a. Maintain PPE through transport and patient handoff
 - b. Decontaminate cab and patient compartment

Clinical Care Guidelines

I. Limit Exposure

A. If possible, minimize the number of EMS personnel providing care.

B. The following invasive interventions may lead to viral particle aerosolization:

1. Breathing treatments
2. Intranasal medication administration
3. BVM
4. CPAP
5. Endotracheal intubation and supraglottic airway placement
6. Chest compressions and cardiopulmonary resuscitation

C. Avoid invasive interventions if feasible.

D. However, if the patient requires invasive interventions to prevent decompensation or treat cardiopulmonary instability, they should NOT be withheld. Assure appropriate PPE is donned.

II. Follow existing EMS protocols unless otherwise noted.

Patient Transports

I. Ambulance and Other Vehicles

- A. Ventilate in Non-Recirculated Mode
- B. Decontaminate with an Appropriate Agent and PPE
 - 1. Decontamination should still occur if COVID-19 was NOT suspected by EMS personnel but hospital suspects COVID-19

II. Radio Report

- A. Use the Following Language If COVID-19 is suspected
 - 1. ***“Hospital, this is Medic X, please be advised that we are transporting a PPE patient...”***
- B. Consider notifying the receiving facility if the patient is **“okay for triage.”** All of the following criteria should be met for patients to be considered appropriate for triage:
 - 1. Age 18-55
 - 2. Vital Signs
 - a. SBP > 100 mm Hg
 - b. RR < 20
 - c. Pulse Ox > 94%
 - d. HR < 100
 - e. Normal Mental Status
 - 3. None of the following associated signs or symptoms:
 - a. Chest pain
 - b. Cyanosis
 - c. Syncope
 - d. Respiratory distress

III. Destinations

- A. Follow typical transport protocols.
- B. Follow special instructions provided by hospital staff if applicable.

Special Responses

I. Response to Nursing Homes, Extended Care and Other Facilities

A. Refer to Appendix 1 for Additional Information

B. Transfer of Care

1. Facilities are being encouraged to perform transfer of care outside of the entrance if feasible and weather permitting
2. If transfer of care cannot be performed outside, facilities are being encouraged to provide the shortest pathway to the patient
3. EMS personnel should wear appropriate respiratory protection when entering the facility.
4. Limit the number of individuals entering the building if feasible

C. Outdoor visits are currently permitted. Assure proper social distancing techniques. Continue to follow existing guidelines for transfer of care

COVID-19 Exposures

I. EMS Personnel Transport an Individual Suspected of COVID-19

- A. Apply Social Distancing Techniques
- B. Perform Temperature Checks and Symptoms Monitoring
- C. EMS Personnel Remain On-Duty if Asymptomatic and Afebrile
- D. If Inappropriate PPE Worn by Crew:
 - 1. Complete “Exposure Form” at the ED
 - 2. Inform appropriate supervisor immediately
 - 3. Personnel should wear a face mask

II. EMS Personnel with Non-Work Exposure to Suspected COVID-19

- A. Follow Steps A-C from above section and inform appropriate supervisor

III. Febrile or Symptomatic EMS Personnel

- A. Notify Appropriate Supervisor
- B. Isolate at Home
- C. Determine if Possible COVID-19 Signs and Symptoms
 - 1. Determined to be Non-COVID-19: return to work guidelines based on individual disease process (i.e., for gastroenteritis – afebrile and asymptomatic for 24 hours)
 - 2. Possible COVID-19 Illness: Refer for testing per departmental policies and procedures.

IV. EMS Personnel Exposed to Confirmed COVID-19 Patient

- A. Prolonged Exposure Criteria
 - 1. Within six feet for greater than 15 minutes total, or any duration during aerosol generating procedures
 - 2. Includes 48 hours before patient developed signs and symptoms
- B. Exposure Categories
 - 1. Unprotected Prolonged Exposure
 - a. EMS personnel not wearing mask or respirator
 - b. EMS personnel not wearing eye protection and patient not wearing mask
 - c. Aerosol-generating procedures and EMS personnel did NOT wear any of the following: respiratory, gloves, gown, or eye protection
 - 2. All Other Exposures
 - a. Exposures not meeting criteria for unprotected prolonged exposure

C. Quarantine Recommendations (Refer to Fire Station Section, page 11)

1. Unprotected Prolonged Exposure
 - a. Option 1: At-Home Quarantine
 - i. Exclude from work 10 days after exposure.
 - ii. Monitor for fever and symptoms.
 - iii. Notify supervisor if fever or symptoms develop.
 - b. Option 2: At-Work Quarantine
 - i. Applicable only when face masks worn at fire station (see Fire Station section, page 11)
 - ii. Monitor for fever and symptoms
 - iii. Notify supervisor if fever or symptoms develop
2. All Other Exposures
 - a. No work restrictions.
 - b. Monitor for fever and symptoms
 - c. Notify supervisor if fever or symptoms develop
3. Individuals previously testing positive for COVID-19 with subsequent unprotected, prolonged exposures do NOT require quarantine if they remain asymptomatic.

V. Return to Work Guidelines for EMS Personnel with Positive COVID-19 Tests

A. Symptomatic EMS Personnel with Positive COVID-19 Tests

1. Symptom-based Strategy
 - a. Return to work if both of the following criteria are met:
 - i. At least 24 hours of no fever and improvement of symptoms
 - ii. At least 10 days since symptoms developed
 - b. Severe/Critical Illness or Immunocompromised Personnel
 - i. At least 24 hours of no fever and improvement of symptoms
 - ii. At least 20 days since symptoms developed
2. Test-based Strategy (Not Recommended in Most Instances)
 - a. Return to work if both of the following criteria are met:
 - i. No fever and improvement of respiratory symptoms
 - ii. Two negative COVID-19 tests greater than 24 hours apart

B. Asymptomatic EMS Personnel with Positive COVID-19 Tests

1. Time-based Strategy
 - a. Return to work if 10 days from positive test and no symptoms
2. Test-based Strategy (Not Recommended in Most Instances)
 - b. Return to work if two negative COVID-19 tests greater than 24 hours apart

C. Return-to-Work Practices

1. Wear a face mask until all symptoms have resolved
2. Perform symptom monitoring and temperature checks

VI. Personnel with a previous positive COVID test who remain asymptomatic should not be retested if within three months of initial symptom onset.

Confirmed Case of COVID-19 in Police or Fire Fighter

- I. Immediately clean station or workplace and schedule a deep professional clean.
- II. Any Close Contacts (Colleague or Member of Public)?
 - A. Close Contact = Less than 6 feet for more than 15 minutes total
 - B. Includes Coworkers on the same crew or in the same vehicle as case
 - C. Includes 48 hours before the confirmed COVID-19 individual became symptomatic
- III. Individual determined to be a close contact
 - A. Self-monitor for fever and COVID-19 symptoms.
 - B. Refer to “EMS Personnel Exposed to Confirmed COVID Patient, Section C” (page 9) for quarantine recommendations.
 - C. Contact healthcare provider if fever or symptoms develop.
- IV. Individual determined to NOT be a close contact
 - A. Individuals can continue to work.
 - B. Self-monitor for fever and COVID-19 symptoms.

Fire Station

- I. Face masks should be worn whenever possible, especially when within six feet of other individuals and/or employing the at-work quarantine option
 - A. Surgical masks are preferred but cloth masks and gaiters are acceptable
 - B. These recommendations do NOT apply to patient encounters. Please refer to appropriate section for guidance during patient encounters.

Appendix 1: EMS Response to Nursing Homes, Extended Care, and Other Facilities During the COVID-19 Pandemic

Shelters, Nursing Homes, Adult Care and Extended Care Facilities Acknowledge the Following:

I. EMS responses to nursing homes and extended care facilities are determined by pre-existing departmental policies and procedures.

A. Run types and response types are determined by current dispatch standard operating procedures.

B. In the setting of the COVID-19 pandemic, EMS dispatch centers have incorporated extensive triage questions to help predict potential COVID-19 patients.

C. EMS personnel have been trained to triage patients on-scene for COVID-19.

II. EMS agencies have developed personal protective equipment (PPE) policies for patients exhibiting signs and symptoms concerning for COVID-19.

A. Patients are screened during dispatch for COVID-19 risk factors.

B. On-scene triage occurs at a safe distance to help determine the most appropriate level of PPE.

III. EMS agencies are working closely with their medical directors and public health authorities to monitor their personnel for signs and symptoms of COVID-19.

A. EMS agencies are applying the following mitigation techniques.

1. EMS personnel are practicing social distancing.

2. EMS personnel are self-monitoring for fever and respiratory symptoms.

3. EMS agencies are encouraged to perform daily temperature checks on personnel.

4. EMS personnel are sent home if they develop respiratory symptoms or fever.

5. EMS personnel are instructed to remain at home when fever or respiratory symptoms are present.

B. EMS agencies are collaborating with public health authorities on the following:

1. Potential encounters with COVID-19 patients.

2. Personal (non-professional) exposure to COVID-19 patients.

3. Quarantine recommendations.

Further

IV. The 911 EMS agency was summoned because staff identified rapid or emergent medical needs of the patient.

A. Critical patients require rapid assessment and stabilization.

B. EMS agencies must maintain response times per industry standards.

C. EMS personnel should **NOT** be stopped for symptomatology screening or temperature checks, especially in 911 response.

V. EMS agencies are required to document all involved EMS personnel in the patient care report (PCR). Allowing identification of EMS providers present.

A. The level of personal protective equipment worn by EMS personnel is documented.

Therefore it is should be acknowledged Fire Departments and EMS agencies have the following requests and expectations:

1. When calling 911, notify the 911 call taker if the patient has a fever, cough, shortness of breath or a sore throat.
2. When requesting 911 EMS response for a resident, please place a surgical mask on the patient if their condition permits.
3. 911 EMS/Fire providers **CANNOT** be delayed in their response for symptom or fever screening.
4. Transport the patient to the ambulance entrance or just outside if possible and weather permitting. If a room is available to stage the patient in isolation near the ambulance entrance that would also be encouraged. If a patient's room is closer to an alternative entrance, consider directing EMS personnel to the alternative entrance if feasible.
5. If the patient cannot be moved to the ambulance entrance, a staff member should brief the crew on patient needs and condition at the door. Staff should isolate the path from the entrance to the patient's room by closing all of the residents' doors and removing any residents from the hallways along the path. Please provide the shortest path to the patient's location when calling 911.
6. We will be limiting the exposure of the EMS providers to the smallest number to adequately care for the patient. The initial evaluation may be conducted by 1-2 medical Team members with additional crew standing by outside should they be needed.

7. EMS Providers will be wearing appropriate PPE while inside the facility. Please prepare your staff and residents for their appearance. This precaution is for the EMS Provider's protection as well as your residents.
8. Please educate staff and residents. These measures are to ensure safety of the patient, the requesting staff, and EMS without unduly delaying needed emergent care.