



EMS Special Memorandum - #20-003.2

Date: May 15, 2020

To: Mendocino/ Sonoma County EMS Providers and System Stakeholders

From: Bryan Cleaver
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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.

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 agencies. CVEMSA in collaboration with our EMS and Public Health partners have put together this guidance document 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 May 12, 2020, CVEMSA is asking EMS partners to follow the below guidance for PPE, response, treatment, dispatch and accreditation.

**Certification/
Accreditation:**

EMSA has provided direction to LEMSAs to facilitate compliance with California Executive order N-39-20. All EMT certificates and paramedic accreditations expiring prior to July 31, 2020 have been extended through that date. In addition EMT certificate renewals processed during this timeframe shall have the skills verification requirement waived. Initial paramedic accreditation requirements have been modified to allow for waiver of ALS Update class completion, base hospital and dispatch observations. Accreditation candidates must continue to complete the field evaluation (5-call) process with an approved preceptor, although review and sign-off by EMS agency staff will not require an interview.



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Dispatch:

Medical dispatch centers are using the International Academy of Emergency Dispatch (IAED) Pandemic Protocol 36. This protocol includes extensive flu symptom screening of all patients that have breathing problems, chest pain/discomfort or general illness. Using IAED guidelines, CVEMSA, REDCOM, Howard Forest ECC and key stakeholders instituted a Triage Level system to be able to change response patterns based on the ever-changing system needs and diminishing resources. There are four Triage Levels. The decision to move from Triage Level 0 (green) to 1 (yellow) will be decided by the EMS Duty Officer and REDCOM dispatch manager. Moving to Triage Level 2 (orange) or 3 (Red) requires the addition of the Op Area Coordinator.

Below is a summary of the Triage Levels. The response modifications are specific to calls for chest pain, shortness of breath or flu symptoms utilizing the current Alpha through Delta card system.

Triage Level 0/Green - (Surveillance only) -System not experiencing impacts - Normal response modes.
Triage Level 1/Yellow - (Low triage) - System experiencing high volume, but is sustainable via mutual aid. - Consider referral of Alpha cases only.
Triage Level 2/Orange - (Moderate Triage) System is experiencing high call volume and is NOT sustainable via mutual aid - Consider reduced responses for Charlie cases.
Triage Level 3/Red - (High triage) - System is experiencing high call volume, is NOT sustainable via mutual aid and hospitals are inundated - Consider referral of some Charlie cases and reduced response for Delta cases.

Currently Mendocino and Sonoma Counties are operating at Triage Level 0 (green). This means that specifically for flu symptoms only (cough, chills, sweats, sore throat, vomiting, diarrhea, muscle/body aches, fatigue/weakness, etc.) dispatchers will instruct the patient to the front door if possible. This will apply to individual residences, healthcare facilities, and congregate living spaces such as assisted living and correctional facilities. CVEMSA continues to work with key stakeholders to ensure this messaging is delivered appropriately.

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.



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(Treatment continue)

- Nebulized Treatments: CVEMSA recommends reserving nebulized treatments for patients only in extremis. If a 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 as an alternative to nebulized albuterol. Metered dose inhalers with a spacer may be used in accordance with *treatment guideline 7701 Respiratory Distress*. 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 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.



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**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 health care providers (HCP) may return to work in healthcare settings:

1. *Test-based strategy.* Exclude from work until
 - 10 days after symptom onset,
 - and, afebrile for 72 hours without anti-pyretic,
 - and, symptoms are improving,
 - and when cleared by their health care provider or system.

Upon returning to work, these individuals must wear a mask for 14 days after symptom onset.

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 10 days have passed since symptoms first appeared.**

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 during these changes.

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