

High Consequence Pathogens

(Respiratory Diseases, SARS, MERS-CoV, COVID-19)



EMD Dispatch Center Screening

1. All calls requiring response from EMS system:

Ask: Do you have FEVER AND/OR RESPIRATORY SYMPTOMS?
(cough, breathing difficulty, or other respiratory symptoms?)

EMD Systems:

PDS – Card 36 Pandemic Flu

APCO – COVID-19 Pandemic Vital Points Card

PowerPhone – Pandemic Influenza Card

Evolving Protocol:

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

Monitor for protocol updates.

EMD Screen Positive

Notify

All Responding Agencies:

- * Positive screening (agency specific code)
- * First Responder Response: Stage Until Advised by EMS

EMD Screen Negative

First Responders and EMS Screening

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

- * EMD may be constrained by time and caller information.
- * **First arriving provider (FR or EMS):**
If call nature allows, send 1 provider only into scene to complete a quick screen. Stand at a distance of ≥ 6 feet and perform screening question. Patients with Fever and/or Cough (or other respiratory symptoms are at risk of Influenza and/or COVID-19). Chills, muscle aches, sore throat, or sudden loss of taste or smell.
If patient screens positive:
Place facemask or covering over patient's mouth and nose and provider dons appropriate PPE based on clinical situation.

- * First Responders should stage and limit number of providers entering scene only necessary for care to limit potential exposures and use of PPE.
- * Request additional resources as needed. See Page 4.

Negative FR or EMS Screening

Exit to
Appropriate Protocol(s)

Positive FR or EMS Screening

EMS PPE

EMS
General Treatment
Considerations

Exit to
Appropriate Protocol(s)

PPE Supply Chain Disruptions:

- * Prioritize respirators (N95 or equivalent) to aerosol-generating procedures until supply chain restored.
- * Prioritize gowns to aerosol-generating procedures.
- * It is reasonable for providers to wear a facemask during their duty-shift and change only when soiled or damaged. Adjust use based on supply chain.

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:**
Exam gloves and eye protection
Facemask minimum
- * **Aerosol generating procedure:**
Respirator (N95, PAPR, or equivalent)
Goggles, gown (disposable gown, coveralls, or equivalent)
Create negative pressure in care compartment (See Pearls)
- * **Personnel in ambulance cab utilize:**
Facemask 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.

Special Circumstance Section

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Pearls

- * **First Responders:** Because community spread is now present, every patient contact should be considered to have potential for infection with COVID-19. Limit number of FR when caring for patients to limit exposures and PPE use.
- * **Place facemask on any patient complaining of respiratory problems with or without a fever.**
- * **Dispatch Screening:**
 - If caller interrogation results in positive screen first responders are assigned based on local agency direction.
 - This screening process will result in many False Positive screens in order to be very sensitive.
- * **First Responder and EMS Screening:**
 - Limit distance initially to ≥ 6 feet and conduct a quick screening using the EMD specific question. If this results in a positive screen, immediately place a facemask on the source patient and all providers don appropriate PPE and limit provider number to that which necessary for patient care.
- * **Close Contact and Duration Definition:**
 - Healthcare provider exposure is defined as being within 6 feet for ≥ 15 minutes in a patient with suspected illness.
 - Unprotected (no or incorrect PPE) with direct contact with body fluids, including respiratory generated body fluids.
- * **Transport:**
 - Occupants in cab of vehicle all should wear facemasks. Riders should be discouraged in order to limit PPE use.
 - Limit number of providers in vehicle required to provide patient care in order to limit exposures.
 - Ensure use of correct PPE for crew and passengers when aerosol-producing procedures utilized.
- * **Recommend facemask and gloves with every patient contact. It is reasonable to wear eye protection on every patient contact.**
- * **Reasonable to wear simple/surgical mask during entire duty-shift when not able to maintain social distance of ≥ 6 feet among fellow providers when not engaged in patient care.**
- * **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 or coveralls, 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 or coveralls, 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:
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>