

911 Emergency Dispatch Center

1. Does the victim have risk for Emerging Infectious Disease with chief complaints:
 - Flu-like symptoms
 - Respiratory Illness (cough, difficulty breathing)
 - Breathing problem
 - Headache
 - Sick person
2. Has the patient in the past 14 days traveled to an affected area or been exposed to someone who has traveled to an affected area? (Not needed once the disease is in this area)
3. Has the patient or victim had close contact with a person being with or being evaluated for the illness or a confirmed illness?

If Yes:

- | | |
|---|---------------------------------|
| Do you or victim have a fever? | Do you or victim have chills? |
| Do you or victim have unusual sweating? | Do you or victim have headache? |
| Do you or victim have unusual body aches? | |

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

- Dispatch may be constrained by time and caller information
- Obtain a travel history / exposure history and assess for signs and symptoms
- Limit number of responders necessary for aid and limit potential exposures

Immediate Concern

- Traveler from area with known disease with or without symptom
- Traveler from affected area within past 14 days

AND

- | | | |
|-------------------|---------------------|----------------------------|
| Fever | Headache | Joint or Muscle Aches |
| Weakness, Fatigue | Vomiting / Diarrhea | Cough/Difficulty Breathing |

NO

Exit to appropriate
guideline(s)

YES

WARN RESPONDERS
POTENTIAL RISK OF
INFECTIOUS DISEASES



EMS
Personal Protective



Patient:

- Place 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:

- Standard contact / airborne precautions
- Eye protection (Goggles or face shield recommended)
- Mask (N95 or higher) or PAPR
- Gloves and disposable gown

Personnel in ambulance cab:

- N95 Mask (or higher) or PAPR



EMS
Treatment Considerations



Aerosol generating procedures:

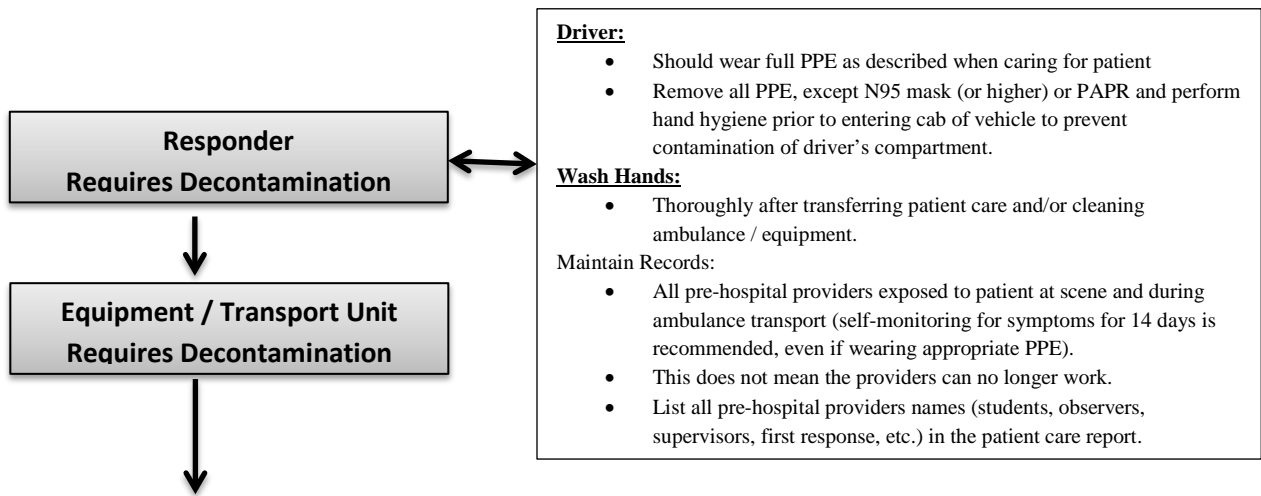
- No or limited nebulizer treatments
- Limited use of NIPPV
- Consider face shield with intubations and suctioning

Patients Transported to the ED:

- Do Not take patient through triage if possible
- Identify patient as high risk in report



Notify Destination or Contract Medical Control



Safely clean vehicles used for transport:

- Follow standard operating procedures for the containment and disposal of regulated medical waste.
- Follow standard operation 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 procedure.
- 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 appropriate for SARS, MERS.

Pearls

Transport:

- All occupants of the vehicle should wear a 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 systems 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, 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>