

# High Consequence Pathogens

## (Respiratory Diseases, SARS, MERS-CoV, CoVID-19)

The Missouri Department of Health and Senior Services (DHSS) activated a statewide public hotline for citizens or providers needing guidance regarding the novel coronavirus, or COVID-19. At 8 a.m. today, the hotline opened and can be reached at 877-435-8411. The hotline is being operated by medical professionals and is available 24 hours a day, 7 days a week.

### 911 Emergency Dispatch Center

1. Does victim have risk for Emerging Infectious Disease with chief complaints:  
**Flu-Like Symptoms, Respiratory Illness(cough, difficulty breathing), Breathing Problem, Headache, Sick Person**
2. Listen to medical dispatch ask the following questions or ask for calls not transferred to EMS Dispatch Centers:

**In the past 14 days have you been to affected areas or been exposed to someone who has traveled to affected areas? (Not needed once disease is in this area)**  
**Have you or a victim had close contact with a person being with or being evaluated for the illness or a confirmed illness?**

If Yes:

Do you or victim have a fever?	Do you or victim have chills?
Do you or victim have unusual sweating?	Do you or victim have headache?
Do you or victim have unusual body aches?	

NO

YES

### Do not rely solely on Dispatch personnel to identify a potential exposure patient:

- Dispatch may be constrained by time and caller information
- Obtain a travel history / exposure history and assess for signs and symptoms
- Limit number of responders necessary for aid and limit potential exposures

### Immediate Concern

- Traveler from area with known disease with or without symptoms
- Traveler from affected area within past 14 days

AND

Fever Weakness, Fatigue	Headache Vomiting / Diarrhea	Joint or Muscle Aches Cough / Difficulty Breathing
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**WARN FIRST  
RESPONDERS**  
of Possible Infectious  
Disease

First Responder / EMS Protective Equipment / Limit to Essential Personnel only

**KEEP GREATER THAN 6' FOR INITIAL ASSESSMENT**

### Patient:

- Place 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:

- Contact, Droplet and Airborne Precautions
- Eye Protection (Goggles or face shield recommended)
- Mask (N95 recommended) or PAPR
- Gloves and Disposable Gown
- Mask (N95 recommended) and eye protection for driver compartment

### Aerosol generating procedures:

- No or limited nebulizer treatments
- Limited use of NIPPV
- Consider Face Shield with Intubation and suctioning

### Patients Transported to the ED:

- Do not take patient through triage if possible
- Identify patient as high risk in report

EMS Treatment Considerations

Notify Destination or  
Contact Medical Control

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### Driver:

- Should wear full PPE as described when caring for patient.
- Remove all PPE, except mask (N95 preferred) 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:

- Of all prehospital providers who were in the room with the patient at the scene and who were in ambulance during 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.
- If all prehospital provider names (students, observers, supervisors, first response etc.) are listed in the Patient Care Report then this is a sufficient

### 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

### **Pearls**

- Transport:** All occupants of the vehicle should wear a mask (N95 preferred) 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, Tuberculosis, Measles (rubeola) Chickenpox (varicella-zoster), Smallpox, Influenza, Rhinovirus, Norovirus, and Rotavirus, or zoster (shingles).
- 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, SARS, 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>