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REGULATORY/ MEDICAL HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

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TO: ALS AND BLS PROVIDERS
IFT- ALS COORDINATORS
METRONET DISPATCH
OCFA DISPATCH
COSTA MESA DISPATCH
LAGUNA BEACH DISPATCH
OC POLICE CHIEFS AND SHERIFF (PSAPs)

REGARDING: UPDATED EMS INTERIM GUIDANCE FOR PSAPs AND EMS PERSONNEL ADDRESSING THECOVID-19 OUTBREAK

Given the presence of community transmission for the COVID-19 virus, the recommendations addressing emergency medical dispatch and EMS providers have changed. The following guidance is now in effect and has been adapted from the Centers for Disease Control (CDC).

GUIDANCE FOR DISPATCH

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should determine the possibility that a call concerns a person who may have signs, symptoms, and/or risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a person under investigation (PUI).

PSAPs should utilize the following medical dispatch procedures:

- If a unit is dispatched to the scene of a patient complaining of fever (or history of fever), cough, and/or shortness of breath, obtain a detailed history to determine:
    - If there was travel to affected geographic areas with widespread or sustained community transmission of COVID-19 within 14 days of symptom onset, OR
    - If there was close contact with someone under investigation for COVID-19 or confirmed to have COVID-19 (close contact defined as being within about 6 feet, or within the same room or care area, of a patient with suspected or confirmed COVID-

19 without wearing PPE for a prolonged period of time OR having direct contact with COVID-19 patient secretions) within 14 days of symptom onset.
  - Given the presence of community transmission, COVID-19 may be considered in any patients with fever and/or lower respiratory symptoms (cough, shortness of breath) even in those who don't meet any geographical or suspected contact criteria.

- If there is a history consistent with concern for potential COVID-19, communicate this immediately to EMS providers before arrival on scene in order to allow use of appropriate personal protective equipment (PPE).

GUIDANCE FOR EMS PROVIDERS

- If PSAP advises that the patient is suspected of having COVID-19, EMS providers should put on appropriate PPE before entering the scene. EMS providers should consider:
  - Appropriate PPE consists of gloves, gown, N95 respirator, and eye protection (goggles).
  - Based on analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for the highest risk exposures such as procedures that are likely to generate aerosols (intubation, CPAP, nebulizers, etc).
  - At times in consideration of provider safety, it may be appropriate for a single provider in full PPE to engage with a patient while the other providers are greater than 6 ft. away with limited PPE. The other providers should be prepared to engage in care with appropriate PPE if they are needed.

- If information about potential for COVID-19 has not been provided by the PSAP, EMS providers should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is placed on the patient. If COVID-19 is suspected, all PPE as described above should be used. If COVID-19 is not suspected, EMS providers should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.

- A facemask should be worn by the patient 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.

- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

- Any aerosol generating procedures should be done with caution (consider base hospital contact). It is advised that a properly fitted N-95 mask or higher level respirator be used as well as other elements of proper PPE.

- If a patient with suspected or confirmed exposure/infection with COVID-19 requires transport to a healthcare facility, EMS providers should notify the receiving healthcare facility that the patient has an exposure history and/or signs and symptoms suggestive of COVID-19. This allows the hospital to take appropriate infection control precautions prior to patient arrival.

- Documentation of patient care should be done after EMS providers have completed transport, removed their PPE, and performed hand hygiene.

    - Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.

    - EMS documentation should include a listing of EMS and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities so they can initiate follow up if indicated.

- Guidance for healthcare personnel (HCP) exposed to patients who are suspected or confirmed to have COVID-19 can be found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

    - Given the potential concern for loss of healthcare personnel resources, agencies could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Agencies could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP 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.

- Communicable disease exposure guidelines for Orange County Prehospital Care Personnel (Emergency Response Employees-EMT, Medic, RN, MD, Firefighter, Lifeguard or Peace Officer who respond to emergency medical incidents) is located at http://www.healthdisasteroc.org/civicax/filebank/blobdload.aspx?BlobID=38655.

Sincerely,

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