



Yolo County Health and Human Services



Kristin Weivoda
EMS Administrator

John S. Rose, MD, FACEP
Medical Director

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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 #6

First Responder Directive during COVID19 Pandemic in Northern California

This directive replaces update # 5 which was sent yesterday on March 16, 2020.

This memo is a directive effective immediately for all first responders (Fire BLS, Fire ALS, ALS Transport, and law enforcement agencies). This directive provides guidance to all first responders while assessing patients at the scene and limits unnecessary contact with potential respiratory illness and suspected/known COVID19 patients.

First and foremost, we are focused on the safety and care of our first responders as this evolving public health pandemic unfolds. Please remember that we are a team working to care for the people of Yolo County and protecting each other from unnecessary risks. Under these stressful times, we need to support each other.

Given that the Bay Area and Sacramento Region has community-wide transmission of COVID19 within, dispatch/PSAP screening questions will not adequately help us assess the risk, separating low and high-risk patients, and it may lead to a false sense of security. The presentation of early COVID19 infections is commonly seen as an acute respiratory illness but cases are presenting with atypical initial impressions making the determination of COVID19 risk difficult.

All Responders:

- Should keep 6 ft distance, whenever possible, from the patient on all medical calls and obtain a detailed history and initial assessment.
- Limit the number of personnel within the patient area (6 ft)
- First Responder BLS, no patient physical contact is required if they appear stable during your initial assessment. Further physical assessment can be delayed for ALS transport.
 - Defining a stable patient:
 - Alert, oriented and able to speak with the provider and answers all questions
 - Does not appear in significant respiratory distress
- Law enforcement is encouraged to don PPE (N95 or Surgical mask, Eye protection) when encountering people who may appear ill or when the medical situation is uncertain and close contact/hands-on activity is required.

Personal Protective Equipment (PPE):

All Providers:

If the patient presents with any lower respiratory illness symptoms, which include but are not limited to: fever, shortness of breath, difficulty breathing, coughing, the following PPE should be don:

- Place a surgical mask on the patient (Source Control), and
- Respiratory protection (i.e., N-95) for any responder within 6 feet of the patient.
- Gloves

BLS First Responders:

In addition to the above PPE, if any of these BLS interventions are required:

- Airway support via iGEL/King Tube
- Oral, Nasal Suctioning
- CPR
 - Don Eye Protection

CPAP should be avoided with patients who are displaying symptoms of respiratory illness.

ALS First Responders/Transport Provider:

In addition to the above PPE, if any of these ALS interventions are required:

- Airway support, via iGel
 - Don Eye Protection

Oral Tracheal Intubation, hand-held nebulized treatments should be avoided with patients who are displaying symptoms of respiratory illness, MDI maybe used if available.

Exposure and Mitigation:

All personnel should regularly self-monitor for fever and symptoms of respiratory infection/illness; and not report to work if they become ill. They should remain at home for 72 hours after the last day of a fever, or 7 days after symptoms began, whichever is longer.

We are recommending departments/agencies implement infectious control practices, which include:

- Self-monitor temperature before and after the shift.
- If even mild symptoms consistent with COVID-19 or other respiratory illnesses develop, the individual must cease patient care activities, notify their supervisor, and leave work.
- The individual should remain at home for 72 hours after the last day of a fever, or 7 days after symptoms began, whichever is longer
 - Follow up with PCP if needed for symptoms and evaluation

Cleaning and Disinfecting Surfaces:

Clean and disinfect high-touch surfaces daily in station common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks)

- Use a household cleaning sprays or wipe, according to the label instructions.

Medical Equipment

- Clean and disinfect reusable patient-care equipment before use on another patient, according to the manufacturer's instructions.

- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste

Uniforms and Laundry

- Launder items as appropriate in accordance with the manufacturer's instructions.
- Recommended, that you do not wear station/uniform clothes home