



Inland Counties Emergency Medical Agency

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Serving San Bernardino, Inyo, and Mono Counties
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DATE: February 13, 2020

TO: Dispatch Supervisors - Barstow Police Department, CAL FIRE, Ontario Comm, and San Bernardino County Communications Center (CONFIRE)

FROM: Tom Lynch
EMS Administrator

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Medical Director

SUBJECT: LOCAL MEDICAL CONTROL FOR EMERGING DISEASE SURVEILLANCE TOOL (Coronavirus/SRI/MERS/EBOLA)

Effective immediately, the ICEMA Medical Director approves the use of Emerging Infectious Disease Surveillance Tool (EIDS) for the enhanced screening of emergency medical callers when used in conjunction with Protocol 26 - Sick Person and Protocol 6 - Breathing Problems. The EIDS tool may also be used for other chief complaints when the caller offers information that would lead the Emergency Medical Dispatcher (EMD) to suspect a respiratory-type illness.

Further, the ICEMA Medical Director recommends dispatch centers provide responding crews with early notification of symptomatic patients. This will alert EMS field personnel to don proper personal protective equipment (PPE). The Centers for Disease Control (CDC) recommends the use of PPE when providing emergency medical treatment and transport for ill patients. (Refer to Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for 2019-nCoV in the United States at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>.)

If you have any questions, please Ron Holk, EMS Coordinator, at (909) 388-5808 or via e-mail at ron.holk@cao.sbcounty.gov.

TL/RV/RH/jlm

Enclosures

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2019 Novel Coronavirus



On February 11, 2020 the World Health Organization **announced** an official name for the disease that is causing the 2019 novel coronavirus outbreak, COVID-19. CDC will be updating our website and other CDC materials to reflect the updated name.

Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for 2019-nCoV in the United States

Background

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible 2019-Novel Coronavirus (2019-nCoV) infection, close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs)—commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. Each PSAP and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. For the purposes of this guidance, “EMS clinician” means prehospital EMS and medical first responders. When 2019-nCoV is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have 2019-nCoV infection.

Updated information about 2019-nCoV may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

Case Definition for 2019-nCoV

CDC’s most current case definition for a person under investigation (PUI) for 2019-nCoV may be accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

Recommendations for 911 PSAPs

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about 2019-nCoV, outlined below.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

Modified Caller Queries

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this 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 PUI. Information on 2019-nCoV will be updated as the public health response proceeds. PSAPs and medical directors can access CDC's [PUI definitions here](#).

Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or state public health department.

PSAPs and EMS units that respond to ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry (see: [CDC Quarantine Station Contact List](#)) for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler. CDC has provided job aids for this purpose to EMS units operating routinely at US ports of entry. The PSAP or EMS unit can also call CDC's Emergency Operations Center at (770)488-7100 to be connected with the appropriate CDC quarantine station.

Recommendations for EMS Clinicians and Medical First Responders

EMS clinician practices should be based on the most up-to-date 2019-nCoV clinical recommendations and information from appropriate public health authorities and EMS medical direction.

State and local EMS authorities may direct EMS clinicians to modify their practices as described below.

Patient assessment

- If PSAP call takers advise that the patient is suspected of having 2019-nCoV, EMS clinicians should put on appropriate [PPE](#) before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of 2019-nCoV (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for 2019-nCoV has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If 2019-nCoV infection is suspected, all [PPE](#) as described below should be used. If 2019-nCoV infection is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.

- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

Recommended Personal Protective Equipment (PPE)

- EMS clinicians who will directly care for a patient with possible 2019-nCoV infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection. Recommended PPE includes:
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
 - Disposable isolation gown,
 - Respiratory protection (i.e., N-95 or higher-level respirator), and
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

Precautions for Aerosol-Generating Procedures

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- In addition to the PPE described above, EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.
 - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
 - EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

EMS Transport of a PUI or Patient with Confirmed 2019-nCoV to a Healthcare Facility (including interfacility transport)

If 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), the following actions should occur during transport:

- EMS clinicians 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.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible 2019-nCoV infection should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
 - Close the door/window between these compartments before bringing the patient on board.
 - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
 - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
 - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf>).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an Airborne Infection Isolation Room).


Documentation of patient care

- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
 - Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS documentation should include a listing of EMS clinicians 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.

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed 2019-nCoV

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.

- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for 2019-nCoV in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against 2019-nCoV. These products can be identified by the following claim:
 - "[Product name] has demonstrated effectiveness against viruses similar to 2019-nCoV on hard non-porous surfaces. Therefore, this product can be used against 2019-nCoV when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."
 - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). Specific claims for "2019-nCoV" will not appear on the product or master label.
 - See [additional information about EPA-approved emerging viral pathogens claims](#) .
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. 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 hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

Follow-up and/or Reporting Measures by EMS Clinicians After Caring for a PUI or Patient with Confirmed 2019-nCoV


EMS clinicians should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed 2019-nCoV:

- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.
- EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to 2019-nCoV in coordination with state or local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to 2019-nCoV should be made in consultation with state or local public health authorities. Refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus \(2019-nCoV\)](#) for additional information.



- EMS agencies should develop sick-leave policies for EMS personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.
- EMS personnel who have been exposed to a patient with suspected or confirmed 2019-nCoV should notify their chain of command to ensure appropriate follow-up.
 - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
 - EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

EMS Employer Responsibilities

The responsibilities described in this section are not specific for the care and transport of PUIs or patients with confirmed 2019-nCoV. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS clinicians with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that EMS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure EMS clinicians are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of [respiratory training videos](#)  .
- EMS units should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS clinicians and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

Additional Resources

The EMS Infectious Disease Playbook, published by the Office of the Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, Information Exchange (TRACIE) is a resource available to planners at <https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf>  .

Page last reviewed: February 12, 2020

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)

Emerging Infectious Disease Surveillance Tool (Coronavirus/SRI/MERS/EBOLA)



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This Protocol developed and approved by the IAED's CBRN Fast Track Committee of the Council of Standards.

Listen carefully:

Ask only in early phases when new flu, respiratory illness, or hemorrhagic fever is emerging from specific areas:

- has s/he traveled in the last 21 days (if so, where?) _____
Note: (If travel timeframe questionable) Was it roughly within the past month?
- confirmed travel from a known infected ("hot") area
- contact with a person who has traveled from a known infected ("hot") area in the past 21 days
- contact with someone with the flu or flu-like symptoms (if so, when?) _____

Now tell me if s/he has any of the following symptoms:

- measured body temperature $\geq 100.4^{\circ}\text{F}$ (38.0°C)
- fever (hot to the touch in room temperature)
- chills
- unusual sweats
- unusual total body aches
- headache
- recent onset of any diarrhea, vomiting, or bloody discharge from the mouth or nose
- abdominal or stomach pain
- unusual (spontaneous/non-traumatic) bleeding from any area of the body
- difficulty breathing or shortness of breath
- nasal congestion (blocked nose)
- persistent cough
- sore throat
- runny or stuffy nose

Note:
Symptoms in red should be considered Ebola-essential symptoms to ask.

*Continued on reverse side

Medical Director-approved additional questions:

- _____
- _____
- _____

Ask only if a higher-risk exposure is suspected (close contact with sick persons, dead bodies, or exotic African animals):

- needlestick, scalpel cut, or similar injury in treating or caring for Ebola patients
- blood or body fluid exposure to eyes, nose, or mouth (mucous membranes) in treating or caring for Ebola patients
- skin contact with, or exposure to, blood or body fluids of an Ebola patient
- direct contact with a dead body without use of personal protective equipment in an area where an Ebola outbreak is occurring
- handling of bats, rodents, or non-human primates in or recently received from Africa

Infection Prevention Instructions:

- (Keep isolated)** From now on, **don't allow** anyone to come in **close contact** with her/him.

Medical Director-approved Special Instructions:

- _____
- _____
- _____

EMERGING INFECTIOUS DISEASE SURVEILLANCE TOOL (CORONAVIRUS/SRI/MERS/EBOLA)



EIDS (CORONAVIRUS/SRI/MERS/EBOLA) v5.0.1 1/24/2020

Abbreviations

- EVD** = Ebola Viral Disease
EIDS Tool = Emerging Infectious Disease Surveillance Tool
CDC = Centers for Disease Control, US Gov't
WHO = World Health Organization, UN
SRI = Severe Respiratory Infection
MERS = Middle East Respiratory Syndrome

EIDS Tool Statement

The International Academies of Emergency Dispatch's CBRN Fast Track Committee first began issuing updates on the dispatch aspects of Ebola and the Surveillance Tool in early August 2014 and on October 10, 2014, published their Ebola-specific Emerging Infectious Disease (EIDS) Tool for anyone in the world to use.

Academy Advice on Tool Use

With the spread of EVD outside of West Africa now appearing unpredictably in new places, the specifics of when to use this Tool and **the extent of questioning within this Tool must remain user-defined** (Medical Director-controlled wherever possible).

Where a secondary surveillance software, like FirstWatch™, is used, there may be a greater desire to collect more information using this Tool to aid in its predictability features and output. This is a local decision that must be directed by EMS and public health officials and medical control physicians.

Rules

1. This Tool **does not require a specific order or number of questions** to ask. Geographically, areas of recent travel concern can change daily or simply become irrelevant.
2. There are **three spaces** for "Medical Director-defined" questions for local agency use. Since ProQA cannot recognize these, you must have each question previously **defined by Medical Director-approved policy**.
3. During EVD emergence, **check the IAED's website daily** for any new updates or dispatch-related advice until the public health is again stable and assured. **Updates** to the EIDS Tool may be posted **at any time at: www.emergencydispatch.org**

4. There are **several questions related to an elevated body temperature** – one specifically asking about any **measured temperature at or above 100.4°F/38.0°C** and 3 other "surrogate" temperature questions: **fever (hot to the touch in room temperature), chills, and unusual sweats**. Per your agency's policy, a **positive answer** to any one of these questions can **eliminate the need to ask** the others.
5. The EIDS Tool is **not launched automatically** off any Chief Complaint Protocols at this time. IAED recommends the following as **1st Tier Protocols to locally consider launching on: 1, 18, 21, and 26**. The **2nd Tier Protocols** include: **6, 10, and 32**; however, these designations **could change** at any time.

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Version 5.0.1 AMPDS™ v12.1, 12.2, 13.0, NAE-std, 141020 / 200124

EIDS (CORONAVIRUS/SRI/MERS/EBOLA) v5.0.1 1/24/2020

Limitations Warnings

The content, format, and/or intended use of the EIDS Tool can change at any time. It is important that you and your agency stay informed of any updates by visiting the IAED website at least once daily. **Neither the IAED nor PDC has any obligation, beyond its website postings, to individually inform licensed users, or other agencies using this Tool,** of any updates or changes, due to the rapidly evolving aspects of such diseases, outbreaks, epidemics, or a pandemic.

As North American English (NAE) is the "mother" language of the IAED, the Academy and its CBRN Fast Track Committee must make quick and difficult decisions on the release order and timeliness of translations into other languages and dialects and their ultimate availability, based on rapidly changing conditions regarding current areas of outbreak and government recommendations. This will likely affect the order and priority of such postings.

Ebola Viral Disease (EVD)

EVD is a very serious disease **residing in exotic animal populations** in several places in Africa. The **case fatality rate** in the current outbreak is **55% to 60%**.

EVD has **not been proven** to be passed in an airborne manner, **but is passed by contact** with an **infected patient's bodily fluids**, including sweat. Due to the **rapidity of viral mutations**, however, **this could change** at a future time.

As opposed to earlier viral outbreaks and pandemics, Ebola signs and symptoms appear initially to be **less respiratory-related** and **more GI-related** and, ultimately, **include spontaneous bleeding from any area of the body**.

The **incubation period** of EVD (latent period without evidence of symptoms) can range from **2 to 21 days** (average 8 to 10 days) per the CDC and WHO.

The general course of the disease appears to progress as follows:

- **1 to 3 days:** Flu-like symptoms, fever
- **4 to 7 days:** Diarrhea, vomiting, low blood pressure
- **7 to 10 days:** Profuse internal/external bleeding, organ failure, coma, death

Late stages preceding death include **swelling** of the whole body, **bleeding** under the skin, profound **fluid loss**, and **organ failure**.

Printing Instructions

To print the EIDS Tool for manual cardset use, please select pages 2 and 3 in your printer options and also select duplex or two-sided. Once printed, fold the page in half with initial Tool questions on the outside of card.

To trim the pullout tab, use another pullout card as a guide to cut the curved edges of the tab. Reinforce the tab using clear packaging tape and trim again.



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Version 5.0.1 AMPDS™ v12.1, 12.2, 13.0, NAE-std, 141020 / 200124



STATEMENT

MEDIA RELEASE

IAED CBRN FAST TRACK COMMITTEE RE: NOVEL CORONAVIRUS FROM WUHAN CITY, CHINA (2019-nCoV)

The novel coronavirus originating from Wuhan City, China has now spread to a handful of other countries, including the United States, which has one confirmed case as of January 21, 2020, in Washington State.

This virus has caused concern among global health authorities since it is believed to have recently jumped from animals to humans and there are now confirmed cases of human-to-human transmission - making it potentially very dangerous in human populations since there is currently no vaccine and little or no immunity.

Coronavirus is a species of virus that has several potentially deadly strains, including past spread of SARS-CoV (Severe Acute Respiratory Syndrome) and MERS-CoV (Middle East Respiratory Syndrome).

Known symptoms of the illness include **fever, difficulty breathing, cough**, and other milder **respiratory symptoms** such as **sneezing**.

IAED RECOMMENDATIONS:

Emergency dispatch agencies should immediately contact their EMS system's medical control authority and local public health department for direction on implementing enhanced screening of emergency medical callers and providing responding crews with early notification of symptomatic patients so proper personal protective equipment (PPE) can be used by all providers with close patient contact.

For MPDS-user agencies that implement medical dispatch enhanced screening procedures, the IAED recommends using the **Emerging Infectious Disease Surveillance (EIDS) Tool** for the following Chief Complaints:

Sick Person (Protocol 26)

Breathing Problems (Protocol 6)

Also, the **EIDS Tool** should be used for other Chief Complaints when the caller offers information that would lead the Emergency Medical Dispatcher (EMD) to suspect a respiratory-type illness.

For MPDS ProQA software users, the EIDS Tool can be launched manually from the ProQA screen by clicking the upper menu bar icon shown here:



Typically, the Tool is launched after the Determinant Code has been assigned, but it is accessible anytime the ProQA case is open.

The IAED is currently reviewing the EIDS Tool for further specific enhancements as needed.

Please check this site regularly for updates.

For more public health information and guidance for 911 and first responders, please check for updates on the following web links:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.ems.gov/>

<https://www.911.gov/>