

Coronavirus Disease 2019 (COVID-19)

Los Angeles County Department of Public Health

Guidance for Monitoring EMS Personnel

Summary of changes to this document (4-25-20)

The Centers for Disease Control and Prevention (CDC) has archived the originally referenced guidance document www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. In order to address asymptomatic and pre-symptomatic transmission of COVID-19, the CDC is now recommending universal source control for all persons combined with fever and symptom screening before every shift. For more information, see the CDC, [Interim Infection Prevention and Control Recommendations](#) for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. In order to align with these new recommendations, the following changes were made to this guidance document:

- Added recommendation for universal source control for EMS personnel
- Refined the definition of a high-risk exposure that would require a 14-day work exclusion.

KEY POINTS:

- Emergency Medical Services (EMS) provider agencies are responsible for developing and executing an agency plan to monitor EMS personnel for fever or COVID-19 symptoms.
- Given community spread, all EMS personnel should self-monitor for symptoms with oversight from the EMS Provider Agency each day prior to starting work.
- As part of source control efforts, EMS personnel should wear a facemask or cloth face covering for universal source control at all times while they are at work.

BACKGROUND:

EMS personnel screening during the COVID-19 epidemic is crucial to decreasing risk of infection for both vulnerable patients and EMS personnel themselves. These guidelines have evolved as a result of greater experience, the availability of published data on COVID-19, continued evidence of community transmission of COVID-19 including asymptomatic and pre-symptomatic transmission, and established infection control principles.

MONITORING OF ALL EMS PERSONNEL:

Given community spread of COVID-19, EMS personnel may be exposed to COVID-19 in the community or at home and increase the risk of transmission to patients or other EMS personnel; therefore, LAC DPH recommends that EMS personnel self-monitor with the oversight of their EMS Provider Agency each day prior to starting work with patients. The goal of this screening is early identification of EMS personnel with symptoms of respiratory illness to prevent possible exposures of other EMS personnel and patients.

RECOMMENDATIONS:

1. All EMS personnel should self-monitor twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for possible symptoms of COVID-19 (i.e., elevated temperature >100.0 and/or cough or shortness of breath).
2. If EMS personnel have symptoms, they should contact their place of work **immediately** and stay home from work.
3. The EMS Provider Agency should screen all personnel prior to the start of working their shifts. The Agency should develop and implement screening systems that cause the least amount of delays and disruption as possible (i.e., staff self-report, single use disposable thermometers or thermal



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- scanners, etc.). This monitoring may be done by station supervisors and does not require nurses.
4. EMS personnel who develop a fever should be sent home and **NOT** allowed to work.
 5. EMS personnel should wear face coverings for universal source control at all times while they are at work and in the field. Masks or respirators are preferred, but non-medical face coverings can be used for non-patient care activities. Extended use and reuse of masks and respirators should be done based on principles set forth in prior CDC PPE optimization [guidance](#).
 6. EMS personnel with high risk exposures to COVID-19 should quarantine at home and be excluded from work for 14 days. They can return to work after 14 days if they never developed symptoms.
 7. First responders with other healthcare exposures may continue to work and follow routine self-monitoring guidelines.
 8. Screening of asymptomatic EMS personnel may be considered if resources allow. Personnel who test positive must isolate at home and be excluded for work for at least 10 days, as per the CDC Return to Work [strategy](#) for asymptomatic HCP with laboratory-confirmed COVID-19. Those that test negative should continue to wear a face covering and daily symptom monitoring. Note that personnel with high risk exposures and a negative COVID-19 test result must remain in quarantine for the full 14 days post exposure.
 9. If increased numbers of staff call-in sick or are excluded due to high risk exposures, LAC DPH should be consulted to discuss further measures to increase staffing levels.
 10. Any EMS personnel with fever and/or cough or shortness of breath should be presumed to have COVID-19 and should self-isolate at home. COVID-19 testing of symptomatic EMS personnel staff is recommended. Note that a single negative test does not release the symptomatic personnel from isolation or work exclusion. They may return to work as per either the test-based or the non-test based CDC Return to Work [strategy](#).

DEFINITION OF HIGH-RISK EXPOSURE

EMS personnel who performed or were present in the room during a high-risk respiratory aerosol-generating procedure (AGP) on patient with confirmed or suspected COVID-19 (i.e., intubation [King or direct laryngoscopy], bag mask ventilation, chest compressions, suctioning, CPAP, or nebulized treatments) where the EMS personnel was missing either eye protection or a respirator. This includes EMS personnel that wore all other recommended PPE but who wore a facemask instead of a respirator during an AGP.

EMS PERSONNEL WITH CONFIRMED OR SUSPECT COVID-19 RETURN-TO-WORK PROTOCOL

Refer to [CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#).

WHEN TO NOTIFY LAC DPH

Report EMS personnel testing positive to COVID-19 to

hcwcontacts@ph.lacounty.gov

or call at 213-240-7941 during regular business hours.

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