

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336

FAX (916) 324-2875



Date: April 6, 2020
To: EMS Providers and Agencies
From: Dave Duncan MD
Subject: Guidance for EMS: COVID-19 precautions, exposures and illness

The outbreak of respiratory illness caused by the novel coronavirus (COVID-19) was first detected in China during December 2019, and has now been identified all over the world including diffuse spread throughout all the states in the US. We must remain vigilant with our approach to EMS patients who may have COVID-19. On March 4th, Governor Newsom declared a state of emergency in California regarding the novel coronavirus.

EMS Providers who believe they have experienced potential exposure to CoVid19 can follow this guidance as developed by the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Best practices for management of the COVID-19 outbreak are dynamic due to the rapidly evolving situation and changing scientific knowledge. Centers for Disease Control and Prevention (CDC) guidance for [EMS providers](#) and [healthcare personnel](#) are continuously updated. All healthcare personnel should review these recommendations regularly.

EMS PERSONNEL MASKING RECOMMENDATIONS DURING THE COVID-19 OUTBREAK

On April 1st, the [California Department of Public Health \(CDPH\) offered guidance regarding the general public wearing of face coverings](#). On April 3, CDC [recommended cloth face coverings in public settings](#).

EMS personnel should take the following precautions:

- Continue to wear N95 respirators (or equivalent) when likely to engage in aerosol-generating procedures OR **while encountering patients with aerosol-generating symptoms** (e.g., coughing, sneezing);
- **Place a surgical type mask on all EMS patients** at initial encounter, as tolerated;
- **Wear respiratory protection for every EMS response** (surgical type mask or higher level protection as indicated);
- Institute a 1-crew member “scout” procedure to determine the nature of the EMS contact and the appropriate level of crew PPE;
- Follow CDPH recommendations and guidance when on and off duty, including maintaining social distancing, frequent hand washing, and face coverings.

These interventions will help protect you as you protect our community – including asymptomatic transmission of the novel coronavirus.

First Responder
Potential Exposure
CoVid19 Guidance

Return to Work Criteria for Healthcare Providers (HCP) with Confirmed or Suspected COVID-19 (with symptoms)

Exclude 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 HCP 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 that diagnosis.

Return to Work Practices and Work Restrictions

When returning to work, HCP should:

- Wear a surgical type mask at all times while in the healthcare facility until 14 days after onset of symptoms
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

If these guidelines cannot be met, worker should stay off work for 14 days after onset of illness

Crisis Strategies to Mitigate Staffing Shortages

Healthcare systems, healthcare facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:

HCP should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above

If HCP returns to work earlier than recommended above, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.