

Coronavirus Disease 2019 (COVID-19)

Los Angeles County Department of Public Health

Guidance for Monitoring EMS Personnel

Summary of Recent Changes 7/24/20 significant changes to this guidance include:

- The addition of references to the expanded list of possible COVID-19 symptoms
- New guidance for facilities experiencing staffing shortages
- Expanded definition of high-risk work exposures warranting quarantine
- Addition of a section on testing recommendations

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 COVID-19 illness to prevent possible exposures of other EMS personnel and patients.

RECOMMENDATIONS:

1. 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](#).
2. All EMS personnel should self-monitor twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for fever or [symptoms consistent with COVID-19](#).



Coronavirus Disease 2019 (COVID-19)

Los Angeles County Department of Public Health

Guidance for Monitoring EMS Personnel

3. If EMS personnel have a fever or symptoms, they should stay home from work and contact their place of work to arrange for medical evaluation and/or testing as soon as possible.
4. The EMS Provider Agency should screen all personnel for fever or [symptoms consistent with COVID-19](#) 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 (e.g., staff self-report, single use disposable thermometers or thermal scanners, etc.). This monitoring may be done by station supervisors and does not require nurses.
5. EMS personnel who develop a fever or symptoms suggestive of COVID-19 while at work, they should keep their facemask/cloth covering on, notify their supervisor, and leave the worksite.
6. EMS personnel with any symptoms suggestive of COVID-19 should be tested for COVID-19.
7. EMS personnel with high risk exposures to COVID-19 should quarantine at home and be excluded from work for 14 days (with exceptions made for staffing shortages). They can return to work after 14 days if they never developed symptoms.
8. EMS personnel with other healthcare exposures may continue to work as long as they follow self-monitoring guidelines and wear a facemask for source control for the full 14 days after the exposure event. Cloth face coverings should not be used for source control during these 14 days.
9. EMS personnel with community-related exposures (including household), must notify their place of work. The EMS Provider agency should determine if the exposure warrants quarantine based on the CDC's [Guidance for Community-Related Exposures](#).
10. EMS Provider agencies experiencing staffing shortages may allow EMS personnel with high risk exposures to continue to work as long as they remain asymptomatic and wear a facemask for source control for the full 14 days after the exposure event. They must observe full home quarantine when not doing their essential work. The agency should follow CDC [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) for protocols on contingency and crisis strategies for mitigating staffing shortages.

DEFINITION OF HIGH-RISK EXPOSURE

The following healthcare exposures to a confirmed infectious COVID-19 case* are considered high-risk:

1. EMS personnel who performed or were present in the room during a high-risk respiratory aerosol-generating procedure (AGP) (i.e., intubation [King or direct laryngoscopy], bag mask ventilation, chest compressions, suctioning, CPAP, or nebulized treatments) where the confirmed case patient was not masked and where the EMS personnel was missing some element of PPE (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.
2. EMS personnel who had prolonged close contact (i.e. they were within 6 feet for 15 or more minutes and/or they had direct unprotected contact with infectious secretions/excretions) with a confirmed case:
 - a. while not wearing a respirator or facemask.



Coronavirus Disease 2019 (COVID-19)

Los Angeles County Department of Public Health

Guidance for Monitoring EMS Personnel

- b. while not wearing eye protection if the case was not wearing a facemask or cloth face covering.

*COVID-19 cases are considered to be infectious beginning 2 days prior to symptom onset (or initial positive viral test if case is asymptomatic) until the time they meet criteria for discontinuing transmission based-precautions.

TESTING RECOMMENDATIONS:

EMS personnel with any signs or symptoms of COVID-19 should be prioritized for SARS-CoV-2 diagnostic testing, even if the symptoms are mild. LAC DPH is not currently recommending testing of asymptomatic healthcare providers (HCP) unless it is part of an outbreak investigation, part of facility-wide surveillance testing, or if the HCP was a close contact to a case in the community (including household contacts). See DPH [Expanded Testing Priorities](#). Currently, the CDC does not recommend testing asymptomatic HCP who had occupational exposures. See CDC [Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2](#). Re-testing for return to work clearance is not recommended.

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](#)

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.

[Suspected COVID- 19 \(Interim Guidance\)](#).