

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



## EMS Dispatch Center

1. Use Emerging Infectious Disease (EID) Surveillance Tool with the following chief complaints:  
**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 have you been to affected areas or been exposed to someone who has travelled to affected areas?**  
**Have you or victim had close contact with a person being evaluated for the illness or a confirmed illness?**

### If YES:

- Do you or victim have a fever ( $\geq 100.4^\circ \text{F}$ )?      Do you or victim have chills?  
Do you or victim have unusual sweating?      Do you or victim have unusual body total aches?  
Do you or victim have a headache?

### Evolving Protocol:

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

Monitor for protocol updates.

YES

### DO NOT DISPATCH FIRST RESPONDERS

Dispatch EMS Unit only.

NO

## EMS

### 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

1. Traveler from area with known respiratory disease with or without symptoms
2. Traveler from affected areas within past 14 days

### AND

Fever, Headache      Joint and Muscle aches      Weakness, Fatigue  
Vomiting and/or Diarrhea

NO

Exit to Appropriate Protocol(s)

### Patient:

- Place standard surgical mask on patient
- Use Non-rebreather mask if Oxygen Needed
- If unable to tolerate mask, have patient cover mouth and nose when coughing

### Providers utilize:

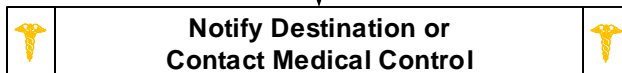
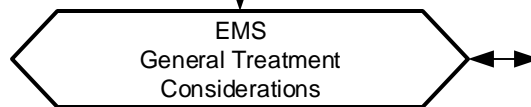
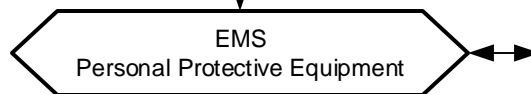
- Contact, Droplet, and Airborne Precautions
- Eye protection
- N95 Mask (or higher) or PAPR
- Exam Gloves
- Goggles
- Disposable Gown
- Create negative pressure in care compartment (See Pearls)

### Personnel in ambulance cab utilize:

- N95 Mask (or higher) or PAPR

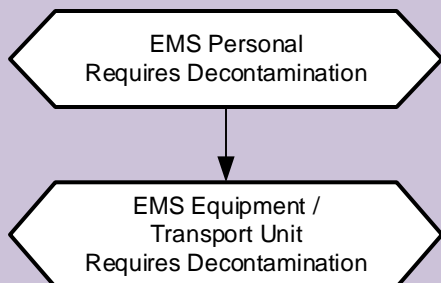
### Aerosol generating procedures:

(NIPPV / Nebulizer therapy / Intubation / BIAD / Suctioning)  
**Use all PPE devices and strategies listed above**



Special Circumstances Section

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**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.

**Wash hands:**

- Thoroughly after transferring patient care and/or cleaning ambulance

**Maintain records:**

- Of all prehospital providers who were in the room with the patient at the scene and who were in ambulance during 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.
- If all prehospital provider names (students, observers, supervisors, first response etc.) are listed in the Patient Care Report then this is a sufficient record.

**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.

**Pearls**

- **Transport:**  
 Occupants in cab of vehicle all should wear N95 Mask (or higher) or PAPR.  
 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 generating 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, Tuberculosis, Measles (rubeola) Chickenpox (varicella-zoster), Smallpox, Influenza, Rhinovirus, Norovirus, and Rotavirus, or zoster (shingles).
- **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, SARS, 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>