

2019 NOVEL CORONAVIRUS BACKGROUND & 911 DISPATCH CONSIDERATIONS

Safe response by EMS requires an integrated approach: appropriate information from the caller and 911 telecommunicator; appropriate medical dispatch protocols for response, clinical care, application of administrative and environmental controls and use of personal protective equipment (PPE) by responding EMS personnel; and transport to a hospital that can provide effective evaluation and treatment of the suspected condition.

Ideally, 911 telecommunicator will identify possible infectious disease patients through integrated routine screening questions and relay that information to emergency responders prior to their arrival on the scene.

During the call take interrogation, if information about communicable diseases is offered, ensure the information is documented and relayed to responders in accordance with established policies on how to share patient-related information.

Screening for suspected highly infectious pathogens often involves questioning patients about recent travel to endemic areas and presenting signs and symptoms. The timeframe for these conditions varies (e.g., 14 days for Middle East Respiratory Syndrome [MERS], 21 for Ebola Virus Disease [EVD]); 21 days is used in the general screen for consistency since this is inclusive of the diseases, but can be adjusted as required if screening for specific pathogens

2019 Novel Coronavirus (2019-nCoV) Situation Summary

This is an emerging, rapidly evolving situation and CDC will provide updated information as it becomes available, in addition to updated guidance.

CDC is closely monitoring the outbreak of respiratory illness caused by the novel coronavirus (named “2019-nCoV”) that was first detected in Wuhan City, Hubei Province, China and which continues to expand.

The United States reported the first confirmed instance of person-to-person spread with this virus on January 30, 2020. On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to 2019-nCoV. Also on January 31, the President of the United States signed a presidential “Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus.

More cases are likely to be identified in the coming days, including more cases in the United States. It’s also likely that person-to-person spread will continue to occur, including in the United States.

For the general American public, who are unlikely to be exposed to this virus, the immediate health risk from 2019-nCoV is considered low. The goal of the ongoing U.S. public health response is to prevent sustained spread of 2019-nCoV in this country.

INFECTIOUS DISEASE ADDITIONAL DISPATCH CONSIDERATIONS

Dispatch screening is designed to suggest the highest potential level of precautions that may be required. Basic travel and symptom screening suggest a level of precautions for responders. On-scene, additional evaluation is required to determine if higher or lower levels of protection are required. Transmission based precautions are always accompanied by standard precautions.

The following information may be used to supplement medical dispatch protocols:

- Obtain Subsequent “**Chief Complaint**” information regarding type/severity of medical emergency:

CHIEF COMPLAINT – If illness-related 911 call – For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV) - additional screening includes:

- Determine if in the past 14 days since first onset of symptoms a history of either travel to China or close contact with a person known to have 2019-nCoV illness; or person under evaluation for potentially having the 2019-nCoV.

AND

- the person has fever or symptoms of lower respiratory illness (e.g., cough or shortness of breath)

If both exposure and illness are present, the emergency medical dispatcher will alert any first responders and EMS providers being dispatched of potential for a patient with a communicable disease and to implement infection control measures as indicated.

- Isolate the patient
- Place facemask on patient
- Wear appropriate personal protective equipment (PPE)

EMS should follow BLS Protocol 931— Suspected Influenza-Like Illness (ILI) for any persons suspected of or potentially being infected with 2019-nCoV

This designation is preliminary and responders may be able to adjust precautions based on further information from the patient/family. If language barriers prevent questions, the dispatcher should advise the crew that they cannot rule out an infectious patient.