



# **CSU CHANNEL ISLANDS POLICE DEPARTMENT**

## **TRAINING BULLETIN #2020-03**

### **INTERIM GUIDANCE: EMS/PSAP COVID-19 RESPONSE**

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Our Emergency Medical Technician (EMT) Program plays a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, Pre-Hospital care by EMTs present unique challenges because of the nature of the setting, enclosed space during patient contact, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs).

When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.

Updated information about COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

CDC's most current case definition for a person under investigation (PUI) for COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

### **CDC Recommendations for 911 PSAPs**

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about COVID-19.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

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### Modified Caller Queries

Dispatch should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19.

If possible, dispatchers should query the caller prior to transferring the call to VCFD for EMD and pre-arrival instructions.

The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or choking hazards) are indicated. If unable to query the caller with COVID-19 screening prior to transferring, dispatchers should conduct a warm transfer to VCFD and stay on the line to listen for COVID-19 screening info prior to disconnecting. VCFD also will do its best to call back with COVID-19 warnings when possible.

Information on COVID-19 will be updated as the public health response proceeds.

Information of signs or symptoms and risk factors for COVID-19 should be communicated immediately to our EMT Offices before arrival on scene in order to allow use of appropriate personal protective equipment (PPE).

### COVID-19 Screening Questions:

In coordination with our partners at VCFD, dispatchers should ask the following three questions of all callers for medical emergencies:

1. Does the patient have a fever?
2. Does the patient have a cough?
3. Does the patient have difficulty breathing?

If the answer is YES to any of the above questions, dispatchers shall relay to responding EMT officers that the patient meets PPE criteria in the initial message to dispatch the officers.

“Patient meets PPE criteria. Follow all PPE Guidelines.”

Below is a copy of the current COVID-19 Screening & Response Protocol from VCEMS as of 3/13/2020.

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Version 4.2 – Updated March 13, 2020



### COVID-19 SCREENING AND RESPONSE

FOR ALL PATIENTS, DON STANDARD BODY SUBSTANCE ISOLATION PRECAUTIONS AND ENTER THE SCENE  
MAINTAIN AT LEAST A SIX (6) FOOT DISTANCE AND DETERMINE THE FOLLOWING:

*NOTE: IF DISPATCH ADVISES OF POSSIBLE COVID-19 PATIENT PRIOR TO UNITS ARRIVING ON SCENE,  
PERSONNEL WILL DON APPROPRIATE PPE (LISTED IN RESPONDER GUIDANCE BELOW) PRIOR TO MAKING  
ENTRY INTO SCENE.*

Fever **and/or** signs and symptoms of acute respiratory  
illness (e.g., cough and/or difficulty breathing)

NO

CONTINUE WITH  
ROUTINE  
ASSESSMENT,  
CARE AND  
TRANSPORT

YES

### RESPONDER GUIDANCE

- To the extent possible, based on patient condition and level of care required, limit number of personnel that come in contact with a symptomatic patient.
- Prehospital Care team will don appropriate PPE:
  - NIOSH-certified disposable N95 respirator
  - Eye protection (goggles or face shield)
  - Non-sterile, fluid-resistant gown
    - Note: Prioritize use of gowns for aerosol-generating procedures, care activities where splash/spray is anticipated, and/or high contact activities that provide an opportunity for transfer of pathogens to hands and clothing of EMS personnel.
  - Exam gloves
- *NOTE: DISPOSE OF ALL PPE IF USED ON ANY SYMPTOMATIC PATIENT.*
- Place patient in a procedure mask if it does not interfere with treatment (i.e. oxygen, CPAP, BVM, etc).
- Treat patient per VCEMS policies and procedures
  - Consider limiting the performance of high-risk procedures
- Establish base hospital contact as soon as possible and advise of "possible COVID-19 patient." Include signs and symptoms, history of present illness, and any recent travel history
- For cases of unprotected exposure to a high-risk or confirmed COVID-19 patient, notify agency supervision and request notification of EMS Agency Duty Officer through FCC
- Family members should only be taken as a rider in the event the patient is an unaccompanied minor or has some other special circumstance that limits the personnel's ability to assess the patient.
- If transported, ensure that exhaust vent is on in patient compartment to draw air out.
- Once call is complete, clean all equipment with medical disinfectant wipes, such as sodium hypochlorite prior to returning to service

CDC Guidelines for EMS Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>