TO: ALL CHIEF OFFICERS
ALL ADMINISTRATIVE SITES

FROM: CHIEF DEPUTY DAVID R. RICHARDSON JR.
CHIEF DEPUTY DAWNNA B. LAWRENCE

SUBJECT: WUHAN NOVEL CORONAVIRUS OUTBREAK - UPDATE 3

DISPOSITION: RETAIN IN BRIEFING MANUAL UNTIL MAY 31, 2020;
THEN DISCARD

Wuhan Novel Coronavirus is now known as Coronavirus Infectious Disease 2019, or COVID-19. Future communications regarding the virus will use the name COVID-19.

There are now cases of COVID-19 in 50 countries, and community spread has occurred in many of the countries (see Figure 1). Community spread means that there are infected patients that did not travel to China, nor did they have any known connection to a traveler from China. In particular, there has been a cluster of cases in northern Italy that have spread to several European countries.

On February 26, 2020, a patient from UC Davis tested positive. That patient had been transferred to UC Davis Medical Center from a hospital in Solano County. The patient has pneumonia and respiratory failure and has, as yet, no reported connection to a traveler from China. It is entirely possible that we will discover that COVID-19 has already been circulating in the U.S. population, but blending in with our typical cold/flu season.

Figure 1 – Countries with COVID-19 cases as of February 27, 2020.
This infection acts similarly to a case of the flu. In fact, coronaviruses are known to be a significant cause of the common cold in humans. COVID-19 has a particular predilection for attacking the lungs and causing a lower respiratory infection and pneumonia. The most common symptoms are fever, cough, and shortness of breath. The overall case fatality rate is 2.5 percent, though this number will likely change as testing supplies become more widely available. By comparison, seasonal influenza has a fatality rate of approximately 0.1 percent. While 2.5 percent is low, it is 25 times higher than that of influenza. The vast majority of the deaths were in older patients, with risk rising steadily with age. Children have been relatively spared for unknown reasons.

**Persons Under Investigation (PUI)**

On February 27, 2020, the Centers for Disease Control (CDC) updated their guidelines about which persons will be considered for COVID-19 testing:

- Fever OR cough/shortness of breath in any person with known exposure to a confirmed case of COVID-19 within the last 14 days.

- Fever AND cough/shortness of breath in any person with a history of travel to one of the following countries with high COVID-19 activity:
  a. China
  b. Iran
  c. Italy
  d. Japan
  e. South Korea

- Fever AND severe lower respiratory infection (i.e., pneumonia) requiring hospitalization with no known, confirmed cause (i.e., influenza).

**Vaccination** - Multiple organizations are working on a COVID-19 vaccine. The research, development, and mass production of the vaccine will likely take about one year. Influenza vaccination is still available and highly recommended. We are still in the midst of the flu season, and there have been at least 16,000 flu deaths in the United States (U.S.) this season.

**Surgical Masks** - While surgical masks are commonly used, they are not effective at preventing healthy people from getting sick. Surgical masks should be applied to patients that are actively coughing and producing mucous. This will only minimize dispersal of virus but will not protect personnel from exposure.
Treatment of COVID-19 Infection - The vast majority of patients who get sick from COVID-19 have few or mild symptoms. The treatment, like any other cold virus, is aimed at managing symptoms until the patient recovers. A small percentage of patients get a severe illness from the virus, and some of those patients progress to pneumonia and organ failure. Antibiotics are not effective. Testing with antiviral medications is currently underway in China to determine if they are helpful.

Declarations of Emergency - The declaring of emergencies in Orange County and San Francisco are not due to any influx or surge in COVID-19. This is done to avail those locations of local, State, and federal disaster resources. This practice is expected to increase significantly.

Departmental Preparation

- As of today, for Difficulty Breathing (DB) and SICK A/B call types, the Los Angeles Communications Center (LACC) has been updated to question 9-1-1 callers for any travel outside the United States within the past 21 days and to communicate that information to responding units. The information will appear in the call text that often trails onto page 2, so personnel are reminded to always review the call text in its entirety.

- The Department has made a large order of Personal Protective Equipment (PPE). In order to ensure that the equipment is well distributed, we will be limiting the amount of supplies sent to any individual station. Nationwide supplies are limited, so Department personnel will need to be judicious and limit the PPE use to patients that meet the criteria of PUI. As of now, PPE is single use only and will be discarded after each patient use. Should COVID-19 become widespread in our community and exceed our PPE supply, these guidelines may be amended.

- The Department has been in frequent contact with local, State, and federal stakeholders to maintain situational awareness as this situation rapidly evolves.

What Personnel Can Do to be Prepared

- Influenza vaccination – The risk from influenza remains far higher than COVID-19, and influenza vaccine is still available. It is not too late; contact your local Division Nurse Educator for a free flu shot.

- It is always advisable to maintain at least a 30-day supply of food and any essential medications in your home, just as is recommended for earthquake preparedness.
• Stay home when you are sick. This especially applies to personnel (sworn and civilian) with fever and/or productive cough/mucous. Coming to work sick contributes to infection spread and can compromise the Department’s ability to fulfill its mission. Should COVID-19 become widespread, the Department will reconsider the need and availability for telecommuting.

• Practice good hand hygiene. Wash hands frequently, with soap, for at least 20 seconds. Hand sanitizer is less effective but can be substituted when washing is immediately unavailable. Avoid touching the nose, mouth, and eyes.

• Disinfect surfaces/equipment with medical grade sanitizers as directed after each patient contact.

• Beware of xenophobia. COVID-19 has affected people of all gender, ethnic, religious, and racial backgrounds.

**Minimum Recommended PPE Standards for Potential COVID-19 Exposure**

• Surgical mask for the patient - Reminder: Surgical masks do not prevent transmission COVID-19 or any other virus, they simply minimize the dispersal of airborne particulate.

• Gloves

• Gown – Found in communicable disease kits available from the warehouse.

• Eye Protection / Goggles

• N95 mask for all rescuers - The N95 is the minimum level mask proven to prevent the airborne transmission of COVID-19 as well as other viruses.

For your reference, attached is a field resource guide.

If you have any questions or concerns, please contact Dr. Clayton Kazan, Medical Director, Emergency Medical Services Bureau, at (323) 267-7153, or via email at clayton.kazan@fire.lacounty.gov.
If urgent contact is needed, please contact the Dispatch Supervisor at (323) 881-6183, and request Dr. Kazan to be contacted.

Attachment

ALL PERSONNEL SHALL READ AND INITIAL
“A”                        “B”                        “C”