



Frequently Answered Questions for EMS Agencies and EMS Providers Regarding the COVID-19 Pandemic

LAST UPDATE: MONDAY, September 14, 2020

This document is intended to be a living document and will be maintained on the County of San Diego EMS website (SanDiegoCountyEMS.com).

Table of Contents

- Section 1: Stuff 1
 - A. Personal Protective Equipment - Supply Chain 1
 - B. Personal Protective Equipment - Procedures 4
- Section 2: Staff 6
 - A. Potential Exposure Notification 6
 - B. Isolation, Quarantine, and Social Distancing 8
 - C. Exposure Guidance and Mandates..... 13
 - D. Volunteer Opportunities 16
 - E. Staff Support..... 17
- Section 3: Structure..... 18
 - A. Location 18
 - B. Policy and Protocols 18
 - C. EMS Personnel Credentialing..... 24

Section 1: Stuff

A. Personal Protective Equipment - Supply Chain

Q1: Can we re-use N95 respirators?

A1 UPDATED APRIL 6: CDC has [recommended steps to preserve PPE stock](#). CDPH has posted guidance on [using respirators past their manufacturer-designated shelf life](#). CDC has reported that [limited re-use of N95 respirators when caring for patients](#) with COVID-19 might become necessary as long as used in conjunction with a face shield to protect from infectious contaminants.

[Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols](#), which would pose the highest exposure risk to EMS personnel.

There are two primary concerns with re-use: contact when donning/doffing and reduced



protective functionality. See this [in-hospital training example for](#) proper steps if your agency implements re-use.

Decontamination procedures, [as outlined in this April 6, 2020 CAHAN](#), may also be implemented.

Q2: We are running low on N95-type respirators. Can we use alternate respiratory protection?

A2: Yes. CDC guidance and the [March 19 CAHAN](#) for N95 respirators shortages states health care personnel should [use face masks for all low-risk situations](#) while prioritizing N95 respirators for aerosol-generating procedures.

Q3: We are running low on gowns. Is there guidance to mitigate that shortage?

A3: Per the CDC, if there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of the provider. Gowns or other disposable protective outerwear are recommended for all contacts, but if supplies are low, alternative protective equipment – like vapor barrier jackets – could be used, as long as the outerwear can be disinfected. Please visit the [CDC Strategies for Optimizing the Supply of Isolation Gowns](#) for further information on additional ideas and information.

Q4: Who should we notify of medication supply chain issues?

A4 **UPDATED APRIL 3:** Please notify County EMS via MCSDEMSNotification.HHSA@sdcounty.ca.gov when you learn of prehospital medication needs.

Q5 **UPDATED APRIL 3: What is the process for ordering supplies and equipment?**

A5: The County Medical Operations Center (MOC) is aware that all healthcare sectors are in need of PPE. The MOC continues to request PPE from the State and Federal government. When these supplies are received, they will be distributed to EMS provider agencies, hospitals, clinics, and long-term care facilities.

Please see below for specific directions regarding how to place requests through the County MOC.



For private companies:

- Logistic requests can be made through WebEOC (or via MOC.LOGS.HHSA@sdcounty.ca.gov for agencies without WebEOC access).

Fire Departments:

County EOC has been activated, and the Fire Rescue Branch is staffed.

- Each agency is responsible for its own PPE.
- If an agency runs out and cannot replenish through the normal process, then a request can be made to the County OAEOC Logistics through their EOC on WebEOC.

Cities with an EOC

- All requests must initially be made through your EOC to the County OAEOC Logistics on WebEOC
- If you have trouble or questions with your order, contact the Fire/ Rescue Branch Coordinator
- If unable to contact Fire/ Rescue Branch work through your Op Area Coordinator

Fire Protection Districts and communities without an EOC

- Fire Chief or designee contact the County OAEOC Logistics through the designated email MOC.LOGS.HHSA@sdcounty.ca.gov
- If you have trouble or questions with your order, contact Fire/ Rescue Branch Coordinator
- If unable to contact Fire/ Rescue Branch work through your Op Area Coordinator

Please review the following directions:

WebEOC Users: In the COVID-19 Mitigation Incident, open *Task Tracker* and click *New Entry* at the top left. Enter all of your information, including your email address, in the *Subject* box. Assign to OAEOC Logistics Section Chief. Include in your request: quantities; model numbers; delivery address; Point of Contact, including email address; and any other relevant information. Click *save*. The MOC Logistics team will contact the Point of Contact if more information is needed.



MOC.LOGS Email Users: If you do not have access to WebEOC, send your request to the MOC.LOGS.HHSA@sdcountry.ca.gov email address. Include in your request: quantities; model numbers; delivery address; Point of Contact, including email address; and any other relevant information. The MOC Logistics team will respond and gather any missing information and then move it into the system for processing and fulfillment.

Not all orders can be filled at the amounts requested due to severe national and statewide supply chain disruptions. Certain items are at low levels. Logistics support, if any, may be well under the amount requested. The MOC team is working with the State and various vendors to bolster inventory. If an order is only partially fulfilled, the MOC team will leave the request open and try to fill it at a later date when supplies become available. Also, certain items are not available through the MOC logistics support, like toilet paper or bleach; normal commercial channels must fill these orders. The MOC Logistics team will indicate this in WebEOC or via email for clarification.

B. Personal Protective Equipment - Procedures

Q1: Should we use HEPA filters for BVM/CPAP to lessen the risk associated with aerosol-generating procedures?

A1: Yes, absolutely. HEPA filters should be used for aerosol-generating procedures. Filters have been impacted by high demand, but once stocked they should be implemented. Filtration alternatives may be used if supply cannot be filled.

Q2: We need to switch respirator models. Do we still need to fit test the new model?

A2 CLARIFIED MARCH 24: [Cal OSHA requires initial fit tests](#) for each HCP with the same model, style, and size respirator that the worker will be required to wear for protection against COVID-19. If you need to switch to a new model, users must be fit tested prior to use in a patient care environment to ensure facial seal. However, respirators that are used to fit test do not need to be discarded unless they are damaged during the fit testing. Annual fit testing requirements have been temporarily suspended.



Q3: If our personnel are taking appropriate PPE precautions and come in contact with a COVID-19 patient, can they simply doff their PPE, clean their apparatus (with PPE in place), and resume work? Should they fill out an “exposure form” for such an instance?

A3 UPDATED JULY 31: Crews should complete the Communicable Disease Exposure Report following a known or suspected COVID-19 patient **exposure**. Please see [Section 2: Staff - Potential Exposure Notification](#) below.

Crews do not need to be removed from duty unless the personnel become symptomatic (fever, cough, malaise, or respiratory symptoms) **OR** had a significant breach of PPE while in contact with a known COVID-19 patient, particularly breaches during aerosol-generating procedures.

Not sure if you had an exposure? Please contact your agency’s Designated Infection Control Officer. In addition, agency representatives may contact the County Public Health Duty Officer at [\(619\) 692-8499](tel:6196928499) during business hours or at [\(858\) 565-5255](tel:8585655255) after hours, on weekends, or holidays.

Q4: What is the proper method for donning and doffing PPE?

A4 UPDATED APRIL 3: The CDC has posted [this instructional document](#) regarding donning and doffing protective equipment. In addition, the [CDC recently published this 2-page guide](#) specifically for COVID-19.

Q5 ADDED APRIL 6: Should I wear a mask while I’m on duty?

A5: Yes, unless alone in a private space like a sleeping quarters. While social distancing is the best method to decrease the chance of being exposed to COVID-19, the unique work environments for our first responders makes social distancing challenging. To decrease the risk of asymptomatic transmission, in addition to maintaining at least a 6-foot distance from others at work, the [EMS Medical Director recommends wearing a face covering](#), while on-duty, even not while engaged in patient care. In addition, first responders [should wear face coverings while off-duty](#); *if you leave your place, cover your face*, as Dr. Eric McDonald and County Supervisor Chairman Greg Cox advise!

Q6 ADDED APRIL 24: Can we wear a surgical mask on top of our N95 respirators (or equivalent) to prolong the respirator’s usefulness?

A6: Yes, wearing a surgical/isolation facemask over a respirator may reduce soiling or contamination of the respirator. The [CDC recommends a clear face shield](#) to provide



protection for respirators, but a facemask may also be used. For those who elect to wear a facemask with a respirator, the facemask must be ON TOP of the respirator; a facemask worn under a respirator will compromise the seal and has been associated with poor outcomes.

Q7 ADDED APRIL 24: Can we decontaminate N95 respirators (or equivalent)?

A7: Yes. The California Department of Public Health is deploying several high-capacity decontamination systems throughout the state. Please see [this CDPH information](#) and the [San Diego CAHAN](#) for specifics and instructions. The process to collect and disinfect EMS, fire, and other first responder respirators has not been finalized; until then, agencies with unsoiled and serviceable respirators should collect these items [as described in this link](#) in the near term. Also, see the [CDC guidelines for extended use and limited re-use of N95s here](#) and [CDC guidance for cleaning and re-use of respirators](#).

Q8 ADDED JULY 31: Can we use exhalation valve-equipped N95 respirators (or equivalent)?

A8: Exhalation valve-equipped respirators may reduce fatigue for the user, but allow for unfiltered exhaled breath to escape. [CDC does not recommend these types of respirators](#) for source control. Therefore, EMS personnel should not use respirators with exhalation valves.

Section 2: Staff

A. Potential Exposure Notification

Q1: Are first responder jurisdictions notified for households under monitoring by County Public Health so that information can be disseminated should a 9-1-1 contact occur for the person at the residence during the 14-day isolation?

A1: No, not under current procedures.

Q2: Who should we contact if an EMS crew treats or transports a known or suspected COVID-19 patient?

A2 UPDATED MARCH 21: The steps described in the February 25 memo regarding contact and exposure reporting has been superseded. As the COVID-19 pandemic has



evolved, public health guidance has changed, hence the changes outlined below.

PLEASE NOTE THE CHANGES TO THE PROCESS.

The County of San Diego [Communicable Disease Exposure Report \(CoSD EMS Policy S-009\)](#) shall be completed for **exposures** to known or suspected COVID-19 patients. An exposure incident includes a breach in personal protective equipment (PPE) or any unprotected exposure (e.g., not wearing recommended PPE). Patient contacts with appropriate PPE in place no longer need to be documented or reported to County of San Diego Public Health Services.

EMS Personnel with exposures shall complete the Communicable Disease Exposure Report and:

- deliver a copy to the receiving facility charge nurse;
- deliver a copy to the agency supervisor/Designated Infection Control Officer (DICO), and;
- retain a copy for your own records.

For a known or suspected COVID-19 patient exposure, CoSD Public Health Services requests this additional action:

- Within 24 hours, the EMS provider's DICO is asked to route the following information to the County of San Diego Epidemiology & Immunization Services Branch at epi-cdreporting.hhsa@sdcounty.ca.gov:
- Provider name(s) and date(s) of birth, date of contact/transport, date of potential exposure, and the DICO's contact information.

The County Public Health Duty Officer can be consulted at (619) 692-8499 during business hours or at (858) 565-5255 after hours, on weekends, or holidays.

Q3: How will EMS providers be notified if an asymptomatic patient in the prehospital setting later tests positive?

A3 UPDATED MARCH 25: The Public Health Epidemiology program will recontact the prehospital agency DICO following test results. For HIPAA guidance regarding disclosures, [please see this document](#).

Q4. Can EMTs and paramedics perform nasopharyngeal swab test for novel coronavirus?

A4 UPDATED MAY 27: On March 21, 2020, the California EMS Authority approved a temporary Local Optional Scope of Practice (LOSOP) request to allow trained EMTs and paramedics to perform the novel coronavirus test. This authorization will continue through the end of the current State of Emergency



The primary focus of this tool is to allow for first responder testing of first responders.

The EMS Medical Director has implemented this LOSOP to allow for:

- Paramedics and EMTs to test potentially COVID-19 infected agency staff members without having to travel for the test, as needed
- EMS agencies with trained EMTs/paramedics to offer testing to other first responder agencies (fire/EMS/law enforcement/lifeguards), as needed
- Support County Public Health with testing sites, as needed
- Provide testing services outside of the 9-1-1 system in their service area, as needed.

[NOTE: This LOSOP is not intended to be a 9-1-1-based coronavirus testing service.](#)

Agencies that chose to train their staff under this LOSOP should:

- Notify County EMS via MCSDEMSNotification.hhsa@sdcounty.ca.gov.
- Contact the San Diego County Fire Authority's Training Bureau staff at mvu.covid19emsgroup@fire.ca.gov for access to training materials. The training can be delivered through Target Solutions or other online learning management platform.
- Attend an in-person training alongside an experienced team. This training phase covers sample collection, handling, and documentation. To schedule a training session please contact County Public Health (MCSDNursingAdmin.HHSA@sdcounty.ca.gov) or County Fire (mvu.covid19emsgroup@fire.ca.gov).

Q5 UPDATED APRIL 27: Will my agency be advised of skilled nursing facility outbreaks in our response jurisdiction?

A5: The California Department of Public Health [releases outbreak information to the public](#). The California Department of Social Services, Community Care Licensing Division also posts COVID-19 information on [this page](#) for residential care facilities (scroll to "COVID-19 Positive Cases in Adult and Senior Care Facilities"). Additionally, County EOC distributes this information to agencies via the Fire Branch.

B. Isolation, Quarantine, and Social Distancing

Q1: Who is the decision maker for healthcare worker isolation or quarantine?

A1 CLARIFIED JULY 31: The March 16, 2020 [Governor's Executive Order](#) allows ALL healthcare workers, including EMS/Fire personnel, to remain at work as long as they are asymptomatic; quarantine is no longer required for healthcare personnel.



Symptomatic personnel, however, must immediately isolate. In consultation with the agency DICO and County Public Health, agencies should evaluate the need to quarantine personnel that have PPE breaches, particularly during aerosol-generating procedures. PPE breach exposure [is defined by CDC](#) for EMS workers as not wearing:

- a respirator or facemask who had prolonged close contact with a patient, visitor, or co-worker with confirmed COVID-19
- eye protection (if the person with COVID-19 was not wearing a cloth face covering or facemask)
- all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure.

Symptomatic personnel, however, must immediately isolate. Please see [this flow chart from County Public Health](#) for further details.

Clarification points: Quarantine is for individuals that are asymptomatic and have been exposed to the virus. Isolation is for symptomatic or otherwise infectious individuals. Questions regarding isolation and/or quarantine should be directed to the County Public Health Epidemiology Duty Officer at [\(619\) 692-8499](#) during business hours or at [\(858\) 565-5255](#) after hours, on weekends, or holidays.

Q2: If a patient is suspected to be infectious, what direction is there from the County for provider quarantine requirements or further patient contacts while awaiting patient test results?

A2 CLARIFIED MAY 27: Generally speaking, staff may return to duty as long as the employee is asymptomatic.

Exposed staff should check twice daily for [signs and symptoms](#), exercise social distancing at the station whenever possible, and wear a surgical/isolation facemask for every patient encounter. Testing the employee for COVID-19 is not recommended if there are no symptoms.

Q3: Are we still using the 48-hour rule where employees can continue to work for up to 48 hours after exposure before being quarantined?

A3 CLARIFIED MARCH 18: No. Two new pieces of guidance have superseded the 48-hour guideline. Under [new CDC guidance dated March 7](#), and [the Governor's executive order from March 16](#), workers who are ASYMPTOMATIC and taking precautions to prevent the transmission of COVID-19 may continue working during the period of this emergency.



- Exposed employees should ensure they are afebrile and asymptomatic before reporting for work.
- If symptoms develop, including fever (measured temperature > 100.0 °F or subjective fever) **OR** respiratory symptoms they should IMMEDIATELY self-isolate (separate themselves from others) and notify their agency chain of command.
- Please see [this CDC guidance](#) and the [March 19 California Health Alert](#) regarding returning to work.

Also, a best practice implemented by many of our local agencies include routine, twice daily temperature screening to ensure no symptomatic employees are missed.

Q4: Why does the guidance keep changing? For instance, it was 14 days of quarantine for a possible exposure, and now I can work unless I have symptoms. What gives?

A4: The COVID-19 outbreak has many unknowns, and the scientific situation is evolving. The County of San Diego are following the latest evidence from the national and international experts. [This article may give some insights](#) into the key questions and how our knowledge is changing over time. Also, [this podcast](#) offers daily updates and insights from a local perspective, if you prefer that format.

Q5: Who would perform active monitoring for any personnel restricted from work?

A5: For agencies with the capacity, the agency could complete the monitoring task. County Public Health staff can support monitoring tasks as needed.

Q6: My staff was on active monitoring following contact with a person that tested positive for COVID-19. The staff member developed a fever and is in home isolation. How long does the employee need to stay away from work?

A6 UPDATED JULY 31: CDC released [updated return to work guidance on July 17](#). Symptom-based strategy has replaced test-based strategy. Isolation should be continued until the following criteria are met:

- At least 10 days have passed since symptoms first appeared **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications (decreased from 72 hours) **and**
- Symptoms (e.g., cough, shortness of breath) have improved



After returning to work, [all healthcare providers should](#):

- Employees with any lingering symptoms must wear a facemask. Once symptoms are completely resolved (or at baseline), the employee should revert to their agency policy regarding universal source control during the pandemic.
- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (and other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if COVID-19-related symptoms recur or worsen. The test-based return to work strategy is no longer recommended as viral shedding may persist for some individuals.

Q7: I have staff who cannot isolate at home. Is there an option to isolate staff at a hotel or other facility?

A7 UPDATED APRIL 10: This will be determined on a case-by-case basis, for example, if the provider lives with persons at high risk of complications if they contract COVID-19. [Please see this memo from Dr. Wilma Wooten](#), the Public Health Officer regarding alternate isolation locations. Healthcare providers may be recommended to isolate away from home if social distancing cannot easily be maintained otherwise, especially if persons at high risk for COVID-related complications (e.g., elderly, underlying medical conditions, compromised immune systems) reside in the home. Please call the Placement Coordinator at (858) 715-2350 between 7:00 AM and 9:00 PM, 7-days a week for a consultation.

Q8 UPDATED APRIL 6: How can we achieve social distancing while on duty?

A8: While hand hygiene and enhanced cleaning around the station (including equipment and apparatus) are critical, social distancing remains one of the most important methods to decrease the spread of the novel coronavirus. Actions to take to enhance social distancing and other measures to reduce virus transmission include:

- spread out chairs and recliners in the station;
- stagger mealtimes;
- consider web-based, ready-for-pick-up grocery orders;
- don't share snacks, training materials, or other items during meetings;
- crack the window while driving to ensure sufficient air exchange in the vehicle;
- transition meetings, including morning briefings, to web platforms like FaceTime or Skype;
- institute cold turnovers at shift change.



In addition, [the EMS Medical Director, echoing CDPH and CDC, recommends wearing a face covering whenever possible while on- and off-duty.](#)

Q9 UPDATED JULY 31: What are the recommendations regarding daily health screening for first responders?

A9: Current [CDC recommendations include:](#)

- twice daily temperature checks (defined as >100.0°F or subjective fever);
- monitoring for symptoms (e.g., cough, shortness of breath, sore throat).

In addition, several agencies have instituted self-monitoring best practices [based on CDC expanded symptom list:](#)

- fatigue;
- muscle or body aches;
- headache;
- new loss of taste or smell;
- congestion or runny nose;
- nausea or vomiting;
- diarrhea.

Q10 UPDATED APRIL 27: I heard the Governor started a program to provide hotel rooms for healthcare workers. Does that program apply to EMS providers?

A10: Yes. On April 9, the Governor [announced a new program](#) to provide access to no or low-cost hotel rooms for healthcare workers, including EMS/fire personnel, who have exposure to or test positive for COVID-19. By providing hotel rooms in close proximity to medical facilities, healthcare workers can avoid potentially spreading the virus to others in their household upon leaving their workplace, by selecting to stay in one of the pre-identified hotels across the state.

To be eligible to participate in this program, participants must:

- Work at a healthcare facility OR for an EMS/fire agency in California;
- Have possible exposure to patients or individuals who may have COVID-19 documented by a State or County public health official or medical professional, and;
- Not have the ability to self-isolate or quarantine at home.

To book a room, please call the CalTravelStore at 877-454-8785. Please be prepared to provide the following information:



- County of employment;
- Fire/EMS agency employer;
- Medical facility the source patient was transported to, and;
- Job title.

For more information, [please see this page](#), or visit the [Health Professionals webpage](#) at www.coronavirus-sd.com.

Q11 ADDED JULY 11: We have an asymptomatic first responder that tested positive for COVID. When can they return to work? Do we need to test them again?

A11: Asymptomatic HCP with laboratory-confirmed COVID-19 who are not severely immunocompromised should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms. If they develop symptoms, follow the return to work guidance in [Isolation and Quarantine Question 6](#). All other return to work practices should be followed (e.g., masking, ongoing self-monitoring) [as outlined in this CDC guidance](#).

C. Exposure Guidance and Mandates

Q1: Can County EMS issue a mandate for ALL prehospital patients to arrive in the ED wearing a surgical mask (not an N95) to assist with decreasing transmission?

A1 UPDATED MARCH 27: Yes, the EMS Medical Director is recommending a surgical facemask be placed on **all EMS patients** at initial encounter. Surgical masks are generally indicated for any patient with signs of a respiratory infection. As research has suggested that COVID-19 may have presentations that are not primarily respiratory in nature or may be otherwise asymptomatic, placing masks on all EMS patients is appropriate, as long as it doesn't compromise the patient's respiratory status.

Q2: What should I do to prepare my family for the COVID-19 outbreak?

A2: Please see [these recommendations](#) from County Public Health.

Q3: I had a patient contact that was suspected of COVID-19 infection, but the hospital didn't test them. What should I do?

A3: Testing is performed based upon symptomatic criteria, and many presentations have influenza-like illness symptoms. Later lab testing, imaging, and further medical



assessment may rule out the need for further coronavirus evaluations. Additionally, if you are a healthcare provider review [Isolation and Quarantine Question 2](#).

Q4: Can ALS providers administer a patient's inhaler if they have one?

A4: Yes. Paramedics may perform all EMT/BLS scope items, including assisting with a patient's inhaler. The [EMS Medical Director's MDI option order](#) will apply to this scenario; inhaler doses may be repeated as needed on standing order. In addition, please bring the patient's own inhaler to the ED – this will not only lessen later respiratory exposure hazards, but also preserve limited MDI stocks.

Q5: Can I use an MDI with multiple patients if we use a spacer and clean the MDI?

A5: Not at this time. Since MDIs may NOT be shared when a patient is on isolation precautions and we cannot reliably identify which patients are infectious, this is not considered a safe practice.

Q6: I am a first responder (symptomatic or asymptomatic) concerned I may have COVID-19. I want to get tested. What should I do?

A6 UPDATED SEPTEMBER 14: Please follow up with your agency occupational health provider and your agency's DICO. If you do not have an occupational health provider, you may also contact your medical health plan.

If your occupational health provider and/or your medical health plan is unable to organize timely testing, the County has a testing program for first responders and healthcare workers.

To schedule testing for first responders, the DICO, agency contact, or the employee's supervisor should email the following information to:

COVID19NurseTriageLine@sdcounty.ca.gov

- Name
- Date of Birth
- Email
- Phone Number
- Position/Title
- Employer/Agency
- Employer/Agency Contact
- Employer/Agency Contact Email



County staff will then contact the individual to schedule an appointment at any of the County-supported testing locations. Same-day appointments are not available through this process.

Same-day testing may be available. Check [this link for more information](#).

The San Diego County Fire Authority has developed a pathway for **symptomatic first responder testing** in collaboration with the Public Health Services laboratory. Please contact mvu.covid19emsgroup@fire.ca.gov to complete the required secure fax agreement. Once this step is accomplished, scheduling is coordinated by the County Fire testing team.

Q7 ADDED MAY 7: What is antibody testing? Are antibody tests currently recommended for first responders?

A7: An antibody is a large protein made by specialized cells in the body to fight specific infections. They are a key component of the immune system. The presence of COVID-19 antibodies indicates a person has been exposed to the COVID-19 infection. We do not know if the presence of COVID-19 antibodies will protect an individual from COVID-19 infection; therefore, first responders should continue to use appropriate PPE irrespective of antibody test results. As COVID-19 antibody testing is newly developed and may be highly variable, information and experience is lacking for interpretation of results, and caution is advised. Nasal swab PCR testing is recommended for the diagnosis of acute COVID-19 infection. Additional information can be found in [this CAHAN](#) and [this primer from the Infectious Diseases Society of America](#).

Q8 ADDED SEPTEMBER 14: What is antigen testing?

A8: Antigen testing for the novel coronavirus that causes COVID-19 is becoming increasingly available to healthcare organizations. Antigen tests directly detect fragments of SARS-CoV-2 viral protein (as opposed to viral RNA detected by PCR tests, which are considered the gold standard). Antigen testing offers some advantages: point-of-care use with fast turnaround time, identification of current viral infection, and lower cost. The main drawbacks are lower sensitivity (more false negatives than PCR tests) and intended use limited to individuals suspected of COVID-19 within 5-12 days of symptom onset (number of days varies by manufacturer). For more information on antigen testing, please see [this CAHAN](#).



Q9 ADDED SEPTEMBER 14: What do you need to do as an employer when someone has a positive COVID-19 test?

A9: Employers must promptly report laboratory-confirmed positive COVID-19 tests for all employees to County of San Diego, Public Health Services. Please call 888-950-9905 and provide the: 1) name, 2) date of birth, and 3) contact information for employees testing positive.

Please see these Public Health flowcharts for reporting positive tests for [healthcare](#) and [non-healthcare](#) workers.

D. Volunteer Opportunities

Q1 UPDATED APRIL 2: I am a credentialed California EMT/Paramedic, but I am not currently working in that role. Is there something I can do to help?

A1: Please sign up at the [California Health Corps website](#) to make yourself available for emergency medical staffing roles. On the California Health Corps registration form you will be asked to choose one or both of these two programs:

- San Diego Medical Reserve Corps (MRC)
 - [Information here](#)
 - [Registration here](#)
- [California Medical Assistance Team \(CAL-MAT\)](#)

In addition, if you would like to volunteer locally, please email MRC-VOLCOORD.HHSA@sdcounty.ca.gov with your name, certification level, and contact information. These volunteers may be used for other specific missions within San Diego County.

Q2 ADDED APRIL 2: My California EMT/Paramedic credential lapsed within the last 6 months. Is there something I can do to help?

A2: On March 30, the Governor of the State of California issued an [Executive Order](#) that, in part, changed several credentialing regulations. Under this order, some [EMS personnel credential regulations](#) have been temporarily altered, including:

Any EMT, AEMT or paramedic whose license or certification has expired in the six (6) month period prior to March 30, 2020, will be allowed to function under their previous scope of practice for the duration of the COVID-19 declared State of Emergency, provided that they do not have a history of license or certification discipline.



Please sign up at the [California Health Corps website](#) to make yourself available for emergency medical staffing roles.

Q3 ADDED APRIL 2: I am a medical student or nursing student. I would like to help. Where should I go to volunteer?

A3: Please sign up at the [California Health Corps website](#) to make yourself available for emergency medical staffing roles.

Q4 UPDATED APRIL 27: I recently recovered from COVID-19. Am I eligible to donate plasma to help others?

A4: Both the San Diego Blood Bank and the American Red Cross is seeking plasma donations from recovered COVID-19 patients. Additional information regarding donation of convalescent plasma with the San Diego Blood Bank at [this link](#) and the Red Cross [at this link](#).

E. Staff Support

Q1 ADDED MARCH 27: I'm having difficulty finding childcare with the Stay at Home/social distancing orders. Are there any childcare resources for first responders?

A1: The [local YMCA Child Care Resource Services agency](#) is ready to help. The YMCA has an enhanced referral for healthcare workers, first responders, law enforcement, and military personnel. Call the hotline at 619-952-0242 between Monday to Friday from 8:00 am - 5:00 pm, and their specialists will help locate a provider that matches your family's immediate needs.

Q2 UPDATED SEPTEMBER 14: Are there any County resources for emotional and mental health support during this stressful time?

A2: Yes. The County's Behavioral Health Services has an Emotional Support Help Line available to assist anyone experiencing stress or anxiety as a result of the COVID-19 pandemic, including EMS providers and healthcare workers. The help line can be reached toll-free at **1-866-342-6892** and is available to anyone 24 hours a day, seven days a week. Please [see this flier](#) for more information.



Additionally, [Caring for your Mental Health During COVID-19 for Healthcare Personnel](#) is now available on the [Health Professionals website](#), under the [Behavioral Health Resources for Healthcare Workers](#) section.

You are also encouraged to contact your Employee Assistance Program and Health Insurance Plan to access additional services as needed.

Section 3: Structure

A. Location

Q1: If a known or suspected COVID-19 patient is transported by EMS, is there a designated hospital?

A1: All county emergency departments are able to receive suspected or known COVID-19 patients. Please see the CoSD EMS Memo [EMS Patient Destination Considerations During The COVID-19 Outbreak](#) dated February 14, 2020. All memos are posted on the front of the [County EMS webpage](#).

Q2 ADDED APRIL 24: What can we do to assist a skilled nursing facility with an unmet patient care need during the COVID-19 pandemic? Who would we contact?

A2: Should EMS providers recognize unmet needs with staffing, PPE, or other hygiene practices in a skilled nursing facility, please contact [California Department of Public Health through this link](#). Skilled nursing facilities are regulated by the California Department of Public Health and **not** the County of San Diego.

Q3 ADDED APRIL 24: Call volume has increased at a congregate care facility (e.g., skilled nursing facility, board and care, assisted living) in our response area. We are concerned about an outbreak; who should we notify?

A3: The San Diego County Public Health Epidemiology team initiates outbreak investigations in cooperation with other regulatory agencies. Contact the Epidemiology Unit Duty Officer at (619) 692-8499.

B. Policy and Protocols

Q1: Who is the County designating to arrange transport for patients under monitoring who develop symptoms?

A1: Patients who test positive and become symptomatic under home quarantine will be handled on a case-by-case basis.



Q2 UPDATED MARCH 27: Can the County give waivers for other EMS dispositions other than taking to the ED? Can we take to alternate destinations, for instance?

A2: The County, in conjunction with recommendations from the Health Services Capacity Task Force's Operational Core Group and the California EMS Authority, are exploring many options. Please see the time-limited [Assess and Refer Option memo](#) and [policy](#) approved on March 27, 2020.

As a reminder, if agencies are going to exercise any current or future exemptions, **implementation notification must be sent to** MCSDEMSNotification.hhsa@sdcounty.ca.gov.

Q3 UPDATED APRIL 10: I heard the protocol updates this year are going to be delayed. Is that true?

A3: Due to increased activities surrounding COVID-19 management, and the need to minimize in-person training to protect prehospital providers, all non-COVID-19 pandemic-related protocol updates will be moved to the 2021 protocol cycle. Please [see this memo](#).

Q4 ADDED MARCH 27: Can paramedics refer low-acuity patients to other healthcare resources during the COVID-19 situation?

A4: Please see [the memo from the EMS Medical Director](#) regarding the temporary Assess and Refer option.

Q5 ADDED MARCH 27: What effect will COVID-19 have on the frequency of domestic violence cases?

A5: Healthcare workers may encounter an increase in domestic violence cases in the community over the next few weeks as a result of current COVID-19 mandates for the public to remain at home and avoid non-essential trips outside. It is crucial that providers continue to screen patients for signs of domestic abuse using the Health CARES steps:

- C – Conduct screening for current and former intimate partner abuse;
- A – Assess for signs and symptoms of strangulation;
- R – Report suspicious injuries to law enforcement;



- E – Evaluate patient (evidence collection by a forensic examiner);
- S – Safety Plan and connect patient to resources.

Please visit the [San Diego County Health CARES website](#) for more information on domestic violence training, tools, and education.

Q6 ADDED MARCH 28: Should paramedics use CPAP on acute respiratory distress patients during the COVID-19 pandemic?

A6: Use of [CPAP, like all aerosol-generating procedures, are strongly discouraged at this time](#). If CPAP is needed because there is no other way to maintain oxygenation and ventilation prior to patient arrival at the ED, then there may be no other reasonable alternative. It is critical to ensure that PPE is properly used, and that a tight seal is maintained with the CPAP mask. Treatments listed in County EMS Protocols [S-127](#), [S-136](#), [S-164](#), and [S-167](#) that are strongly discouraged include:

- CPAP
- Albuterol/Atrovent nebulizers
- Endotracheal intubation

Likewise, aerosol-generating procedures for allergic reaction/anaphylaxis should also be used with caution ([S-122/S-162](#)). Oxygen therapy, BVM, and MDI albuterol shall be preferred respiratory treatments during the COVID-19 outbreak.

Q7 ADDED MARCH 28: Should paramedics perform endotracheal tube placement in the field?

A7: We recommend avoiding ETI and using a perilaryngeal airway adjunct if BVM is not successful. Of note, some Emergency Department protocols prefer ETI over perilaryngeal airway adjuncts, as better source control of viral spread may be possible with a cuffed endotracheal tube; however, the provider placing the tube may be at higher risk of exposure than they would otherwise be with placing a perilaryngeal airway adjunct. Regardless, paramedics will need to be in full PPE (respirator, eye protection, gown, and gloves) when performing aerosol-generating procedures.

Q8 ADDED MARCH 28: Should paramedics place perilaryngeal airways like the King or Combitube?

A8: If a patient is not breathing, and their oxygenation and ventilation cannot be maintained by a 2-person BVM technique, then placement of a perilaryngeal airway adjunct may be required for patient management. Again, crew members must don



appropriate PPE (respirator, eye protection, gown, and gloves) before performing aerosol-generating procedures.

Q9 UPDATED APRIL 6: I was offloading a patient at the ED, and the staff wanted me to turn off my nebulizer. Why is that happening?

A9: Just like our first responder agencies, our hospitals are working diligently to mitigate any aerosolized risk to staff and patients. Nebulizers, CPAP, and BVM ventilation are all aerosol-creating procedures. Generally speaking, any of these treatments should be:

- Substituted with other treatments, as listed in [Policy and Protocols Question 6](#)
- Managed as carefully as possible in cooperation with receiving ED staff while, optimizing patient treatment.

In order to clarify the principles involved in safe ED transfer, [the EMS Medical Director issued this memo on April 5](#). In general, EMS providers should:

- Make early notification to the receiving facility of incoming patients with a clear statement that ED personnel will be needed outside for evaluation;
- Anticipate meeting ED staff outside the ED when transporting patients with potentially aerosol-generating procedures in progress;
- Expect hospital personnel to provide individualized guidance outside of the ED regarding which procedures will be continued or paused during entry to the ED;
- Prepare to briefly discontinue nebulized treatments, BVM, and CPAP;
- Anticipate supplemental oxygen modalities are likely to be continued, but hospitals may choose to place a surgical facemask or other covering over the oxygen mask/canula;
- Work with receiving ED staff that place filters on BVMs, assist with 2-handed bag-valve-mask ventilations, and other risk-minimizing interventions during the patient delivery process.

Intubated patients are generally presumed to have source control, and bag-valve-tube breathing is likely to continue during patient movement; continuing ET ventilation may depend on the receiving hospital's assessment of source control.

Q10 ADDED APRIL 6: Is there County guidance for minimizing risk during ED transfer of care?

A10: Yes. There are unique hazards associated with treating known or suspected COVID-19 patients in the prehospital setting. To mitigate these hazards, [the County has encouraged several modifications, including limiting aerosol-generating procedures whenever possible and masking all EMS patients at initial encounter](#). In the interests of provider safety, these practices should be extended during transfer of care at the



receiving emergency department. Protection of EMS and ED personnel while optimizing patient treatment are important goals of care.

To ensure safe EMS/ED transfer of care, County guidance includes:

- EMS should make early destination notification, especially when treating a patient with severe symptoms, when administering aerosol-generating treatments, or incidents with short transport times
- EMS should work cooperatively with receiving ED staff to balance crew safety and patient care;
- EMS may anticipate discontinuing or modifying respiratory therapies and aerosol-generating procedures;
- EDs accepting prehospital patients should identify resuscitation areas (within or outside the ED) that are available for immediate acceptance of critical patients.

Q11 ADDED APRIL 10: What are dispatch centers doing to manage the COVID-19 pandemic?

A11: In late January 2020, dispatch centers began screening for travel history and symptoms to identify patients at risk for COVID-19 during 911 caller interrogations. Responding fire and EMS crews were notified prior to arrival and donned proper PPE before patient contact. In February, the geographic screening was expanded to include additional countries designated by the CDC as virus hotspots. As the pandemic progressed, additional questions and screening criteria were added, including screening for callers with known or suspected COVID-19 contacts, or contacts with someone diagnosed with COVID-19. Dispatch centers now ask callers to collect patient medications, including albuterol inhalers, prior to EMS arrival and, when possible, to meet the responding emergency scout member outside of their residences with a surgical mask or face covering in place.

Q12 ADDED APRIL 24: What precautions should be taken when managing cardiac arrest patients during the COVID-19 pandemic?

A12: The EMS Medical Director issued [this guidance memo](#) on April 20th. For cardiac arrest patients that do not achieve ROSC at scene, contact the base for patients that do not meet the [S-127 TOR criteria](#). For patients with ROSC, EMS providers should ensure the destination hospital is prepared to receive the patient prior to initiating transport.



Q13 ADDED APRIL 24: What is a “verbal signature” on a POLST form? Is the POLST valid without a patient/DDM (designated decision maker) or medical provider’s signature?

A13: Changes to the POLST process have been made to ensure patients are able to make their own healthcare decisions during the COVID-19 pandemic. Please [see this memo](#) regarding changes to the POLST process.

Q14 ADDED APRIL 24: In addition to the respiratory parameters, what are the vital sign guidelines to assist with determining whether a patient is eligible for [Assess & Refer](#)?

A14: Vital signs that indicate treatment is required under any County of San Diego protocol or policy means the patient is not “low risk” as defined in S-415A and therefore not a candidate for the “Assess and Refer” program.

Q15 UPDATED MAY 27: What is this rare pediatric illness being reported that may be associated with COVID-19? What should prehospital providers look for?

A15: In Europe and many US states, a small, but increasing, number of children have developed a severe inflammatory illness associated with COVID-19. This entity has been termed multisystem inflammatory syndrome in children (MIS-C). This was formerly called pediatric inflammatory multisystem syndrome, or PIMS. Presentation of this syndrome is similar to Kawasaki Disease or toxic shock syndrome. For more information on MIS-C see [this webpage](#) from Children’s Hospital Los Angeles, [this California Department of Public Health Alert](#), and [this CDC guidance](#). For more information on Kawasaki Disease, please see [this presentation](#) from the Base Station Physician’s Committee meeting in October 2019, and [this webpage](#) from Rady Children’s Hospital.

[CDC clinical presentation guidance are similar in children](#) and adults. Reported signs and symptoms in children can include fever, fatigue, myalgia, and cough. Abdominal pain, vomiting, diarrhea, or other gastrointestinal symptoms have also been reported. Children with COVID-19 associated MIS-C have persistent fever and inflammation, single or multi-organ dysfunction, no other microbial cause, and the COVID-19 PCR may be positive or negative. While not all of these criteria are needed to make the diagnosis, a commonly used, easy-to-remember mnemonic for the physical findings of Kawasaki Disease is [CRASH and Burn](#):



C – Conjunctivitis

R – Rash

A – Adenopathy (usually unilateral cervical lymph node > 1.5 cm)

S – Strawberry tongue, cracking of lips, &/or redness or oral mucosa

H – Hand or feet swelling which can lead to peeling around the nails

&

Burn: 5 or more days of fever 100.4° or higher (usually high fever)

Q16 ADDED SEPTEMBER 14: Is there guidance for Law Enforcement regarding CPR during the pandemic?

A16: Yes, please see [this guidance](#) geared for law enforcement or other non-EMS first responders. This guidance encourages Hands-Only CPR and placing facial coverings on cardiac arrest victims.

C. EMS Personnel Credentialing

Q1 ADDED APRIL 2: I heard there are extensions for EMT certifications and paramedic licensure/accreditation. Is that correct?

A1: Yes, there is a temporary extension for California EMS credentials that would otherwise lapse on March 31, April 30, May 31, or June 30, 2020. **NOTE: As of July 31, 2020, credential extensions have ended.**

On March 30, the Governor of the State of California issued an [Executive Order](#) that, in part, changed several credentialing regulations. Under this order, some [EMS personnel credential regulations](#) have been temporarily altered:

- All EMS personnel (EMT, AEMT, and paramedic) with licenses or certifications (or local accreditation) expiring in March, April, or June of 2020 shall have their license or certification expiration dates extended until July 31, 2020.
- The requirement for a completed skills competency verification by EMTs for renewal or reinstatement is waived for the duration of the COVID-19 declared State of Emergency.

County EMS will recognize EMT and paramedic credentials that are set to expire on March 31, April 30, May 31, and June 30 through July 31, 2020.

County EMS encourages EMTs to renew now to take advantage of the skills competency verification waiver AND not wait until July 31:



- Renewing EMTs will not be required to submit a completed skills competency verification (“skill sheet”). Since this extension is tied to the State of Emergency, County EMS cannot predict the end date.
- If you have your 24 hours of CE and a BLS CPR card (including expiring AHA CPR cards [eligible for extension](#)), please renew now. In addition:
 - For EMTs, please submit [this EMSA document](#) in place of the skills sheet
 - EMTs or paramedics with AHA cards lapsing between March and May 2020, please see this [County EMS memo](#)

Not sure what to do next? Please contact us via email:
EMSCertifications.HHSA@sdcounty.ca.gov.