

REGULATORY/ MEDICAL HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

February 10, 2020

TO: ALS AND BLS PROVIDERS
IFT- ALS COORDINATORS
METRONET DISPATCH
OCFA DISPATCH
COSTA MESA DISPATCH
LAGUNA BEACH DISPATCH

REGARDING: NEW EMS INTERIM GUIDANCE FOR PSAPs ADDRESSING THE
2019-nCoV (CORONAVIRUS)

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that a call concerns a person who may have signs or symptoms and risk factors for 2019-nCoV. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a person under investigation (PUI).

Information on a possible PUI should be communicated immediately to EMS providers before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize the following medical dispatch procedures:

1. If a unit is dispatched to the scene of a patient complaining of fever (or history of fever), cough, and/or shortness of breath, obtain a detailed travel history to China within the past 14 days or close contact with someone under investigation for 2019-nCoV (close contact defined as being within about 6 feet, or within the same room or care area, of a patient with confirmed 2019-nCoV without wearing PPE for a prolonged period of time OR having direct contact with 2019-nCoV patient secretions).
2. If there is a history consistent with concern for potential 2019-nCoV (coronavirus), inform the dispatched unit they should initiate standard contact and airborne precautions (gloves, gown, N95 respirator) and eye protection (goggles) before initiating patient contact.

3. If a PUI, a patient with confirmed 2019-nCoV infection, or a patient with an exposure history and signs and symptoms suggestive of 2019-nCoV infection requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), EMS providers should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of 2019-nCoV infection so that appropriate infection control precautions may be taken prior to patient arrival.
4. Documentation of patient care should be done after EMS providers have completed transport, removed their PPE, and performed hand hygiene.
 - a) Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
 - b) EMS documentation should include a listing of EMS and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities so they can initiate follow up if indicated.

Additional details can be found at the URL below and all providers should review this document and be familiar with its content:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html?fbclid=IwAR148D-z1e-4p6KltF0xXyzmTz9uyBdGO6YBIZ5ijL-QSxRCwfYMC6_K4Iq

Sincerely



Carl H. Schultz, MD
EMS Medical Director
Orange County EMS Agency

CHS:chs#3686