



# 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 outside the USA?**  
**In the past 14 days have you or victim had close contact with a person being evaluated for the illness or a diagnostically confirmed illness?**  
**In the past 14 days have you or the victim been hospitalized with a lung infection with no clear diagnosis or source identified within the past 30 days?**  
**Do you or victim have fever with cough, shortness of breath, runny nose, nausea/vomiting/diarrhea, and/or sore throat?**

### 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.

Negative EMD Screening

### 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

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

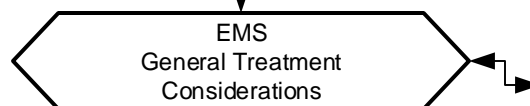
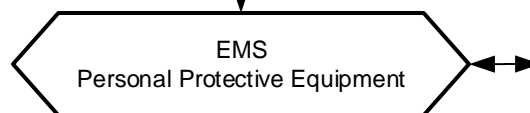
- Contact with someone or personal travel to affected geographical regions within the past 14 days:
- Contact with someone with diagnostically confirmed illness of interest?
- Recent hospitalization with respiratory illness and no clear diagnosis.
- Notify receiving facility of infection control requirements prior to arrival.

NO

Exit to  
Appropriate  
Protocol(s)

### 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.



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:

- Standard, Contact, and Airborne Precautions with following:
- 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:

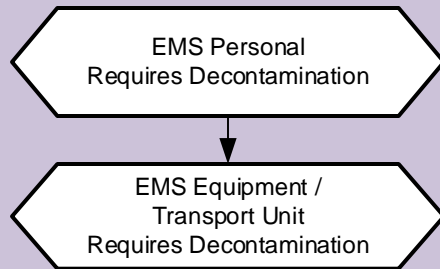
(NIPPV / Nebulizer therapy / Intubation / BIAD / Suctioning) / CPR  
**Use all PPE devices and strategies listed above**

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:

- 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.

### 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

- **Any patient with fever and respiratory symptoms: Place mask on patient and provider wear mask and consider eye protection even outside this protocol.**
- **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, 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>