



Yolo County Health and Human Services



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Date: May 27, 2020
To: Yolo County First Responders and EMS Providers
From: Kristin Weivoda, EMS Administrator
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Subject: UPDATED COVID-19 Interim Guidelines and Directives

UPDATED COVID-19 INTERIM GUIDELINES AND DIRECTIVES

This memo is to provide an update to **the COVID-19 Interim Guidelines and Directives memo** that was sent out on April 8, 2020. **Updates that have been added or edited are highlighted in YELLOW.**

All other guidelines and directives remain in place. This updated interim directive and guidance memo is effective immediately and does not expire until revoked by the Yolo County EMS Agency.

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

Our standing policy on **Assess and Refer Guidelines** will remain in effect. Going forward we will develop an Ad Hoc committee to review this policy and revise as indicated. This policy allows for ALS providers to assess and treat and refer, versus signing out against medical advice, those patients without ANY evidence of an acute emergency conditions, with normal vital signs and pulse oximetry, and who wish not to be transported. **Patients desiring transport, must be transported.**

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)

- Ride-along' s for clinical, educational, or accreditation experience/hours are Permitted effective June 1, 2020.
- Paramedic requirement for CCT IFT transports will be required per contractual language effective June 1, 2020.

EXPOSURE RISK & MITIGATON 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.

Follow the CDC Guidelines for Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-10 (Interim 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.