



**TO:** MVEMSA EMS Prehospital Personnel/First Responders/IFT Providers  
**FROM:** Greg Kann, Medical Director  
**DATE:** March 27, 2020  
**SUBJECT:** UPDATE: Healthcare Worker COVID-19 Guidance

The purpose of this memorandum is to provide direction on implementing Governor Newsom's Executive Order for maintaining an adequate healthcare workforce. This memorandum is effective through April 30, 2020, unless superseded or rescinded earlier.

On March 16, Governor Newsom issued Executive Order N-27-20, stating in part: "to address increased demand for healthcare workers and first responders, Emergency Medical Services Authority, Department of Social Services, and the Department of Public Health shall authorize first responders, health and human services care providers and workers who are asymptomatic to continue working during the period of this emergency, subject to those responders, providers, and workers taking precautions to prevent transmission."

In order to implement the Governor's order and be consistent with the recommendations of the U.S. Center for Disease Control and Prevention (CDC) and the California Department of Public Health I am directing prehospital care service providers to implement the following actions:

1. Encourage employees to call in prior to their shift if they are experiencing an illness or COVID-19 or influenza like symptoms. Direct employees to be evaluated by employee wellness or primary care physician before reporting for work.
2. Employers screen all prehospital care personnel at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If the employee is ill or has a fever above 100.4 degrees Fahrenheit the employee should be asked to leave the workplace and referred to employee wellness or primary care physician for evaluation before returning to work.
3. Consistent with CDC recommendations prehospital care personnel that have experienced any exposure\* to a COVID-19 positive patient and are asymptomatic should be allowed to work. These personnel should still report temperature and absence of symptoms each day prior to starting work and should wear a facemask as appropriate, per established guidance

while at work. If these personnel develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to returning to work.

4. Exposure Reporting: Follow established company/MVEMSA exposure reporting policy for any UNPROTECTED, high-risk\*\* (no/improper PPE) exposure. Responders wearing proper PPE are not considered reportable under current MVEMSA policy (955.10).

If you have any questions regarding this memorandum please contact the EMS Duty Officer at [dutyofficer@mvemsa.com](mailto:dutyofficer@mvemsa.com) or (800) 945-2273.

To request follow-up on the testing status for highly suspicious patients in which a first responder/EMS had an UNPROTECTED exposure, send via encrypted email the incident address, DOB and Patient Name to the following:

- Stanislaus County: EOC EMS Liaison at [EOCEMSUnit@stanoes.com](mailto:EOCEMSUnit@stanoes.com)
- All other MVEMSA Counties: Contact the EMS Duty Officer at [dutyofficer@mvemsa.com](mailto:dutyofficer@mvemsa.com)

First responders experiencing symptoms consistent with COVID-19 should notify their employer through established policy for guidance, including possible COVID-19 testing.

#### **Return to Work Guidance:**

##### *Exclude 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 (e.g., 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, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

The complete text of the Governor's proclamation can be found at: <https://www.gov.ca.gov/wp-content/uploads/2020/03/3.15.2020-COVID-19-Facilities.pdf>

CDC Return to Work Guidance can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

\* Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

\*\* For this guidance *high-risk* exposures refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.