



Yolo County Health and Human Services



Kristin Weivoda
EMS Administrator

John S. Rose, MD, FACEP
Medical Director

Date: April 8, 2020

To: Yolo County First Responders and EMS Providers

From: Kristin Weivoda, EMS Administrator
John S. Rose, MD, EMS Medical Director

Subject: COVID-19 Interim Guidelines and Directives

COVID-19 INTERIM GUIDELINES AND DIRECTIVES

During declared public health emergencies such as the one we are currently experiencing, practice patterns frequently need modification and are done so with interim directives and guidelines. Multiple memos have been provided in the form of updates over the past several months, and we recognize that information and guidance has evolved as has our understanding of COVID-19. This interim directive and guidance memo is effective immediately and does not expire until revoked by the Yolo County EMS Agency. The intent is to provide a succinct document with all current guidelines and directives. Any future updates will be added or edited, highlighted in YELLOW, and distributed as needed.

DEFINITIONS

Guidance: is a recommendation for departments/agencies to implement within their organization

Directive: is a temporary, official instruction that must be implemented and adhered to.

Administrative Directive: is an emergency change to or an immediate implementation of a protocol that modifies the original protocol or practice; it may later be reviewed and implemented as a permanent protocol.

PREACUTION GUIDELINES

- Institute a 1-crew member "scout" procedure to determine the nature of the EMS contact and the appropriate level of crew PPE;
 - All responders not involved in direct patient care need to keep a 6 ft distance whenever possible
- Limit the number of personnel within the patient area
 - Consider the minimum number of providers essential for physical contact with the patient
- BLS: No physical contact with the patient is required if they appear stable. Upon arrival, interview the patient, from the required distance, for a complaint and history. The physical assessment can be delayed for stable patients, pending arrival of ALS resources.
 - Stable patients are defined as:

- Alert, oriented and able to speak with a provider to answer questions
- Do not appear to be in significant respiratory distress

PPE DIRECTIVE

- **Place a surgical type mask on all EMS patients at initial encounter;**
- **Wear respiratory protection for every EMS response** (surgical type mask or N95 based on availability/stock);
- **Wear N95** (or equivalent) while encountering patients with **respiratory symptoms** (e.g., coughing, sneezing);
- **Wear eye protection** when doing **CPR or any airway interventions** (iGel, KingTube)

TREATMENT PROCEDURE DIRECTIVES

BLS /ALS Responders

CPAP/BiPAP: is not be used for mild or moderately distressed respiratory patients

- Exceptions can be made when a patient is in extremis and the paramedic deems it essential and appropriate for patient care.
- EDs will require this be turned off prior to entering.
 - Apply a NRB at <15L/min during this transition.

No BVM to face utilization

- Hands only CPR (HOCPR) for BLS, place a surgical mask on the patient.
- ALS or Optional Scope EMTs may place an iGel or King Tube to secure the airway

Non-Rebreather Masks are appropriate as they do not aerosolize if under 15L/min. If a patient needs high concentration supplemental O₂, this can be applied

ALS First Responders/Transport Provider

Oral Tracheal Intubation will not be performed in any patient

- Place an iGel

Nebulized treatments are not to be used if the paramedic believes the patient is suffering from a respiratory illness (i.e. fever, cough, acute SOB).

- MDI may be used if available
- Please bring patients prescribed MDI with them to the hospital

If a patient presents with a known asthma or COPD exacerbation (i.e. prior history of the condition) and does not have respiratory infection symptoms, nebulized treatments may be used.

- If a nebulized treatment is started, you must disconnect/discontinue the nebulized treatment prior to entering the ED.

Transport Provider (ALS/BLS)

No additional personnel will be permitted in the back of the ambulance. This includes:

- Ride-along for clinical, educational, or accreditation experience/hours
- Paramedic on CCT IFT
- Exceptions may be made when a patient requires additional resources to safely treat and transport

EXPOSURE RISK & MITIGATION GUIDELINES

Departments/agencies implement the following infectious control practices:

- Self-monitoring temperature before and after the shift.
- If even mild symptoms of a respiratory illnesses develop, personnel should not report to work. If at work, they should cease patient care activities immediately, notify their supervisor, and leave work.

Individuals who are ill, should be excluded 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
- If tested negative or was 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 PCP guidance.

Yolo County EMS will make daily notifications to department/agencies with a known contact with a COVID positive patient.

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 while on a scene.