

COVID-19 Medical Director Recommendations

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A handwritten signature in blue ink, appearing to read "Eric Cortez", with a stylized flourish at the end.

30 December 2021

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Patient Screening

I. Dispatch

- A. Screening for potential COVID-19 patients should occur during dispatch if possible

II. Arrival On-Scene

- A. EMS providers should screen patients upon arrival on scene
- B. Perform initial assessment and evaluation at a safe distance from the patient (6 feet or greater).

III. Screen for signs and symptoms of COVID-19.

- A. Fever or chills
- B. Cough
- C. Shortness of breath or difficulty breathing
- D. Fatigue
- E. Muscle or body aches
- F. Headache
- G. New loss of taste or smell
- H. Sore throat
- I. Congestion or runny nose
- J. Nausea, vomiting or diarrhea

Personal Protective Equipment (PPE)

- I. Place a surgical mask on all patients during all encounters
- II. EMS PPE for Patient Encounters
 - A. Suspected COVID Patients and Invasive Procedures
 1. Wear at least a surgical mask. Consider wearing an N-95 or equivalent
 2. Gloves
 3. Eye protection
 - B. For All Other Runs
 1. Wear surgical mask
 2. Gloves
 - C. Examples of invasive procedures (aerosol-generating procedures):
 1. Breathing treatments
 2. Intranasal medication administration
 3. BVM
 4. CPAP
 5. Endotracheal intubation and supraglottic airway placement
 6. Chest compressions and cardiopulmonary resuscitation
 - D. Apply appropriate PPE before initiating patient care.
- III. Driver
 - A. Isolated Cab Approach
 1. No PPE required
 2. Wash hands before driving if PPE removed
 - B. Non-Isolated Cab Approach
 1. Minimum PPE is respirator/facemask
 2. Wash hands before driving if other PPE is removed
 3. Decontaminate cab and patient compartment
 3. PPE Conservation Approach (applies to isolated and non-isolated cabs)
 - a. Maintain PPE through transport and patient handoff
 - b. Decontaminate cab and patient compartment
- IV. Fire Stations
 - A. **Face masks and social distancing may be considered in fire stations.**

Clinical Care Guidelines

I. Limit Exposure

A. If possible, minimize the number of EMS personnel providing care.

B. The following invasive interventions may lead to viral particle aerosolization:

1. Breathing treatments
2. Intranasal medication administration
3. BVM
4. CPAP
5. Endotracheal intubation and supraglottic airway placement
6. Chest compressions and cardiopulmonary resuscitation

C. Avoid invasive interventions if feasible.

D. However, if the patient requires invasive interventions to prevent decompensation or treat cardiopulmonary instability, they should NOT be withheld. Assure appropriate PPE is donned.

II. Follow existing EMS protocols unless otherwise noted.

Patient Transports

I. Ambulance and Other Vehicles

A. Ventilate in Non-Recirculated Mode

B. Decontaminate with an Appropriate Agent and PPE

1. Decontamination should still occur if COVID-19 was NOT suspected by EMS personnel but hospital suspects COVID-19

II. Destinations

A. Follow typical transport protocols.

B. Follow special instructions provided by hospital staff if applicable.

Special Responses

- I. Response to Nursing Homes, Extended Care and Other Facilities
 - A. Refer to “EMS Response to Nursing Homes, Extended Care and Other Facilities during the COVID-19 Pandemic” for Additional Information
 - B. Transfer of Care
 - 1. Facilities are being encouraged to perform transfer of care outside of the entrance if feasible and weather permitting
 - 2. If transfer of care cannot be performed outside, facilities are being encouraged to provide the shortest pathway to the patient
 - 3. EMS personnel should wear appropriate respiratory protection when entering the facility (refer to PPE section on page 4)
 - 4. Limit the number of individuals entering the building if feasible
 - C. Assure proper social distancing techniques with patient visitors. Continue to follow existing guidelines for transfer of care.

COVID-19 Exposures

I. Symptomatic EMS Personnel

- A. Notify Appropriate Supervisor
- B. Isolate at Home
- C. Determine if Possible COVID-19 Signs and Symptoms
 - 1. Determined to be Non-COVID-19: return to work guidelines based on individual disease process (i.e., for gastroenteritis – afebrile and asymptomatic for 24 hours)
 - 2. Possible COVID-19 Illness: Refer for testing per departmental policies and procedures.

II. EMS Personnel Exposed to Confirmed COVID-19 Patient

- A. Prolonged Exposure Criteria
 - 1. Within six feet for greater than 15 minutes total, or any duration during aerosol generating procedures
 - 2. Includes 48 hours before patient developed signs and symptoms
- B. Exposure Categories
 - 1. Unprotected Prolonged Exposure
 - a. EMS personnel not wearing mask or respirator
 - b. EMS personnel not wearing eye protection and patient not wearing mask
 - c. Aerosol-generating procedures and EMS personnel did NOT wear any of the following: respiratory, gloves, gown, or eye protection
 - 2. All Other Exposures
 - a. Exposures not meeting criteria for unprotected prolonged exposure
- C. Quarantine Recommendations
 - 1. **Unprotected Prolonged Exposure**
 - a. **Vaccinated + Booster**
 - i. **No work restrictions**
 - or
 - ii. **At-work quarantine for 10 days**
 - b. **Unvaccinated or Vaccinated without Booster**
 - i. **At-work quarantine for 10 days**
 - or
 - ii. **At-home quarantine for 10 days or 7 days with negative test within 48 hours of return to work**
 - 2. All Other Exposures
 - a. No work restrictions.
 - b. Notify supervisor if fever or symptoms develop

III. Return to Work Guidelines for EMS Personnel with Positive COVID-19 Tests

A. The following options may be utilized to guide return-to-work decisions based on departmental and other factors:

1. Conventional Status

a. 10 days from symptom onset*

b. 7 days from symptom onset with a negative test within 48 hours of return to work*

2. Contingency Status

a. 5 days with or without testing*

* if personnel are asymptomatic or mildly symptomatic with improving symptoms and no fever

B. Return-to-Work Practices

1. Wear a face mask until all symptoms have resolved

2. Perform symptom monitoring and temperature checks

Confirmed Case of COVID-19 in Police or Fire Fighter

- I. Immediately clean station or workplace and schedule a deep professional clean.
- II. Determine Close Contact
 - A. Close Contact = Less than 6 feet for more than 15 minutes total
 - B. Includes Coworkers on the same crew or in the same vehicle as case
 - C. Includes 48 hours before the confirmed COVID-19 individual became symptomatic
- III. Individual determined to be a Close Contact
 - A. Self-monitor for fever and COVID-19 symptoms.
 - B. Refer to “EMS Personnel Exposed to Confirmed COVID Patient” (page 8) for quarantine recommendations.
 - C. Contact healthcare provider if fever or symptoms develop.
- IV. Individual determined to NOT be a close contact
 - A. Individuals can continue to work.
 - B. Self-monitor for fever and COVID-19 symptoms.

EMS Personnel with Signs and/or Symptoms After COVID-19 Vaccine

I. The following guidelines apply to individuals who have received a COVID-19 vaccine within the past 3 days (day 1 is the day of vaccine administration) AND have not experienced an unprotected, significant exposure to COVID-19.

- A. Signs and symptoms consistent with COVID-19 (cough, shortness of breath, rhinorrhea, sore throat, loss of taste, loss of smell) or another infectious etiology (influenza) that are not typical in post-vaccination period
 - 1. Consider individual symptomatic and refer to appropriate section
- B. Signs and symptoms (fever, fatigue, headache, chills, muscle aches, body aches) that are consistent with the post-vaccination period
 - 1. Individuals meeting ALL of the following criteria may be considered for return to work without COVID-19 testing:
 - a. Feel well enough to work
 - b. No fever
 - c. Duration of symptoms < 3 days
 - 2. All other individuals: consider symptomatic and refer to appropriate section
- C. The following signs and symptoms are NOT consistent with COVID-19 infection
 - 1. Immediate allergic reactions (e.g., urticaria, anaphylaxis)
 - 2. Local reactions (e.g., pain, swelling and/or redness at injection site)