



ALAMEDA COUNTY HEALTH CARE SERVICES
AGENCY

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MEMORANDUM

Date: May 21, 2020

To: Alameda County Fire Departments
Falck Alameda County
Alameda County Permitted Ambulance Transport Providers

Re: General guidance for EMS providers during the COVID-19 emergency

From: Dr. Karl Sporer, Alameda County EMS Medical Director

This memo supersedes the March 17, 2020 Memorandum. The evolution of this pandemic requires us to make some modification to current emergency practices. This memo does not replace the guidance on recommended actions to minimize exposure, including recommended PPE.

Our Emergency Departments have not been overwhelmed and have adequate PPE, reasonable testing capacity, and processes in place to manage potential COVID patients safely. At this juncture, the ED may be one of many reasonable places for the evaluation of COVID symptoms. There is also concern that many patients with other medical issues have been reluctant to be transported to hospital. We would like to encourage our paramedics and EMT's to assure our patients that our hospitals are safe.

Dispatch

- Dispatch Centers who utilize EMD will continue to ask screening questions related to COVID-19.
- Dispatch Centers who do not utilize EMD are strongly encouraged to implement screening questions if they have not already done so. Questions should inquire

about travel history, fever and respiratory symptoms (shortness of breath and/or cough).

- Dispatchers will relay pertinent information (such as positive response to screening questions, droplet precautions indicated, etc) to field personnel.

Field Responders must realize that the information obtained by the Dispatch Center is limited to the information that the reporting party provides. The majority of the time this information is accurate and actionable however there may be occasions where all pertinent information is not disclosed by the reporting party even when asked. The care principles detailed below should be considered for all patients as appropriate.

General EMS Principles for Patients with Respiratory Symptoms

- EMS personnel should exercise appropriate precautions when responding to any patient with signs or symptoms of respiratory infection.
 - If possible, one Paramedic or EMT should enter the scene wearing PPE. An initial assessment should occur from a distance of at least six (6) feet from the patient
 - Place a surgical mask, if available, on the patient to contain droplets
 - If additional personnel are required, involve the fewest EMS personnel needed in order to minimize possible exposures
 - EMS personnel who will directly care for a patient, or who will be in the compartment with the patient, should follow standard, contact and airborne precautions. Recommended PPE includes:
 - A single pair of disposable patient examination gloves
 - Disposable isolation gown.
 - Respiratory protection (surgical facemasks are an acceptable alternative when N-95 or higher-level respirators are unavailable)
 - Eye protection
 - Respiratory aerosol-generating procedures should be minimized as much as clinically possible. This includes nebulized medication.

CPAP, Bag Valve Mask, and advanced airways. If an advanced airway is required, it is suggested that the IGel be used preferentially over an endotracheal tube.

- If a respiratory aerosol-generating procedure cannot be avoided, EMS personnel treating the patient must use P-100 preferably or an N95 filtering face piece respirators (FFRs) (commonly known as N95 respirators). The available supply of N95 FFRs and P-100s, if limited, should be prioritized for these procedures.
- During transport, restrict the number of providers in the patient compartment to only essential personnel to minimize possible exposures.
- Family members and other contacts of patients with possible COVID-19 should NOT ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Notify the receiving hospital of the situation and provide an appropriate patient care report as soon as possible. Some EDs may require that the patient stay in the unit until a bed/room assignment and a route has been determined.
- Before removing PPE, the transporting unit and exposed equipment must be decontaminated.
- After the transporting unit and exposed equipment are decontaminated, only then should you properly doff all PPE and dispose properly.

Assess and Refer

This policy was implemented in the Spring of 2018. We hope to revisit this policy and expand its use during this emergency.

- The Assess and Refer process will identify patients whose condition does not require transport by 911 emergency ambulance. This will enhance availability of

911 ambulances for critical patients and may decrease the patient loads at our emergency departments.

- All 911 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care (which may include an Assess and Refer referral).
- The following principles will be used by the paramedic in their decision making.
 - How concerned are you with the patient's current medical issue?
 - How likely is the patient to successfully navigate the provided referral?
- The requirement of successful navigation will make it less likely that Assess and Refer will be used for homeless patients or those with active mental health issues.
- After a thorough and documented assessment, Paramedics trained to use the Assess and Refer policy/procedure will have the following patient disposition options available to them:
 - Transport of the patient to an Emergency Department
 - Refusal of Care
 - Referral of the patient to another method of care not requiring emergent ambulance transport (Assess and Refer)
 - Declination of transport by paramedic if they meet criteria of low acuity
- Documentation of Assess and Refer patients should include the following
 - Vital signs and physical exam.
 - Referral plan in the narrative
 - Completion of the Alameda County EMS Assess and Refer Form
- It is expected that all Assess and Refer patients will be reviewed by the appropriate clinical coordinator.
- During this emergency, the patient request for transport may be declined by a paramedic if they meet criteria of low acuity. Note: COVID-19 patients may have higher levels of acuity despite relatively minimal apparent distress.

Health Care Professional Isolation after possible COVID-19 Exposure

- Declaration from the Governor's Office 3/16/20
 - “To address the increased demand for healthcare workers and first responders, state Departments shall authorize first responders, care providers, and workers who are asymptomatic and taking precautions to prevent the transmission of COVID-19, to continue working during the period of this emergency.”
- Those healthcare workers and first responders who may have been exposed while at work or at home will continue to work as long as they remain without symptoms.
- Some organizations may require their staff to wear a surgical mask when interacting with the public.
- Some organizations may check personnel for fevers daily before and after shifts.
- Healthcare workers and first responders who have self-isolated after becoming symptomatic with a possible case of COVID-19 should exclude themselves from returning to 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*

After returning to work, they should:

- Wear a facemask at all times while working until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer