



# Inland Counties Emergency Medical Agency

1425 South D Street, San Bernardino, CA 92415-0060 ■ (909) 388-5823 ■ Fax (909) 388-5825 ■ www.icema.net

*Serving San Bernardino, Inyo, and Mono Counties*  
*Tom Lynch, EMS Administrator*  
*Reza Vaezazizi, MD, Medical Director*

**DATE:** March 16, 2020

**TO:** EMS Providers - ALS, LALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
Inyo, Mono and San Bernardino County EMCC Members  
Medical Advisory Committee (MAC) Members  
Systems Advisory Committee (SAC) Members

**FROM:** Tom Lynch  
EMS Administrator

Reza Vaezazizi, MD  
Medical Director

**SUBJECT: COVID-19 GUIDANCE FOR EMS FIELD PERSONNEL**

This memo provides additional guidance to protect EMS field personnel from exposure to emerging infectious diseases. ICEMA recommends that EMS field personnel operate under the assumption that any patient presenting with signs and symptoms of a respiratory illness potentially has a COVID-19 infection.

Effective immediately, EMS field personnel should:

- Limit treatment activities, as appropriate, unless patient is unstable (obtain physician consultation if needed).
- Exercise caution with aerosol generating treatments such as:
  - intubation
  - continuous positive airway pressure (CPAP)
  - administration of nebulized medications
  - suctioning
- If using a bag valve mask (BVM) to ventilate the patient, a HEPA filter should be inserted between the BVM breathing device and the patient.
- Limit contact with a suspected infectious patient to only those providers that are necessary to provide patient care. Others should remain outside or as far away from the patient as possible

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COVID-19 Guidance For EMS Personnel

March 16, 2020

Page 2

- All EMS field personnel, including drivers, who have contact with the patient should wear the recommended PPE.
- Drivers in ambulances with an isolated driver's compartment should remove their PPE and perform hand hygiene prior to initiating the transport. If the driver's compartment is not isolated, the driver should continue to wear the respirator during transport.
- To ensure proper transfer of care and reduce potential exposure communicate with the hospitals to coordinate where transfer of care will take place (such as an alternate patient offload site).
- After transporting or treating a patient with signs and symptoms of a respiratory illness, disinfect the ambulances and other EMS units and equipment with EPA registered disinfectants.

Submit all medical/health resource requests (enclosed) to the ICEMA Duty Officer at [ICEMAdutyOfficer@cao.sbcounty.gov](mailto:ICEMAdutyOfficer@cao.sbcounty.gov). Requests will be acknowledged via e-mail, by ICEMA.

If you have any questions, please contact Ron Holk, EMS Coordinator, at (909) 388-5803 or via e-mail at [ron.holk@cao.sbcounty.gov](mailto:ron.holk@cao.sbcounty.gov).

TL/RV/jlm

Enclosure

c: File Copy

**Resource Request: Medical and Health FIELD/HCF<sup>2</sup> to Op Area** RR MH (11AUG11)

REQUESTOR TO COMPLETE	1. Incident Name:		2a. DATE:		2b. TIME:	
	3. Requestor Name, Agency, Position, Phone / Email:				2c. Requestor Tracking #: (Assigned by Requesting Entity)	
	4a. Describe Mission/Tasks:			4b. Delivery/Reporting/Staging Information:		
	5. ATTACH ADDITIONAL ORDER SHEETS, IF NEEDED <input type="checkbox"/>		GENERAL: SUPPLY/EQUIPMENT <input type="checkbox"/>	PERSONNEL <input type="checkbox"/>	OTHER <input type="checkbox"/>	
6. ORDER <b>SUPPLY/EQUIPMENT/PERSONNEL REQUEST DETAILS</b>						

ITEM # Priority (See Below) <sup>3</sup>		DETAILED SPECIFIC ITEM DESCRIPTION:			Quantity Requested	Expected Equipment/ Staff Duration of Use:
		<b>Supplies/Equipment</b> (Rx: Drug Name, Dosage Form, UNIT OF USE PACK or Quantity, Prod Info Sheet, In-House PO, etc. Medical Supplies: Item name, Size, Brand, etc. General Supplies/Equipment: Food, Water, Generators)				
		<b>Personnel</b> (Be specific: List Probable Duties, Required License, Specific Experience (ED/ICU/OR, Hospital/Clinical, etc.))				
		<b>Other</b> (Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)				

REVIEW	7. Requesting entity must confirm that these 3 requirements have been met prior to submission of request		
	<input type="checkbox"/>	Is the resource(s) being requested nearly exhausted or exhausted?	
	<input type="checkbox"/>	Entity is unable to obtain resources within a reasonable time frame (based upon priority level indicated) from vendors, contractors, MOU/MOA's, department, or corporate office providers?	
	<input type="checkbox"/>	Entity is unable to obtain resource from other non-traditional sources?	
8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION <small>(SIGNATURE INDICATES VERIFICATION OF NEED AND REQUEST'S APPROVAL)</small>			
NAME:	POSITION:	SIGNATURE or equivalent	

<sup>2</sup> HCF = Health Care Facility

<sup>3</sup> Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment