

LOS ANGELES COUNTY FIRE DEPARTMENT



COVID-19 REFERENCE GUIDE

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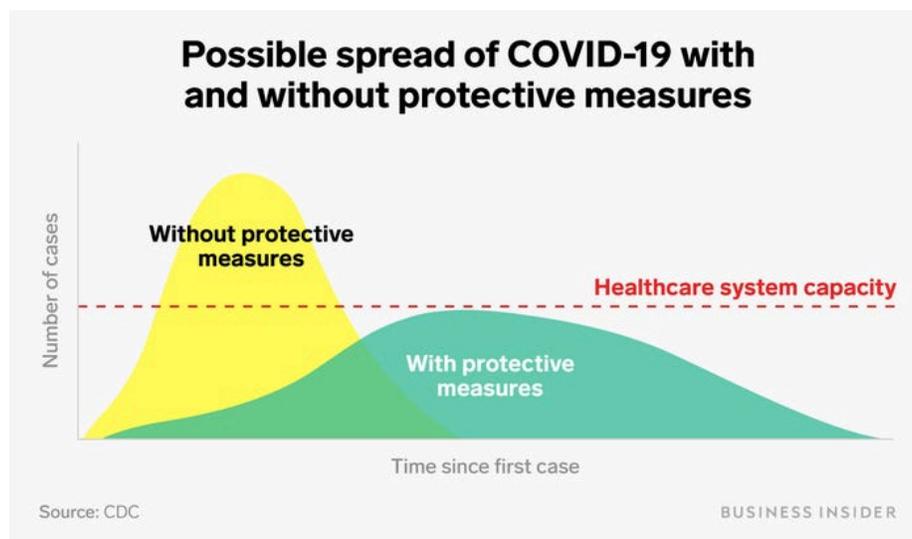
VIRUS INFORMATION (Updated 3/16/20)

Coronavirus disease 2019 (COVID-19) has been confirmed to be a respiratory illness spread from person to person through close contact respiratory droplets. This differs from earlier information at which time it was thought the virus could be airborne spread. This document outlines the procedures to prevent infection, maintain operational readiness, as well as to counsel and care for Department personnel during the COVID-19 outbreak.

- [COVID-19 Dispatch and EMS Trending Dashboard](#) (intranet access required)

MITIGATION STRATEGY (Updated 3/16/20)

With COVID-19 declared a global pandemic and community spread identified, it is clear that this novel (new) virus is here to stay and will ultimately infect a large portion of the US population. Based on current information available, over 80 percent of the population infected with the COVID-19 virus will experience minor illness with some patients even reporting they never knew they were infected. However, for the remaining population COVID-19 can develop into a serious and potentially life-threatening illness. A percentage of these individuals will require hospitalization, yet the healthcare system throughout the US works near capacity on a daily basis, leaving vital resources needed to combat the effects of COVID-19, such as ventilators, in short supply. With this realization, public health officials are focused on suppressing transmission of the virus in an effort to spread cases out over a longer period of time in an effort to buy capacity in the healthcare system.



PREVENTION (Updated 3/16/20)

Exposure to COVID-19 can be greatly reduced if [proper prevention](#) takes place. The following measures are to be taken:

- Practice Social Distancing by trying to keep a minimum separation between yourself and others of six feet and avoid contact such as hand shaking or hugging that could lead to virus transmission.
- Maintain good health by getting plenty of rest, maintaining a moderate exercise program, eating healthy foods, treating any chronic health problems, avoiding smoking, and keeping current on vaccinations.
- [Hand hygiene](#) – cold viruses are spread mostly by touching hands or contaminated surfaces, then touching your face. Wash your hands frequently, with soap and water, for a minimum of 20 seconds.

FIRE STATION SOCIAL DISTANCING (Update 4/14/20)

The health, safety, and welfare of all members and our families continues to be the Department's primary goal as we work through the COVID-19 emergency. As COVID-19 has progressed from source patient to community spread, the potential impacts of infection of Department personnel are very serious, not only for our personal and family's health, but also for the communities we serve. Maintaining an effective workforce is essential to continue to accomplish the Department mission.

Based on recommended best practices and orders from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), Los Angeles County Department of Public Health (DPH), and our Medical Director, the Department has implemented a number of directives and guidelines to mitigate the spread of COVID-19:

- [Keeping Each Other Safe](#)
- [Fire Station Social Distancing](#)

Personnel have successfully implemented the utilization of proper personal protective equipment (PPE) and assessment practices on emergency incidents, and now it is critical that we heed the experts' direction and practice social distancing in our fire stations. With confirmed cases of COVID-19 community spread, **IT IS NO LONGER BUSINESS AS USUAL.**

The following actions shall be implemented immediately:

- Practice social distancing by maintaining a minimum of six (6) feet between personnel when and where possible. Specific strategies to achieve social distancing in the fire station include:
 - Conduct daily line-up on the apparatus floor or open area.
 - Conduct company briefings in lieu of station briefings at multi-company houses.
 - Conduct organized mess in small groups to maintain six (6) feet between personnel seated at the kitchen table and clean/disinfect between each group.

As a reminder, the following practices will reduce further exposure within the station:

- Clean and disinfect station areas multiple times throughout the shift and after personal use (see EA-139, dated March 16, 2020).
- Practice proper hygiene through regular hand washing a minimum of 20 seconds.
- Consider carrying bars of soap on the apparatus for immediate hand washing after patient care.
- Refrain from wearing firefighting PPE on emergency medical services (EMS) calls unless warranted.

USE OF NON-MEDICAL FACE MASKS (Update 4/14/20)

The CDC recommends and the DPH is expected to issue a health order requiring the wearing of cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores, retail areas, take out restaurants etc.), especially in areas of significant community-based transmission.

The County and Department are in the process of procuring non-medical grade masks for all County employees, however in the interim a local vendor has donated cotton masks to the Department which will allow for the immediate distribution of two masks to all employees.

Upon receipt and until further notice, non-medical grade masks shall be worn as follows:

- Cotton masks are not a substitute for the medical grade N95 and **SHALL** not be worn in place of the N95 or surgical mask on EMS responses.

- Cotton masks shall always be worn when out in the public or anytime six (6) feet of social distancing cannot be maintained, except while on an emergency response but shall be donned at the conclusion of the response and while en-route back to quarters.
- Cotton masks shall always be worn in quarters when social distancing of six (6) feet cannot be maintained.
- Cotton mask are reusable and shall be laundered at regular intervals, as you would any other cotton blend product. The masks may **NOT** be shared between individuals, even after being washed.

EMPLOYEE ILLNESS (Updated 4/14/20)

As Community Spread of the COVID-19 virus continues, many of us, through our social interactions, will be exposed. Under normal circumstances, use of “Sick” time has been reserved for instances when an employee is injured or too physically ill to come into work. Throughout our careers, many of us have worked through minor illnesses and taken great pride in coming into work to complete assignments and/or prevent others from being recalled behind. Today we are in a different time; COVID-19 has proven to be a communicable virus that is easily transmitted from person to person. Compounding the communicability of the virus, a large percentage of infected COVID-19 patients report having mild to no symptoms associated.

In this time of a worldwide pandemic, it is critical we change our behaviors and reevaluate our perspective of what it means to be sick. To ensure the safety of fellow employees and all loved ones, personnel need to be honest, forthright, and **at the first sign or symptom of COVID-19, take off “sick,” independent of how the employee “feels” or “ability to work.”**

Site supervisors shall continue the process of monitoring all employees under their command throughout a given shift and shall take appropriate action to ensure the health and safety of all personnel by sending home any employee who is exhibiting signs and symptoms of COVID-19. Supervisors shall immediately complete the [“Supervisors Sent Home/Called Out Sick”](#) form and provide chain of command notifications.

- Employees **SHALL NOT** come to work when sick. This includes cough, nasal mucous, fever (100.4 or higher), vomiting, or diarrhea.

DIRECT ORDER TO ALL PERSONNEL

Supervisors/Managers of personnel who are experiencing one or more of the following symptoms: fever, productive cough, significant mucous production, vomiting, diarrhea, or shortness of breath at any time during a shift shall immediately send the employee home sick.

- The supervisor shall immediately complete the [Sent Home Sick/ Called out Sick](#) form, for any employee sent home sick or who has called out sick for a shift.
- The supervisor's chain of command shall be immediately notified to ensure appropriate tracking and documentation.
- The timecard of the employee sent home sick shall be coded as "S" in IPFIRS or 011 in ESS. The IPFIRS code "ZI" is a detail code utilized only if an employee is quarantined (ordered absence) by order of the DPH and shall not be utilized for employees sent home sick. Use of the "ZI" code will result in the under payment of an employee not on an ordered absence quarantine.
- Personnel sent home sick will receive follow-up monitoring as determined by the Medical Director and the Health Programs Office (HPO). All personnel who are sent home sick shall not return to work until having at least 24 hours without any acetaminophen (Tylenol), naproxen (Aleve), or ibuprofen (Motrin / Advil) **and without any of the above-listed symptoms.**

CLEANING AND DISINFECTING (Updated 3/20/20)

- Thoroughly clean workstations daily or at change of shift, particularly if they are shared workspaces. Use the appropriate disinfectant wipes with a focus on screens, telephones, keyboards, computer mouse, etc. DPH guidance for [Cleaning in Group Settings](#).
- Thoroughly clean common areas in the fire stations and other workspaces with disinfectant wipes daily; with special focus on restrooms, kitchens, sleep quarters, and apparatus cabs.
- Disinfect all durable medical equipment after each patient contact. Disinfect the apparatus and station common areas at the start of your shift and regularly during the shift.

DISINFECTANTS AVAILABLE THROUGH PACOIMA WAREHOUSE

	Super Sani-Cloth® Germicidal Disposable Wipe	Sani-Cloth® AF3 Germicidal Disposable Wipe	Zep Spirit II	Steris Coverage Plus NPD Disinfectant
Whse ID	M21	GG1	G04	M20
Warehouse Description	WIPES- (EQUIPMENT) - (6/CS)	WIPE SANI CLOTH	CLEANER- GERM-SPIRIT- (12/CS)	CLEANER- DISINFECTANT- SOAP
Common Name	"Purple Top"*	"Grey Top"	Spirit	Coverage Plus NPD
EPA ID	9480-4	9480-9	1839-83	6836-139
Contact Time	2 Minutes	3 Minutes	2 Minutes	10 Minutes
Usage Notes	Disinfectant wipes for apparatus, medical equipment, and other hard surfaces. Utilize Spirit II for routine disinfection of hard surfaces in the station.	Alcohol free disinfectant wipes intended for use on electronic devices.	General cleaner and disinfectant solution for use on hard surfaces in the station.	Cleaner and disinfectant concentrate that is mixed with water prior to use. Utilize for mopping and general cleaning/disinfecting.
Photo				

* Note that the photograph of M21 WIPES-(EQUIPMENT) -(6/CS) on the Barcloud system shows a red top container.

NOTE: If an EPA-registered disinfectant is not available, use a fresh 2% chlorine bleach solution (approximately 1 tablespoon of bleach in 1 quart of water). Prepare the bleach solution daily or as needed.

PATIENT CARE (Updated 4/14/20)

- Responses to any group home environment, such as a convalescent facility, homeless shelter, etc., shall be treated as a COVID-19 positive response and personnel entering the facility shall at minimum wear a surgical mask, goggles, and gloves to initiate an assessment.
- **All patient assessments shall start from a minimum distance of six (6) feet away to assess the potential of the patient having flu-like symptoms.**
- Site supervisors shall manage and minimize the number of personnel allowed in on medical rescues of patients with flu-like symptoms.
- Every effort shall be made to utilize a single rescuer in full PPE. When additional rescuers are needed, they shall don full PPE prior to entering the room or facility.
- When providing care to any patient with fever, cough, congestion, vomiting, or diarrhea, ensure that a surgical mask is placed on a patient as early in the call as possible but not more than two (2) minutes after contact.
- Prior communiques reference that a surgical mask is not effective in preventing the spread of the virus. As doctors have come to learn more about the virus and identified it is spread primarily through large droplets, surgical masks are showing to be an effective barrier.
- For any patient, regardless of COVID-19 suspicion, that requires a procedure that can aerosolize secretions, an N95 mask shall be used in addition to full PPE. These procedures include:
 - Nebulized medications
 - Patients in mild or moderate distress **shall only** receive a nebulized medication at the hospital.
 - Patients in severe distress may receive in the field but when possible only once loaded in the ambulance to minimize exposure to other rescuers.
 - CPAP
 - Bag-Valve-Mask ventilations
 - Airway suctioning
 - Placement of an advanced airway (King-LT or Endotracheal tube)
 - CPR in all non-traumatic cardiac arrest situation

- PPE to be used by all personnel operating within six (6) feet of and patient suspected of having COVID-19:

Standard COVID-19 PPE	Aerosolizing COVID-19 PPE
Surgical mask for the patient	Surgical mask if appropriate for patient
N95/KN95/FFP2 (preferred) or surgical mask for rescuers within 6 ft.	N95/KN19/FFP2 mask for all rescuers within 6 ft.
Eye protection	Eye protection
Double gloves	Double gloves
Surgical gown	Surgical gown
	Viral filter with Positive Pressure Ventilation

- Patients with supplemental oxygen delivery shall have a surgical mask covering the nasal cannula or the ports on the non-re-breather oxygen mask.
- The current Department COVID-19 Field Reference Guide, available on all ePCR tablets and iPads, FireSync, and Department intranet shall be referenced and followed for all suspected COVID-19 patients.
- During transfer of care, EMS providers must maintain the required level of PPE until patient handoff. After handoff, EMS providers may doff PPE. If the handoff occurs in the emergency department (ED), EMS providers must maintain PPE until patient is moved onto the hospital gurney and they have transferred care of the patient.
- All aerosol-generating procedures shall be discontinued prior to entry into the ED until the patient can be brought directly into a designated room, this includes CPR.

MEDLINE INLINE VIRAL FILTERS (Updated 4/14/20)

Los Angeles County Emergency Medical Services Agency (EMSA) Treatment Protocol 1245, Potential COVID-19 Patients, advocates the usage of an inline viral filter with all positive pressure ventilations: bag-valve-mask (BVM), endotracheal tube (ET), and King Airway. The Department has procured Medline® viral filters which have a 99.99 percent bacterial and viral filtration efficiency. The viral filter shall always be placed inline closest to the patient, attached directly to the BVM, ET, or King Airway. Supplemental equipment, such as End-Tidal Carbon Dioxide (EtCo2), color metric device, etc. shall be attached inline after the viral filter. The [linked video](#), courtesy Cy-Fire Fire Department, demonstrates the efficacy of a viral filter as well as identifies the appropriate placement during positive pressure ventilations.

To date the Department has received 500 viral filters. An initial distribution will be pushed to the field, with advanced life support units receiving three filters and basic if support units receiving one filter. As additional filters are received, stations will be able to order through the Pacoima Warehouse utilizing the Bar Cloud System.

PPE ORDERING AND DISTRIBUTION (Updated 3/20/20)

COVID-19 is a global pandemic resulting in significant demand for PPE and anticipated shortages. As PPE is received from Federal, State, County, and private entities, those resources will be distributed utilizing the following process:

- PPE distribution of surgical masks, N95 masks, and gowns are being coordinated through the Emergency Medical Services Bureau, Battalion Chief Dustin Robertson.
- Every Sunday, station captains/site supervisors shall inventory PPE levels and place a PPE order through their jurisdictional battalion chief via email and include the following information:

Surgical Masks		N95 Masks		Gowns	
Have	Need	Have	Need	Have	Need

- Jurisdictional battalion chiefs shall submit PPE orders for their battalion every Sunday by 2000 hours for all stations in the battalion via the Google Doc which will be emailed to all battalion offices every Sunday morning.
- Battalion chiefs and utility drivers will be notified when PPE orders are ready for pick-up at the Warehouse.
- PPE will be distributed by the percentage of call volume in relation to the inventory on hand.

KN95 AND FFP2 RESPIRATOR MASKS (Updated 4/14/20)

Across the US, there are acute shortages of N95 masks, which filter at least 95 percent of particles that are 0.3 microns or larger. This shortage has led the Food and Drug Administration to issue an emergency use authorization for KN95 and FFP2 masks. Regulated by the Chinese government and European Union, respectively, they are similar in specifications to N95 masks. There are slight [differences in their specifications](#), such as a variation in the maximum pressure the masks must be able to withstand as a person inhales and exhales. Additionally, the CDC [lists KN95 and FFP2 masks as suitable alternatives](#) when N95s are in short supply and not available.

Given the significant nationwide shortage of N95 masks and accompanying recent failure of N95 masks received from the national stockpile, the Department will begin distributing KN95 and FFP2 masks immediately to meet the ongoing operational needs. Unlike the N95s procured by the Department in the past, the KN95s and FFP2s being distributed utilize ear loops to hold the mask in place.

To [properly don a KN95 or FFP2 mask \(video linked\)](#), personnel shall:

1. Visually inspect the mask to ensure integrity of the unit.
2. Ensure the mask is completely opened and its edges are flat against the face.
3. Position the mask against the chin and secure the ear straps in place, paying special attention to make sure that hair, jewelry, and clothing are not between the face and mask.
4. Place fingertips from **both hands** at the top of the nosepiece and bend the nosepiece to fit snugly against the nose and face. Utilizing only one hand to secure the nosepiece may result in an improper fit, so two hands must always be used.
5. Ensure a sufficient respirator-to-face seal by lightly placing both hands completely over the respirator and exhaling, being careful not to disturb the position of the respirator. If air leaks around the nose, readjust the nosepiece as described in the prior step. If air leaks around the edges, adjust the position of the straps and ensure the mask is snugly against the face.

The Department has procured 3M Half Mask P100 Air Purifying Respirators as a long-term solution to disposable N95 respirator masks. These masks are expected to arrive in May at which time fit-testing and distribution will occur.

EXPOSURE REPORTING AND MONITORING (Updated 3/27/20)

The risk of exposure to COVID-19 is very low if a surgical mask is placed on the patient and personnel wear the proper PPE before coming within six (6) feet of any suspected patient. Exposure **MAY** occur if:

- A surgical mask was not placed on the patient within two (2) minutes of contact.
- PPE was not donned prior to patient contact.
- PPE was not removed carefully, and the rescuer self-contaminates.

The DPH, following the guidance of the CDC, have established guidelines for the reporting and monitoring of suspected exposures to the COVID-19 virus.

COVID-19 exposures are classified according to the CDC exposure guidelines. Current guidelines for Health Care Providers (HCP) are as follows:

EPIDEMIOLOGIC RISK FACTORS	EXPOSURE CATEGORY	RECOMMENDED MONITORING FOR COVID-19 (UNTIL 14 DAYS AFTER LAST POTENTIAL EXPOSURE)
PROLONGED CLOSE CONTACT WITH A COVID-19 PATIENT WHO WAS WEARING A FACEMASK (I.E., SOURCE CONTROL)		
HCP PPE: None	Medium	Active
HCP PPE: Not wearing a facemask or respirator	Medium	Active
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision
PROLONGED CLOSE CONTACT WITH A COVID-19 PATIENT WHO WAS NOT WEARING A FACEMASK (I.E., NO SOURCE CONTROL)		
HCP PPE: None	High	Active
HCP PPE: Not wearing a facemask or respirator	High	Active
HCP PPE: Not wearing eye protection ^b	Medium	Active
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^b	Low	Self with delegated supervision

The HPO and Medical Director, in consultation with DPH and CDC, will determine the appropriate response to any exposure. Current guidelines are:

- Exposures classified as **Low** risk required active self-monitor for 14-days, no work restrictions in place.
- Exposures classified as **Medium** risk require department supervised monitoring for 14-days, no work restrictions in place.
- Exposures classified as **High** risk currently requires a 14-day home quarantine.

DIRECT ORDER TO ALL PERSONNEL

By order of DPH, personnel identified as a Medium risk exposure shall wear a surgical mask when within six (6) feet of any patient for the duration of supervised monitoring.

In the event of a suspected exposures **all personnel shall adhere to the following:**

- As soon as the exposure is recognized, take whatever steps are necessary to don proper PPE and mitigate the exposure.
- Ensure the continuity of patient care until the patient is released at the scene or care is handed off at the hospital.
- Decontaminate as soon as possible after care has ended by removing affected clothing, performing a thorough hand wash (using alcohol sanitizer, if a hand wash is unavailable).
- Notify immediate supervisor as soon as reasonably possible, after completion of patient care, or when returning to service.

To allow for real time tracking of personnel, all reporting of potential COVID-19 exposures shall be done utilizing the [COVID-19 Suspected Exposure Report](#) form, FireSync, or Department intranet. This form replaces the Form 382 – Employee’s Report of Exposure and NFIRS Exposure Report for all COVID-19 related exposures. Other exposures, illnesses, and injuries unrelated to COVID-19 exposure shall be reported through normal reporting processes.

The HPO will contact personnel within 24 hours to determine the exposure risk and provide follow-up instructions. ***All personnel shall comply with follow-up instructions as directed by the Medical Director and the HPO.***

The HPO has been significantly expanded beyond a single Health Programs Administrator. The hours of the Health Programs Office specifically for COVID-19 related exposures and monitoring are seven (7) days a week, 0800-1800 hours.

The HPO can be contacted 24/7 at (323) 267-7137, or via email at Fire-healthprograms@fire.lacounty.gov.

The HPO is still conducting routine Health Programs duties, such as other communicable disease exposures, testing and immunizations. Please direct any non-COVID-19 related questions to Margie Chidley via email at Margie.Chidley@fire.lacounty.gov, or by phone at (323) 267-7174.

QUARANTINE (Updated 3/16/20)

If PPE recommendations are followed, CDC and DPH do not deem a rescuer to be exposed and members will not require quarantine as a result of contact with a COVID-19 patient. If quarantine becomes necessary, the DPH Officer will determine the level and location of the quarantine. For most high-risk exposures, this will be active monitoring at home. If a member requires quarantine, the DPH Officer and the Medical Director/HPO Coordinator will provide specific instructions to the member regarding procedures for active-monitoring and reporting of findings.

COVID-19 TESTING (Update 3/27/2020)

As COVID-19 laboratory test capability increases, the Department has recently received test kits from Curative Labs, which will be administered at the direction of the Medical Director. As such, the Medical Director, with guidance from the CDC and DPH, has established specific criteria for an employee exhibiting symptoms to be offered a COVID-19 test.

While the ability to test Department members can provide reassurance that symptoms may be a result of an illness other than COVID-19 if the test is negative or provide course of treatment as a result of positive COVID-19 test, the tests themselves have a high false negative rate. The reason to have prescribed criteria for testing, and not just test everyone, is to decrease the chance of a false negative test.

Employees eligible for testing will be contacted by HPO personnel with specific testing information. Testing will be administered by appointment only. Employees scheduled for a test will be sent an instruction sheet and a link to a video that demonstrates the procedures that will be followed during the testing process. Also, for an accurate test, the employee must not eat or drink anything for 30 minutes prior to the test.

Curative Labs will send test results to the employee and the HPO personnel. The results will be reviewed by one of the Department's Medical Directors and they will contact the employee to discuss the results.

COVID-19 testing with the Department is voluntary, and Department employees are free to seek testing through their healthcare provider, if they prefer. Any individual meeting the criteria for COVID-19 testing, regardless of test results, shall be kept off work until:

- At least seven (7) days since their symptom onset AND
- At least three (3) days since resolution of their symptoms AND
- Cleared to return to work by the HPO

PARAMEDIC LICENSE AND EMT CERTIFICATION (Updated 4/2/20)

Due to the COVID-19 outbreak, effective immediately, Governor Gavin Newsom issued an Executive Order to ensure the continued operations of EMS in California. The order temporarily waives certain statutory and regulatory requirements relating to the re-certification of Emergency Medical Technicians and re-licensure of paramedics. Effective immediately:

- Emergency Medical Technician (EMT) certifications and paramedic (PM) licenses (including local accreditation) expiring in April, May, or June of 2020, shall be extended until July 31, 2020.
 - This change will not affect cardholders' regularly scheduled renewal cycle. If requirements of 24 hours of continuing education (CE) for EMTs or 48 hours of CE for PMs have been met, please submit your application.
- The requirement for completed skills competency verification by EMTs for renewal or reinstatement is waived for the duration of the COVID-19 declared State of Emergency.
- Any EMT or PM whose license or certification has expired in the six-month period prior to March 30, 2020, will be allowed to function under their previous scope of practice for the duration of the COVID-19 declared State of Emergency, provided that they do not have a history of license or certification discipline.

COST RECOVERY (Updated 3/20/20)

The Los Angeles County Office of Emergency Management (OEM) has initiated a Project Code (EM2001B1) for purposes of expense tracking and cost recovery for COVID-19 related expenses.

For personnel cost recovery following contact with a known or suspected COVID-19 incident ePCR data will be utilized in place of the traditional Form 662 process as outlined in EA-72. All units on a COVID-19 related incident shall ensure all personnel/units are included on each ePCR booklet. The unit responsible for completing the ePCR booklet shall receive each assigned unit(s) ePCR (via the share ePCR function) prior to the completion of the incident.

Personnel cost recovery outside of an EMS response to a COVID-19 patient shall be completed via the Form 662 process for all personnel on IPFIRS. Personnel utilizing ESS shall follow the procedure outlined below.

Other Functions ▶

Copy Previous 099 Easy Fill Leave Balance Printer Friendly Version Show Accounting Details View Default Accounting Show/Hide

Expand/Collapse COAs Work Schedule     

Event	Reason Code	Choose Accounting	Total Hours	Sun 03/01	Mon 03/02	Tue 03/03	Wed 03/04	Thu 03/05
✓ 1 099		Use Entered Accounting	79:00		07:00	08:00	08:00	08:00
Unit: <input type="text"/> Project: <input type="text"/> Phase: <input type="text"/> Task Order: <input type="text"/> Location: <input type="text"/>								
0 099		Use Entered Accounting	01:00		01:00			
Unit: <input type="text"/> Project: EM2001B1 Phase: <input type="text"/> Task Order: <input type="text"/> Location: <input type="text"/>								

1. Event Field: enter or select “099”
2. Project Field: enter or select “EM2001B1”
3. Unit Field: **Please leave blank.** You do not need to enter an organizational code.

Because project codes have also been established for other incidents, and there is no control in the ESS for only allowing COVID-19 related project codes to be used, we ask that before choosing a project code that you verify that the project code being selected has a major project code of “EM2001” as shown in the table below. This table is available by clicking the up arrow next to the box of the Project Field, see example below:

[Browse](#) [Clear](#)

Department : Project : EM2001B1

Major Project : Name :

	Department	Project	Major Project	Name
Select	FR	EM2001B1	EM2001	Emergency Protective Measures Project

[Cancel](#) [First](#) [Previous](#) [Next](#) [Last](#)

If you are recording overtime. The Event, Reason Code, and Project are the only fields required to be populated to record overtime related to COVID-19, see examples below:

Other Functions

Copy Previous 099 Easy Fill Leave Balance Printer Friendly Version Show Accounting Details View Default Accounting Show/Hide

		Expand/Collapse COAs		Work Schedule						
Event	Reason Code	Choose Accounting	Total Hours	Sun 03/01	Mon 03/02	Tue 03/03	Wed 03/04	Thu 03/05		
2	705	806	Use Entered Accounting	03:00		03:00				
Unit:		Project: EM2001B1	Phase:	Task Order:	Location:					
3	083	806	Use Entered Accounting	01:00		01:00				
Unit:		Project: EM2001B1	Phase:	Task Order:	Location:					
4	701	806	Use Entered Accounting	01:00		01:00				
Unit:		Project: EM2001B1	Phase:	Task Order:	Location:					
5	711	806	Use Entered Accounting	01:00		01:00				
Unit:		Project: EM2001B1	Phase:	Task Order:	Location:					

1. Event Field: enter or select one of the following:
 - a. 701 – Paid Overtime
 - b. 705 – Compensatory Time Earned
 - c. 711 – Exempt Disaster Compensatory Time
 - d. 083 - Compensatory Time worked less than three hours
2. Reason Code Field: enter or select one of the reason codes attached
 - a. Reason Code above 806 – Emergency Operations
 - b. Reason Code 809 – Health Hazardous Material Division
3. Project Field: enter or select EM2001B1

PROFESSIONAL CONDUCT (Updated 3/16/20)

As the community spread of COVID-19 increases, members of our Department will be infected and ultimately develop signs and symptoms. It is important to recognize we are in the midst of a Declared National Public Health Emergency. Department members must be supportive and treat each other with dignity and respect, refraining from activities that infringe on privacy or violate individual rights.

BEHAVIORAL HEALTH (Updated 3/16/20)

Dealing with the stress of a communicable disease exposure can be overwhelming, particularly if the exposed member is isolated from co-workers and family. All members are reminded that the professionals assigned to the Department's Mental Health Program and the Peer Support Team are an excellent resource to help the member, the member's co-workers, and the member's family cope with the stress.

DOC TALKS AND MISCELLANEOUS VIDEOS (Updated 4/14/20)

[COVID-19 Serology Testing Doc Talk \(April 14, 2020\)](#)

[COVID-19 Asymptomatic Hypoxia and Hospital Hand-Off's \(April 10, 2020\)](#)

[COVID-19 PPE Update Doc Talk \(March 27, 2020\)](#)

[COVID-19 Testing Doc Talk \(March 27, 2020\)](#)

[Telemedicine and DHS Treatment Protocol 1245 Doc Talk \(March 27, 2020\)](#)

[Social Distancing and Exposure Precautions Doc Talk \(March 27, 2020\)](#)

[COVID-19 EMS Rescues Doc Talk \(March 27, 2020\)](#)

[Donning-Doffing Video \(Updated March 27, 2020\)](#)

[Doc Talk \(March 20, 2020\)](#)

For further information, please visit the DPH website at www.publichealth.lacounty.gov, or the CDC website at www.cdc.gov.