



San Joaquin County Emergency Medical Services Agency



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EMS Policy Memorandum No. 2020-06 (Revised v.2)

DATE: January 6, 2021

TO: All Prehospital Care Providers

FROM: Katherine Shafer, M.D., EMS Medical Director

SUBJ.: Coronavirus (COVID-19) EMS Personnel Screening (Revised v.2)

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 being revised to include and highlight the loss of taste and smell as symptoms of COVID-19 infection. This memorandum is effective for the duration of the current public health emergency unless revised, superseded, or rescinded earlier.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 I am directing prehospital care service providers to implement the U.S. Center for Disease Control and Prevention (CDC) recommendations¹ to "Monitor and Manage Healthcare Personnel" to include the following actions:

1. Prehospital Care Service Providers should implement [sick leave policies](#) for healthcare personnel (HCP) that are non-punitive, flexible, and consistent with public health guidance.
2. As part of routine practice, HCP should be asked to regularly monitor themselves for fever and symptoms of COVID-19.
 - A. HCP should be reminded to stay home when they are ill. For prehospital care service providers with COVID point of care (POC) antigen testing, HCP that are experiencing nonspecific symptoms without fever should test using a POC antigen test prior to beginning their shift or calling out sick. HCP without fever

¹ Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease (COVID-19) in Healthcare Settings <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

- that test negative for COVID by POC antigen test should be allowed to work at the discretion of their employer's labor management policies.
- B. If HCP develop fever ($T \geq 100.0^{\circ}\text{F}$) or symptoms consistent with COVID-19* while at work they should keep their cloth face covering or facemask on, inform their supervisor, and leave the workplace.
3. Screen all HCP at the beginning of their shift for fever and symptoms consistent with COVID-19*
- A. Actively take their temperature and document absence of symptoms consistent with COVID-19*. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace.
- B. *Fever is either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be warranted for lower temperatures ($< 100.0^{\circ}\text{F}$) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache, runny nose, fatigue, **loss of smell or taste**) based on assessment by occupational health. Additional information about clinical presentation of patients with COVID-19 is [available](#).
4. HCP with suspected COVID-19 should be [prioritized for testing](#). Departments with COVID POC testing availability should demonstrate clinical judgment in testing staff with COVID symptoms excluding loss of taste and smell. Staff members presenting with loss of taste and smell should be referred for a SARS-CoV-2 nucleic acid or antigen.
5. Information about when HCP with confirmed or suspected COVID-19 may return to work is available in the [Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#).
6. As community transmission intensifies within a region, benefits of [formal contact tracing for exposures in healthcare settings](#) might be limited unless residing in a community that is not yet affected by COVID-19. Healthcare facilities should consider foregoing contact tracing in favor of universal source control for HCP and screening for fever and symptoms before every shift.
7. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including providing [resources](#) to assist HCP with anxiety and stress. [Strategies to mitigate staffing shortages](#) are available.

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If you have any questions regarding this memorandum you may direct questions to Jeff Costa, RN, Critical Care Coordinator and EOC Director jcosta@sjgov.org or (209) 468-6818.