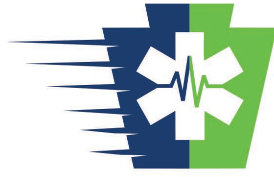

EMERGENCY HEALTH SERVICES FEDERATION
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The EHSF would like to provide guidance for EMS agencies regarding screening of providers and management of personnel surrounding the COVID-19 pandemic. Each EMS agency is encouraged to develop their own polices and should consider consultation with their EMS agency medical director. Screening of EMS Providers should occur for all personnel regardless of patient contact given community spread of COVID-19 is present.

Screening EMS Providers

EMS agencies should develop a policy to begin screening EMS upon entry to the facility/station at the beginning of each shift. Given community spread of COVID-19, EMS providers 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, the EHSF recommends EMS personnel self-monitor with the oversight of their EMS agency twice daily, especially prior to starting work. The goal of EMS provider screening is early identification of EMS personnel with symptoms of respiratory illness to prevent possible exposures of other EMS personnel and patients.

Lessons learned from Montgomery County provided EMS providers who were screened with a temperature daily, were able to identify a low-grade fever prior to onset of upper respiratory symptoms. The identification of the low-grade fever reduces exposure to additional staff and patients through preventative measures. EMS agencies should consider keeping a daily temperature log of providers.

Recommendations:

1. All EMS personnel should self-screen twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for possible symptoms of COVID-19 (i.e. elevated temperature >100.0 and/or cough or shortness of breath).
2. If EMS personnel have symptoms, they should contact their place of work immediately and stay home from work.
3. The EMS agency should screen all personnel prior to the start of working their shifts. The EMS agency should develop and implement screening systems that cause the least amount of delays and disruption as possible (i.e. staff self-report, single use disposable thermometers or thermal scanners, etc.). This screening may be done by station supervisors and does not require nurses.
4. EMS personnel who develop a fever should be sent home and NOT allowed to work.
5. EMS personnel with mild respiratory symptoms without fever may continue to work, if possible, in positions without direct patient contact. If direct patient care is required, personnel should wear masks and follow hand hygiene and infection control guidance.
6. EMS personnel who are in the same room and have NOT donned appropriate PPE while performing a high hazard, aerosol-generating procedure (i.e. intubation [King or direct laryngoscopy], bag mask ventilation, CPR, or nebulized treatments) on a confirmed or suspected COVID-19 patient should quarantine at home for a minimum of 7 days and perform active screening as described by the CDC. The EMS provider may return to work after 7 days if they never developed symptoms.
7. Testing for COVID-19 is not recommended for asymptomatic persons, even if exposed during a high hazard procedure. Home quarantine is recommended as per above.
8. EMS providers with other healthcare exposures may work and follow self-screening guidelines.
9. If EMS agencies anticipate/experience a significant decrease in available staff numbers, they are encouraged to notify the EHSF.

Return to Work Protocol

Use one of the strategies identified below to determine when an EMS provider may return to work in healthcare settings.

1. Test-Based Strategy – The EMS provider was tested for COVID-19 and should be excluded from work until:
   - Resolution of fever without the use of fever-reducing medications **and**
   - Improvement in respiratory symptoms (i.e. cough, shortness of breath), **and**
   - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).
2. Non-Test-Based Strategy – The EMS provider was not tested for COVID-19 and should be excluded from work until:
   - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (i.e. cough, shortness of breath); **and**
   - At least 7 days have passed since symptoms first appeared

Return to Work Practices and Work Restrictions

After returning to work, the EMS provider should:

1. Wear a facemask at all times while in the healthcare facility/function until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
2. Be restricted from contact with severely immunocompromised patients (i.e., transplant, hematology-oncology) until 14 days after illness onset.
3. Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (i.e. cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
4. Self-screen for symptoms and seek re-evaluation from a healthcare provider if respiratory symptoms recur or worsen.

References:

Centers for Disease Control and Prevention. (2020, March 07). *Healthcare personnel with potential exposure to COVID-19*. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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