

High Consequence Pathogens (Respiratory Diseases, SARS, MERS-CoV, Coronavirus)

EMS Dispatch Center Screening

1. Use Emerging Infectious Disease (EID) Surveillance Tool with the following chief complaints:
Fever Typical Flu-Like Symptoms, Respiratory Illness (cough, difficulty breathing)

2. Use EID Card (or equivalent) with the following protocols (or equivalent):
Breathing Problem Chest Pain Headache Sick Person

3. Ask the following questions:

In the past 14 days:

1. Have you or victim travelled to an affected area or been exposed to someone who has travelled to an affected area or outside the USA
OR

Had close contact with a person being evaluated for the illness or a diagnostically confirmed illness?

In the past 30 days:

2. Have you or the victim been hospitalized with a lung infection with no clear diagnosis or source identified?

Evolving Protocol:

Protocol subject to change at any time dependent on changing outbreak locations.

Monitor for protocol updates.

Positive EMD Screening

DO NOT DISPATCH FIRST RESPONDERS

- Dispatch EMS Unit only.
- Ask caller to place a mask on patient if available.

Negative EMD Screening

EMS Screening

Do not rely solely on EMD personnel to identify a potential exposure patient:

- EMD may be constrained by time and caller information
- Obtain a travel history / exposure history and assess for clinical signs and symptoms
- Limit number of providers necessary for care and to limit potential exposures

EMS Immediate Concern

Fever and/or signs of a respiratory illness with either:

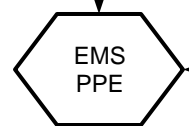
- Contact with someone or personal travel to affected geographical regions within the past 14 days:
- Contact with someone with diagnostically confirmed illness of interest?
- Recent hospitalization with respiratory illness and no clear diagnosis.

Negative EMS Screening

Exit to
Appropriate Protocol(s)

Positive EMS Screening

Place Simple/Surgical Mask on source patient



PPE Supply Chain Disruptions:

- If Respirators/N95 masks are in short supply it is acceptable to use surgical masks.
- Prioritize Respirators/N95 Masks to aerosol-generating procedures.
- Prioritize Gowns to aerosol-generating procedures.

Patient:

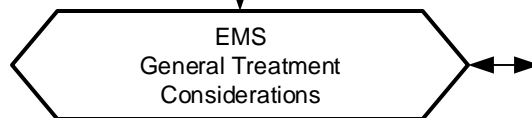
- Use Non-rebreather mask if Oxygen needed
- If unable to tolerate mask, have patient cover mouth and nose when coughing

Providers utilize:

- Follow PPE precautions listed below:
- Eye protection
- N95 Mask (or higher) or PAPR for aerosol-producing treatments
- Exam Gloves
- Goggles
- Disposable Gown
- Create negative pressure in care compartment (See Pearls)

Personnel in ambulance cab utilize:

- Surgical mask for driver and passenger



Aerosol generating procedures:
(NIPPV / Nebulizer therapy / Intubation / BIAD / Suctioning) / CPR
Use all PPE devices and strategies listed above

- Notify receiving facility of infection control requirements prior to arrival.

Exit to
Appropriate Protocol(s)

Special Circumstances Section



High Consequence Pathogens

(Respiratory Diseases, SARS, MERS-CoV, Coronavirus)

Pearls

- **Dispatch Screening:**
If caller interrogation results in positive screen this only means first responders should not be sent. Remember this screening process will result in many False Positive screens in order to be very sensitive.
- **EMS Screening:**
Limit distance initially to ≥ 6 feet and conduct a secondary screening using both the EMD specific questions and EMS specific questions. If this results in a positive screen, immediately place a simple/surgical mask on the source patient and all providers don appropriate PPE.
- **Close Contact Definition:**
Healthcare provider exposure is defined as being within 6 feet for ≥ 10 minutes in a patient with suspected illness. Unprotected (no or incorrect PPE) direct contact with body fluids, including respiratory generated body fluids.
- Place simple/surgical mask on any patient complaining of respiratory problems with or without a fever.
- **Transport:**
Occupants in cab of vehicle all should wear simple/surgical mask.
Limit number of providers in vehicle required to provide patient care in order to limit exposures.
Ensure use of all PPE for crew and passengers when aerosol-producing procedures utilized.
- **Negative Pressure in care compartment:**
Door or window available to separate driver's and care compartment space:
Close door/window between driver's and care compartment and operate rear exhaust fan on full.
No door or window available to separate driver's and care compartment space:
Open outside air vent in driver's compartment and set rear exhaust fan to full.
Set vehicle ventilation system to non-recirculating to bring in maximum outside air.
Use recirculating HEPA ventilation system if equipped.
- **Airborne precautions:**
Standard PPE with fit-tested N95 mask (or PAPR respirator) and utilization of a gown, change of gloves after every patient contact, and strict hand washing precautions. This level is utilized with Aspergillus, SARS/MERS/COVID-19, Tuberculosis, Measles (rubeola) Chickenpox (varicella-zoster), Smallpox, Influenza, disseminated herpes zoster, or Adenovirus/Rhinovirus.
- **Contact precautions:**
Standard PPE with utilization of a gown, change of gloves after every patient contact, and strict hand washing precautions. This level is utilized with GI complaints, blood or body fluids, C diff, scabies, wound and skin infections, MRSA. Clostridium difficile (C diff) is not inactivated by alcohol-based cleaners and washing with soap and water is indicated.
- **Droplet precautions:**
Standard PPE plus a standard surgical mask for providers who accompany patients in the treatment compartment and a surgical mask or NRB O2 mask for the patient.
This level is utilized when Influenza, Meningitis, Mumps, Streptococcal pharyngitis, Pertussis, Adenovirus, Rhinovirus, and undiagnosed rashes.
- **All-hazards precautions:**
Standard PPE plus airborne precautions plus contact precautions.
This level is utilized during the initial phases of an outbreak when the etiology of the infection is unknown or when the causative agent is found to be highly contagious (e.g. SARS, MERS-CoV, COVID-19).
- **COVID-19 (Novel Coronavirus):** For most current criteria to guide evaluations of patients under investigation:
<http://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

High Consequence Pathogens

(Respiratory Diseases, SARS, MERS-CoV, Coronavirus)

Decontamination Recommendations

EMS Personnel Requires Decontamination

Driver:

- Should wear full PPE as described when caring for patient.
- Remove all PPE, except N95 mask (or higher) or PAPR and perform hand hygiene prior to entering cab of vehicle to prevent contamination of driver's compartment. Cab occupants may wear surgical masks.

Wash hands:

- Thoroughly after transferring patient care and/or cleaning ambulance

Maintain records:

- All prehospital providers exposed to patient at the scene and during ambulance transport (self-monitoring for symptoms for 14 days is recommended, even if wearing appropriate PPE).

This does not mean the providers can no longer work.

- List all prehospital provider names (students, observers, supervisors, first response etc.) in the Patient Care Report.

EMS Equipment / Transport Unit Requires Decontamination

Safely clean vehicles used for transport:

- Follow standard operating procedures for the containment and disposal of regulated medical waste.
- Follow standard operating procedures for containing and reprocessing used linen.

Wear appropriate PPE when:

- Removing soiled linen from the vehicle. Avoid shaking the linen.
- Clean and disinfect the vehicle in accordance with agency standard operating procedures.
- Personnel performing the cleaning should wear a disposable gown and gloves (a respirator should not be needed) during the clean-up process; the PPE should be discarded after use.
- All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an **EPA-registered disinfectant** appropriate for SARS, MERS-CoV, or coronavirus in healthcare settings in accordance with manufacturer's recommendations.

Special Circumstances Section

EMS Provider Exposure Risk and Monitoring Recommendations

Close Contact Less than 6 feet for > 10 minutes Source patient NOT wearing a mask or applied within 10 minutes				Close Contact Less than 6 feet for > 10 minutes Source patient WEARING a mask or applied within 10 minutes			
PPE Utilized	Exposure Risk	Monitoring	Work Restrictions	PPE Utilized	Exposure Risk	Monitoring	Work Restrictions
NONE	HIGH	ACTIVE	Exclude from work 14 days	NONE	MEDIUM	ACTIVE	Exclude from work 14 days
No Mask N95 or PAPR	HIGH	ACTIVE	Exclude from work 14 days	No Mask N95 or PAPR	MEDIUM	ACTIVE	Exclude from work 14 days
No Eye Protection	MEDIUM	ACTIVE	Exclude from work 14 days	No Eye Protection	LOW	Self-monitor Supervision	NONE
No Gown or Gloves	LOW	Self-monitor Supervision	NONE	No Gown or Gloves	LOW	Self-monitor Supervision	NONE
All recommended PPE Except Mask instead of N95 or PAPR	LOW	Self-monitor Supervision	NONE	All recommended PPE Except Mask instead of N95 or PAPR	LOW	Self-monitor Supervision	NONE

Increase Exposure Risk Level by 1 Higher if any of the following:

- Extensive body contact such as log-rolling patient
- Presence during aerosol-producing procedures like intubation, NIPPV, or nebulizer.

Self-Monitoring with Delegated Supervision:

- Self-monitoring with oversight by agency's infection control officer, occupation or public health department per agency policy.
- Prior to duty shift measure temperature and assess for illness symptoms either by provider, infection control officer, occupational or public health.

Refer to CDC website for additional information at regarding provider exposure risk assessment and monitoring recommendations:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>