



# Inland Counties Emergency Medical Agency

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

**DATE:** March 30, 2020

**TO:** EMS Providers - ALS, LALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
EMS Training Institutions and Continuing Education Providers  
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: IMPLEMENTATION OF EMERGENCY POLICIES EFFECTIVE MARCH 30, 2020**

The revised emergency policies listed below is effective March 30, 2020.

ICEMA Reference Number and Name

6090R1 Treatment and Transportation Recommendations of Patients with Emerging Infectious Diseases  
8120 Assess and Refer (NEW)

The enclosed emergency policy, ICEMA Reference #6090R1 required changes for additional guidance to EMS field personnel and/or EMS providers from exposure to emerging infectious diseases for treatment and transportation due to the Novel Corona Virus (COVID-19). Also, the name of the policy changed from Treatment of Patients with Airborne Infections and Transport Recommendations to Treatment and Transportation Recommendations of Patients with Emerging Infectious Diseases.

In anticipation of an increase in the 9-1-1 call volumes, and in response to the State of Emergency Declaration, ICEMA is implementing an emergency COVID-19 Assess and Refer policy, ICEMA Reference #8120. This policy will go into effect when the system has a sustained surge, staffing has been impacted, and will be based on a tiered-level response implementation plan.

Please insert and replace the attached policy and the Table of Contents in the Policy and Protocol Manual with the updated document. The ICEMA policies and protocols can also be found on ICEMA's website at www.ICEMA.net under the Policy and Protocol Manual (2020) section.

If you have any questions, please contact Loreen Gutierrez, RN, Specialty Care Coordinator, at (909) 388-5803 or via e-mail at [loreen.gutierrez@cao.sbcounty.gov](mailto:loreen.gutierrez@cao.sbcounty.gov).

TL/RV/jlm

Enclosures

c: File Copy

## BOARD OF DIRECTORS

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**POLICIES/PROTOCOLS CHANGES EFFECTIVE MARCH 30, 2020**

Reference #	Name	Changes
<b>DELETIONS</b>		
None		
<b>NEW</b>		
8120	Assess and Refer	New policy in anticipation of an increase in the 9-1-1 call volumes.
<b>CHANGES</b>		
6090R1	Treatment and Transportation Recommendations of Patients with Emerging Infectious Diseases	Name of policy changed to Treatment and Transportation Recommendations of Patients with Emerging Infectious Diseases. Policy required changes for additional guidance to EMS providers and/or EMS field personnel from exposure to emerging infectious diseases for treatment and transportation due to the Novel Corona Virus (COVID-19).

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<b>SERIES</b>	<b>OLD #</b>	<b>ADMINISTRATIVE POLICIES</b>
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1010	1100	AEMT Certification
1020	1030	EMT Certification
1030	1040	EMT-P Accreditation
1040	1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport
1050	1110	RCP Authorization
1060	1070	EMT/AEMT Incident Investigation, Determination of Action, Notification, and Administrative Hearing Process
1070	1090	Criminal History Background Checks (Live Scan)
1080	1120	EMT-P Student Field Internship Requirements
<b>2000</b>		<b>EDUCATION</b>
2010	3020	Continuing Education Provider Requirements
2020	3030	EMT Continuing Education Requirements
2030	3050	Public Safety First Aid Training Program Approval
2040	3060	Public Safety Optional Skills Course Approval
2050	3070	Tactical Casualty Care Training Programs and Courses
<b>3000</b>		<b>GENERAL POLICIES</b>
3010	5010	Licensure Changes - 911 Receiving Hospitals
3020	5020	Base Hospital Designation
3030	5030	Adoption of Policies and Protocols
3040	5040	Radio Communication
3050	7030	Controlled Substance
3060	5080	Ground Based Ambulance Rate Setting (San Bernardino County)
<b>4000</b>		<b>SPECIALTY CARE PROGRAMS AND SPECIALTY SERVICE PROVIDER POLICIES</b>
4010	6010	Paramedic Vaccination
4020	6170	ChemPack Deployment
4030	6060	Specialty and Optional Scope Program Approval
4040	6070	ST Elevation Myocardial Infarction Critical Care System Designation (San Bernardino County Only)
4050R1	6080	EMT-P Blood Draw for Chemical Testing at the Request of a Peace Officer
4060	6090	Fireline EMT-P
4070	6100	Stroke Critical Care System Designation (San Bernardino County Only)
4080	6110	Tactical Medicine for Special Operations
4090	6120	Emergency Medical Dispatch Center Requirements (San Bernardino County Only)
4100	6130	Medical Priority Dispatch Minimum Response Assignments for Emergency Medical Dispatch (EMD) Categories

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5020	2030	Minimum Documentation Requirements for Transfer of Patient Care
5030	2040	Requirements for Patient Care Reports
5040	2050	Requirements for Collection and Submission of EMS Data
<b>6000</b>		<b>GENERAL OPERATIONAL POLICIES</b>
6010	9020	Physician on Scene
6020	9030	Responsibility for Patient Management
6030	9040	Reporting Incidents of Suspected Abuse
6040	9050	Organ Donor Information
6050	9060	Local Medical Emergency
6060	9070	Patient Restraints
6070	9080	Care of Minors in the Field
6080	9090	Patient Refusal of Care - Adult
6090R1	9110	Treatment and Transportation Recommendations of Patients with Emerging Infectious Diseases
<b>7000</b>		<b>DRUG AND EQUIPMENT LISTS</b>
7010	No Change	Standard Drug and Equipment List - BLS/LALS/ALS
7020	No Change	Standard Drug and Equipment List - EMS Aircraft
<b>8000</b>		<b>RESPONSE, TRANSPORT, TRANSFER AND DIVERSION POLICIES</b>
8010	No Change	Interfacility Transfer Guidelines
8020	No Change	Specialty Care Transport
8030	8050	Transport of Patients (BLS)
8040	8140	Transport of Patients (Inyo County Only)
8050	8060	Requests for Ambulance Redirection and Hospital Diversion (San Bernardino County Only)
8060	15050	Hospital Emergency Response Team (HERT)
8070	5070	Medical Response to Hazardous Materials/Terrorism Incident
8080	5050	Medical Response to a Multiple Casualty Incident
8090	5050I	Medical Response to a Multiple Casualty Incident (Inyo and Mono Counties)
8100	8150	Ambulance Patient Offload Delay (APOD)
8110	New	EMS Aircraft Utilization (San Bernardino County Only)
8120	New	Assess and Refer
<b>9000</b>		<b>CONTINUATION OF CARE AND DESTINATION POLICIES</b>
9010	8120	Continuation of Care (San Bernardino County Only)
9020	8090	Continuation of Trauma Care (Fort Irwin)
9030	8130	Destination
9040	15030	Trauma Triage Criteria
<b>10000</b>		<b>PILOT PROJECTS AND TRIAL STUDIES</b>
10010	8160	Emergency Medical Transport of Police Dogs Pilot Project (San Bernardino County Only)
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12020	15040	Glasgow Coma Scale
<b>13000</b>		<b>ENVIRONMENTAL EMERGENCIES</b>
13010	No Change	Poisonings
13020	No Change	Heat Related Emergencies
13030	No Change	Cold Related Emergencies
13040	No Change	Nerve Agent Antidote Kit (Training, Storage and Administration)
13050	11150	Smoke Inhalation/CO Exposure/Suspected Cyanide Toxicity
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14030	11040	Bradycardias - Adult
14040	11050	Tachycardias - Adult
14050	11070	Cardiac Arrest - Adult
14060	11080	Altered Level of Consciousness/Seizures - Adult
14070	11100	Burns - Adult (15 years of age and older)
14080	11110	Stroke Treatment - Adult
14090	15010	Trauma - Adult (15 years of age and older)
14100	11140	Pain Management - Adult
14110	11130	Psychiatric/Behavioral Emergencies - Adult
14120	14010	Respiratory Emergencies - Pediatric (Less than 15 years of age)
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14140	14030	Allergic Reactions - Pediatric (Less than 15 years of age)
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14160	14050	Altered Level of Consciousness - Pediatric (Less than 15 years of age)
14170	14060	Seizure - Pediatric (Less than 15 years of age)
14180	15020	Trauma - Pediatric (Less than 15 years of age)
14190	14070	Burns - Pediatric (Less than 15 years of age)
14200	14090	Newborn Care
14210	14080	Obstetrical Emergencies
14220	9120	Nausea and Vomiting
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14240	11060	Suspected Acute Myocardial Infarction (AMI)
14250	12010	Determination of Death on Scene
14260	12020	End of Care and Decisions
14270	11120	Ventricular Assist Device (VAD)
<b>15000</b>		<b>PUBLIC SAFETY FIRST AID</b>
15010	16010	Allergic Reaction and Anaphylaxis (Authorized Public Safety Personnel)
15020	16020	Nerve Agent Exposure (Authorized Public Safety Personnel)
15030	16030	Opioid Overdose (Authorized Public Safety Personnel)
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# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

**Reference No. 6090R1**  
Effective Date: 03/30/20  
Supersedes: 03/01/20  
Page 1 of 2

## TREATMENT AND TRANSPORTATION RECOMMENDATIONS OF PATIENTS WITH EMERGING INFECTIOUS DISEASES

### I. PURPOSE

To establish a policy for treatment and transportation recommendations of patients with emerging infectious diseases within the ICEMA region.

### II. FIELD ASSESSMENT/TREATMENT INDICATORS

#### Signs and Symptoms May or May Not Include

- Fever
- Runny nose, cough, sore throat (or any combination)
- Gastrointestinal symptoms
- Suspicion or reported suspicion of an infectious disease

### III. PROCEDURE

#### Patient Care

- Treatment for a symptomatic individual who is a confirmed case or a suspected case of infectious disease is supportive based upon assessment findings.
- IV fluids and appropriate medications are to be initiated per established protocols.
- Exacerbation of underlying medical conditions in patients should be considered, thoroughly assessed and treated per established protocols.

#### Infection Control of Ill Persons During Treatment and Transport

- EMS field personnel should incorporate rapid assessment of potential infectious environment into their scene survey/safety and maintain an index of suspicion for infectious disease when a patient with signs/symptoms consistent with the case definition(s) is encountered.
- Personal Protective Equipment (PPE) must be immediately accessible and employed by all EMS providers who come into close contact with ill and/or infectious patients as outlined in the California ATD Standard. This would include the driver in vehicles with open driving compartments particularly when the patient is receiving aerosolized treatment.
- Limit contact with suspected infectious patients to the number of EMS providers and/or EMS field personnel necessary to provide patient care.
- All required care should be provided to the patient(s) as indicated by protocol(s).
- Patients with suspected or confirmed case-status should be transported as warranted by assessment findings. All patients in acute respiratory distress will be transported. If transport is initiated, symptomatic patients should not be transported with non-symptomatic patients. The patient should be accompanied by a single attendant during transport to limit exposure unless patient treatment needs dictate otherwise.

- After thorough assessment and attention to the patient's respiratory status, the patient should be encouraged to wear a surgical mask if it can be tolerated or oxygen mask if indicated. Close monitoring of the patient's respiratory status is required at all times during treatment and transport.
- Exercise caution with treatments that may be aerosol-generating, such as:
  - Intubation
  - Continuous Positive Airway Pressure (CPAP)
  - Nebulized medications
  - Suctioning
  - Bag Valve Mask (BVM) ventilation
- It is recommended that ventilation, if used, be equipped with a HEPA filter. The HEPA filter is to be inserted between the BVM breathing device and the patient.

**Specific EMS Personal Protective Equipment Standards and Transport Recommendations**

- All EMS field personnel who have contact with the patient should wear the recommended PPE.
- For EMS field personnel treating and/or transporting a patient that meets the case definition of infectious respiratory disease, protection must include wearing a fit-tested N95 respirator (or higher), disposable gloves and eye protection (face shield or goggles).
- The ambulance ventilation system should be operated in the nonrecirculating mode, and the maximum amount of outdoor air should be provided to facilitate dilution. If the vehicle has a rear exhaust fan, use this fan during transport. If the vehicle is equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle, use this unit to increase the number of Air Changes per Hour (ACH). Air should flow from the cab (front of vehicle), over the patient, and out the rear exhaust fan. If an ambulance is not used, the ventilation system for the vehicle should bring in as much outdoor air as possible, and the system should be set to nonrecirculating. If possible, physically isolate the cab from the rest of the vehicle, and place the patient in the rear seat.<sup>1</sup>
  - Drivers with isolated driver's compartment should remove their PPE and perform hand hygiene prior to initiating the transport. Drivers with no isolated compartments should continue to wear their respirator during transport.
- Clean hands thoroughly with soap and water or an alcohol-based hand gel before and after all patient contacts.
- All equipment and surface areas should be thoroughly decontaminated with an anti-bacterial cleaner following each patient contact.





# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No: 8120  
Effective Date: 03/30/2020  
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## ASSESS AND REFER

### I. PURPOSE

To establish standards for the identification of patients whose condition does not require transport by 9-1-1 emergency ambulance to an emergency department. All 9-1-1 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care. If it is determined that the patient is stable, but is a suspected novel corona virus (COVID-19) person under investigation (PUI) EMS field personnel will assess patient and provide an appropriate referral recommendation.

### II. POLICY

If the patient's condition is stable, and the patient is not over 65 years of age and does not have underlying medical history, but presents with concern for suspicion of COVID-19 the patient will be appropriately assessed for referral to stay home, self-isolate, and seek follow-up treatment with their physician, or they will be provided with an alternate destination.

Destination decisions will be based on patient's condition or patient, guardian, family or law enforcement requests.

### III. GENERAL CONSIDERATIONS

- Transport all patients requiring immediate medical attention to the closest most appropriate hospital.
- Assess and referral criteria in this policy applies to patients with suspected COVID-19 (PUI).
- EMS should not require patients that are being released from the scene to sign AMA on the Patient Care Record.
- Advise patient that their current condition does not require transport to the Emergency Department.
- Provide instructions that if symptoms worsen, they should go to the emergency department, contact their healthcare provider, or re-contact 9-1-1.
- Honor patients requests, if possible and when appropriate. If the patient refuses the referral, the patient will be transported to the closest most appropriate hospital.

### IV. PARAMEDIC ASSESS AND REFER DECISION MAKING PRINCIPLES

- Is the patient greater than 2 years of age and less than 65 years of age?
- Does the patient have a history of comorbid disease?
- Does the patient, guardian, or parent have Decision Making Capacity?
- Is EMS field personnel concerned with the patient's current medical condition?
- How likely is the patient to successfully navigate the provided referral?

**V. ASSESS AND REFER CRITERIA**

- The patient, guardian, or parent should meet all of the following criteria:
  - Is an adult (18 years of age or over), or legally emancipated if under 18 years of age?
  - Has a GCS of 15 or GCS is at patient's baseline?
  - Exhibits no clinical evidence of:
    - Altered level of consciousness
    - Alcohol or drug ingestion that impairs decision making capacity
    - Abnormal or labored breathing or shortness of breath
    - Chest pain/discomfort of any kind
    - Hypoxia as indicated by low O<sub>2</sub> Saturation
    - Significant tachycardia
    - Serious hemorrhage
  - Exhibits evidence of Decision-Making Capacity sufficient to understand the nature of the medical condition as well as the risks and potential consequences of not seeking additional medical care from the provided recommendation.
  - The patient would benefit from the provided recommendation.
  - The patient is likely to successfully navigate the provided recommendation.

**VI. DOCUMENTATION REQUIREMENTS**

- Physical exam.
- Treatment provided.
- Patient, parent, or guardian is alert, oriented, and acting appropriately for their age.
- Indications that there were no signs of significant impairment due to drugs, alcohol, organic causes, or mental illness.
- Any other observations that indicate that the patient, guardian, or parent had unimpaired Decision-Making Capacity.
- Recommendation/referrals shall be documented utilizing the following four (4) step process:
  - That a recommendation/referral was offered.
  - What the recommendation/referral was that EMS field personnel provided.
  - The patient's understanding of the recommendation/referral.
  - The patient's plan based on the recommendation/referral of the EMS field personnel.

- The person(s), if any, who remained to look after the patient (the patient's "support system").
- The name of the interpreter utilized, if applicable.

**NOTE:** All assess and refer cases will undergo 100% CQI.



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. **6090R1**  
Effective Date: ~~03/01/2003~~ 30/20  
Supersedes: ~~06/18/1903~~ 01/20  
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## TREATMENT AND TRANSPORTATION RECOMMENDATIONS OF PATIENTS WITH EMERGING INFECTIOUS DISEASES ~~AIRBORNE INFECTIONS AND TRANSPORT RECOMMENDATIONS~~

### I. PURPOSE

To establish a policy for treatment and transportation recommendations of patients with emerging infectious diseases ~~suspected or known airborne infections~~ within the ICEMA region.

### II. FIELD ASSESSMENT/TREATMENT INDICATORS

#### Signs and Symptoms (May or May Not Include)

- Fever ~~more than 100°F (37.8 C)~~.
- Runny nose, cough, sore throat (or any combination).
- ~~May or may not have~~ Gastrointestinal symptoms.
- Suspicion or reported suspicion of an infectious disease

### III. PROCEDURE

#### Patient Care

- Treatment for a symptomatic individual who is a confirmed case or a suspected case of infectious disease is supportive based upon assessment findings.
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  - Drivers with isolated driver's compartment should remove their PPE and perform hand hygiene prior to initiating the transport. Drivers with no isolated compartments should continue to wear their respirator during transport.
- Clean hands thoroughly with soap and water or an alcohol-based hand gel before and after all patient contacts.
- All equipment and surface areas should be thoroughly decontaminated with an anti-bacterial cleaner following each patient contact.

<sup>1</sup>Centers for Disease Control, *MMWR* December 30, 2005 / 54(RR17):1-144