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REGULATORY/ MEDICAL HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

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

REGARDING: UPDATED EMS INTERIM GUIDANCE FOR PSAPs ADDRESSING THE
COVID-19 (CORONAVIRUS DISEASE-2019) OUTBREAK

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 COVID-19. 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 history to determine:
 - If there was travel to affected geographic areas with widespread or sustained community transmission of COVID-19 (currently China, South Korea, Japan, Iran, and Italy but the list may expand) within 14 days of symptom onset, OR
 - If there was close contact with someone under investigation for COVID-19 or confirmed to have COVID-19 (close contact defined as being within about 6 feet, or within the same room or care area, of a patient with suspected or confirmed COVID-19 without wearing PPE for a prolonged period of time OR having direct contact with COVID-19 patient secretions) within 14 days of symptom onset.

NOTE: Updated PUI criteria can be found on the CDC website (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>).

2. If there is a history consistent with concern for potential COVID-19, inform the dispatched unit they should initiate standard, contact, and airborne precautions (gloves, gown, N95 respirator) and eye protection (goggles) before initiating patient contact.
 - **NOTE: Given recent reports of community transmission, EMS providers may consider using PPE for patients with fever and lower respiratory symptoms (cough, shortness of breath) even in patients who don't meet the geographical or suspected contact criteria.**
3. If a PUI, a patient with confirmed COVID-19, or a patient with a potential exposure history and signs and symptoms suggestive of COVID-19 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 COVID-19 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>

Sincerely



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CHS:chs#3701