The outbreak of respiratory illness caused by the novel coronavirus (COVID-19) was first detected in China during December 2019, and has now been identified in over 60 locations internationally, including the United States. We are beginning to see community transmission and deaths in the US, including California, and we must remain vigilant with our approach to EMS patients who may have COVID-19. On March 4th, Governor Newsom declared a State of Emergency for California regarding the novel coronavirus.

The California Emergency Medical Services Authority (EMSA) has developed comprehensive guidance for its EMS partners, providers and agencies. This guidance has been developed in conjunction with the California Department of Public Health (CDPH) and the Governor’s Office of Emergency Services (Cal OES), as well as our federal and local partners including the Center for Disease Control (CDC) and the Local Emergency Medical Services Agencies (LEMSAs).

The California Emergency Medical Services Authority has adopted the standardized EMS guidance provided by the CDC in collaboration with the National Highway Traffic Safety Administration (NHTSA). This guidance for EMS is comprehensive, represents a recognized best practice across the nation, and is currently deployed within the 33 LEMSAs throughout the state.

California EMS Guidance and Resources for COVID-19

1) Interim Guidance for EMS and 911 PSAPs for COVID-19 in California.

This comprehensive EMS guidance applies to all first responders who anticipate close contact with persons with possible or confirmed COVID-19 in the course of their work. This guidance discusses modifying caller queries to determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a person under investigation (PUI).

A summary of the sections found in this document are listed here:

a) Case Definition/PUI
b) Recommendations for 911 public safety answering points (PSAPs)
c) Modified Caller Queries
d) Recommendations for EMS Clinicians and Medical First Responders
e) Patient Assessment
f) Recommended Personal Protective Equipment (PPE)
g) Precautions for Aerosol-Generating Procedures
h) EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility including interfacility transports (IFTs)
i) Documentation
j) Cleaning EMS Transport Vehicles after Transport
k) Follow-up/Reporting Measures by EMS Clinicians After Caring for Patients or PUI’s
l) EMS Employer Responsibilities
m) Additional Resources

2) **Guidance regarding shortage of N95 Respirators.**

On March 3rd, Governor Newsom and state health officials announced that millions of stockpiled masks will become available. The CDC has also recently published information regarding N95 respirators including the use of stockpiled N95 Respirators:
https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html and strategies for optimizing the supply of N95 respirators:

3) **Identifying Patients Under Investigation (PUI’s).**

Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-2019. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). These criteria are subject to change as additional information becomes available.

4) **Additional Resources.**

a) CDC/NIOSH sequence for Donning/Doffing PPE (example 2 preferred for Doffing)
b) Centers for Disease Control and Prevention:
https://www.cdc.gov/
c) California Department of Public Health
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
d) California Local EMS Agencies
https://emsa.ca.gov/local-ems-agencies/
e) The **EMS Infectious Disease Playbook**, published by the Office of the Assistant Secretary for Preparedness and Response’s (ASPR).