

## **Yolo County Health and Human Services**



**Kristin Weivoda** EMS Administrator

John S. Rose, MD, FACEP Medical Director

Date: February 27, 2020

To: Yolo County First Responders and EMS Providers

From: Kristin Weivoda, EMS Administrator

John S. Rose, MD, EMS Medical Director

Subject: Novel Coronavirus (COVID-19) Update

Solano County has one (1) confirmed case of novel coronavirus with unknown transmission. There continues to be no community spread of the virus within Yolo County. The immediate risk to individuals in Yolo County remains low. Public Health is carefully assessing this situation as it evolves.

Yolo County Emergency Departments (ED) have seen a two-fold increase in the number of visits related to influenza-like illness this season. Records indicate a 47.4% increase in the number of influenza hospitalizations when compared to records from last year at this time. In California alone, there have been 328 deaths since September 28, 2019. Flu activity remains elevated for all of California.

Both Influenza, COVID-19, cold and other respiratory illnesses that spread via droplet transmission. To avoid respiratory illnesses such as these during peak season, it is important to:

- Adhere to respiratory and cough etiquette
  - Cover coughs and sneezes with a tissue or cough and sneeze into upper sleeve(s).
  - o Clean hands after coughing, sneezing, or blowing your nose.
  - Avoid touching nose, mouth, and eyes.
- Wash hands with soap and water for a minimum of 20 seconds before and after contact with patients, after using PPE, and after touching contaminated surfaces. Use an alcohol-based hand rub if soap and water are not available.
- Anyone exhibiting respiratory illness symptoms should stay home from work

## **SPECIFIC EMS MANAGEMENT:**

EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of respiratory infection. If possible, initial assessment should occur from a distance of at least 6 feet from the patient. Patient contact should be minimized to the extent possible until a facemask is on the patient.

If COVID-19 is suspected, all PPE described in the following section should be used.

If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for routine evaluation of patients with a potential respiratory infection.

Involve the fewest EMS personnel required to minimize possible exposures.

- During transport, restrict the number of providers in the patient compartment to only essential personnel to minimize possible exposures.
- Prohibit family members and other contacts of suspected COVID-19 patients from riding in the
  ambulance, if possible. If necessary, evaluate family members and other contacts for the
  presence of fever and lower respiratory symptoms. If either symptom is present, ask them to
  stay home.
- Set the vehicle's ventilation system to non-recirculating mode so as to maximize the volume of air brought into the vehicle from the outside. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
- If a vehicle is without separate compartments and ventilation must be used, open the outside air vents in the driver area and turn the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- If possible, place a surgical mask on the patient to contain droplets expelled during coughing. If this is not possible (i.e., would further compromise respiratory status, difficult for the patient to wear), have the patient cover the mouth/nose with tissue when coughing.
- Cough-generating procedures (e.g., mechanical ventilation, nebulizer treatment) should be avoided during prehospital care.
- All personnel should avoid touching their face while working.

## **RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:**

If High Suspicion of COVID-19:

Patient has an acute febrile, lower respiratory infection (fever, shortness of breath/difficulty breathing, coughing):

- Place a surgical mask on the patient, AND
- Obtain a detailed travel history:
  - o Travel to China or Close contact with a person known to have COVID-19 illness
  - High clinical suspicion based on interview, but does not meet criteria, contact EMS Duty Officer 24/7 at 530-321-3620.

If both exposure and illness are present then:

EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection. Recommended PPE includes:

- A single pair of disposable patient examination gloves. If gloves tear or become heavily contaminated, dispose of the gloves and use a new pair;
- Disposable isolation gown;
- Respiratory protection (i.e., N-95 or higher-level respirator); and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).

Notify EMS/Public Health Duty Officer 530-321-3620 immediately to discuss the findings. The duty officer will then provider instructions to the transporting agency.

If the transport vehicle does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves, and perform hand hygiene. Use of a respirator should continue throughout transport.

- Refrain from use of any procedures that would generate aerosols (i.e. nebulized treatment)
- After transport and transfer of the patient, properly doff and dispose of PPE
  - Clean and disinfect using EPA registered disinfectants with known effectiveness against human coronaviruses.
  - Personnel performing the cleaning should wear a disposable gown and gloves (a respirator should not be needed) during the clean-up process; PPE should be discarded after use.
  - All surfaces the patient may have come in contact with and any materials that may have been contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPAregistered hospital disinfectant, in accordance with manufacturer's recommendations.
  - Clean and disinfect reusable patient-care equipment according to manufacturer's instructions.
- Medical management for medical waste (red bag).

Please do not hesitate to call the EMS/Public Health Duty Officer (530-321-3620), available 24/7, with any questions or concerns that may arise, including when on a scene.

We will continue to provide updates if the situation changes, meaning if the situation worsens or there is a known risk to our Cities or County.