



EMS Special Memorandum - #20-003

Date: March 20, 2020

To: Mendocino/ Sonoma County EMS Providers and System Stakeholders

From: Bryan Cleaver
Regional EMS Administrator

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Re: Novel Coronavirus (COVID-19) Management

This guidance document is released in cooperation with the Public Health authorities of both Mendocino and Sonoma Counties. The intent is to provide updated guidance and information regarding the management of suspected Novel Coronavirus cases within the Coastal Valleys EMS Region.

There are four types of coronaviruses that commonly circulate and cause cold symptoms and usually mild illness this time of year. However, this is a new (or novel) coronavirus that is causing more severe illness and deaths in some people who have been infected. As of 9 AM PST March 18, 2020, there have been 179,111 cases confirmed worldwide by the health agencies of numerous countries. There have been 7,426 confirmed deaths due to COVID-19.

The California EMS Authority (EMSA) has recommended EMS provider agencies and systems access the following link for updates: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

At this time, EMSA recommends using standard airborne, contact, and droplet precautions for anyone with suspected flu-like or respiratory complaint. CVEMSA and Public Health support the guidance as appropriate for the EMS System in Mendocino and Sonoma Counties. The following link can be referenced for COVID-19 PPE recommendation from the Centers for Disease Control and Prevention (CDC) recommendations for EMS Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html#recommended-ppe>

CVEMSA recognizes that the current Public Health Order for Shelter in Place (SIP) creates challenges for EMS Personnel and Providers. CVEMSA in collaboration with our EMS partners and Public Health have put together this guidance to help inform and protect our frontline workforce. Please understand that the COVID-19 response is rapidly evolving and guidance changes frequently. CVEMSA recommends that all providers continue to reference CDC guidance and recommendation on PPE and response for the most up to date information.

As of March 19, 2020, CVEMSA is asking EMS partners to follow the below guidance for PPE, Response, Treatment, Dispatch and Accreditation.

Certification/
Accreditation:

The EMS Authority has indicated it will provide authorization for Local EMS Agencies to extend the expiration dates of EMT certificates. When the state provides that guidance CVEMSA will implement any allowable



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extension process identified by EMSA for EMTs certified through our agency. CVEMSA intends to extend expiration dates of EMT-Paramedics for accreditations expiring during the COVID-19 Response.

This will be a temporary extension that will continue until 90 days after MHOAC COVID-19 activation. Paramedics applying for initial accreditation will be allowed to enter the workforce without completing ALS Update, Base Hospital Visit, Dispatch Visit, and 5 call interview.

Dispatch: Dispatch will institute the use of the Internal Academy of Emergency Dispatch's Pandemic Protocol 36. This will include extensive flu symptom screening of all patients that have breathing problems, Chest pain/discomfort, general illness or headache. Additionally, the protocol will allow for patient triaging based on the ever changing system needs and diminishing resources. It is at the discretion of CVEMSA to escalate the Triage level and communicate back to REDCOM and Howard Forest ECC. CVEMSA will provide this direction by closely monitoring the evolving status in each county, in coordination with EMS response agencies, and in alignment with state recommendations.

Currently Mendocino and Sonoma Counties are operating at Triage Level 0. This means that specifically for Flu symptoms only (cough, chills, sweats, sore throat, vomiting, diarrhea, muscle/body aches, fatigue/weakness, headache, etc.), dispatchers will instruct the patient to the front door if possible. This will apply to individual residents, healthcare facilities, and congregate living spaces such as assisted living and correctional facilities. CVEMSA will be working with key stakeholders to ensure this messaging is delivered appropriately. Implementation of Pandemic Protocol 36 will be announced once both Howard Forest ECC and REDCOM are able to operationalize.

Treatment: CVEMSA is directing medical responders to reserve the use of nebulized treatments, CPAP, Airway Suctioning, and Intubation for high acuity patients only.

- Intubation: CVEMSA recommends I-Gel insertion or BLS airway management over endotracheal intubation when possible. The use of I-Gel over intubation will help limit exposure.
- CPAP: CVEMSA recommends reserving CPAP for patients only in extremis. If CPAP is needed, transport providers shall contact the receiving facility upon arrival. Receiving facilities will evaluate the patient in the ambulance bay to determine if discontinuing CPAP is appropriate during patient transfer.
- Nebulized Treatments: CVEMSA recommends reserving nebulized treatments for patients only in extremis. If a



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nebulized treatment is needed, transport providers shall contact the receiving facility upon arrival. Receiving facilities will evaluate the patient in the ambulance bay to determine if discontinuing the nebulized treatment is appropriate during patient transfer. CVEMSA is authorizing the optional use of metered dose inhalers and may be used as an alternative to nebulized albuterol. Metered dose inhalers with a spacer may be used in accordance with treatment guideline 7701

Respiratory Distress. Please reference the training document attached to the back of this document. Additional guidance includes:

- MDIs are very expensive and hospitals are running short of them, try to bring and if necessary use the patient's own MDI and chamber to preserve supply.
- The most likely source of MDIs will be the patients.
- CVEMSA would also like to remind medical personnel that IM Epinephrine is very effective in managing acute respiratory distress per treatment guideline 7701 Respiratory Distress.
- Airway Suctioning: Airway suctioning should be reserved for patients only in extremis.

CVEMSA recognizes that under certain patient presentations avoiding these procedures may be inappropriate. In these circumstances, transporting agencies shall notify the respective receiving facility upon arrival. Receiving facilities will evaluate the patient in the ambulance bay to determine if discontinuing the nebulized treatment is appropriate during patient transfer. CVEMSA recommends that providers follow CDC guidance and PPE recommendations:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Response:

CVEMSA is monitoring CDC guidance for EMS response. Currently, CVEMSA is recommending that providers take measures to reduce potential exposure for EMS and First Responders and preserve PPE. CVEMSA suggests that when appropriate and when a patient is able to self-extricate from their home, first response agencies should begin patient assessment while maintaining a six foot distance. This allows first response agencies safe distancing and eliminates the full PPE requirement. A single individual from the transport agency, if deemed appropriate, can don full PPE. CVEMSA also recommends that if a patient is unable to self-extricate, only one responder should enter to assess the patient. CVEMSA asks that agencies not delay emergent patient care or modify necessary emergent interventions. CVEMSA is



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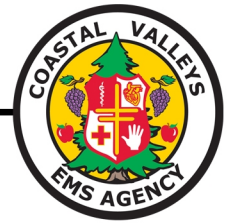
asking all agencies to seriously consider the opportunity to practice social distancing when possible to protect frontline medical personnel and preserve PPE whenever reasonable and practical.

PPE: CVEMSA emphasizes the current PPE demand during a time of significant shortages nationally. CVEMSA is asking that all agencies ensure proper and appropriate usage of PPE. CVEMSA recommends that N95 masks are reserved for invasive airway procedures and for patients highly suspicious of Influenza/COVID-19. N95 masks should be reused for entirety of a shift unless evidence of gross contamination exists.

**Exposure/
Return to work:** CVEMSA is following CDC recommendation and guidance for healthcare worker exposure and return to work. CVEMSA recommends that if a responder is asymptomatic he/she is cleared to work. If there is concern of exposure and a responder develops symptoms suspicious of COVID-19, that responder shall follow internal protocol for reporting and self-monitoring/quarantine. Responders should seek medical evaluation by a physician to determine if COVID-19 testing is appropriate. CVEMSA will use CDC recommended strategies for identifying individuals who may return to work:

Use one of the below strategies to determine when HCP may return to work in healthcare settings:

1. *Test-based strategy.* Exclude from work until
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).
2. *Non-test-based strategy.* Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications,
 - **and** improvement in respiratory symptoms (e.g., cough, shortness of breath);
 - **and**, at least 7 days have passed *since symptoms first appeared*.



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If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

The current COVID-19 response in Mendocino and Sonoma Counties is a rapidly evolving situation, EMS response shall continue to be patient centric. We anticipate that EMS will eventually respond to a potential COVID-19 case and want to reinforce that all agencies ensure proper PPE donning and appropriate PPE usage of their staff.

CVEMSA continues to work closely Public Health partners and monitor CDPH and CDC guidance to ensure proper information is available for our EMS First Responders.