



State of Maryland

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Services Systems**

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To: All EMS Clinicians
From: Timothy Chizmar, MD, FACEP
State EMS Medical Director
Date: February 1, 2020
RE: Novel Coronavirus (2019-nCoV) Pneumonia – UPDATE

As an update to previous guidance dated January 22, 2020 regarding novel coronavirus (2019-nCoV), the area of travel risk has been expanded to include all of mainland China.

Based on recommendations from the CDC and Maryland Department of Health, we recommend the following:

1. Ask patients with fever or respiratory symptoms about travel to mainland China within the past 14 days.
2. Identify patients under investigation (PUIs) using either of the following criteria:
 - a. Fever and symptoms of lower respiratory illness (cough, shortness of breath) and history of travel to China within the last 14 days, **OR**
 - b. Fever or symptoms of lower respiratory illness (cough, shortness of breath) and close contact with an ill laboratory-confirmed 2019-nCoV patient within the last 14 days

If you identify a PUI, please take the following steps:

1. EMS Clinicians should use gown, gloves, eye protection, and airborne respiratory protection (fit-tested N-95 level or higher respirator)
2. Place a surgical (simple) mask on the patient
3. Contact the receiving hospital via EMRC prior to initiating transport, utilizing the term "PUI" during the consultation
4. Transport directly to a Special Pathogen Assessment Hospital unless transport time is 45 minutes or more than time to a Frontline Hospital ED (closest hospital-based ED)
 - a. **Special Pathogen Assessment Hospitals:** Anne Arundel Medical Center, Frederick Health Hospital, Holy Cross Hospital, Medstar Southern Maryland Hospital Center, Peninsula Regional Medical Center
 - b. **Special Pathogen Treatment Hospital (and Assessment Hospital for patients within 45 minutes):** The Johns Hopkins Hospital
5. Decontaminate ambulance according to attached recommendations

Thank you for your prompt attention to this emerging infectious disease. **Importantly, the screening criteria for this novel coronavirus may change with time.** The MIEMSS Infectious Disease Program will provide updates as additional information becomes available.

Novel Coronavirus: Maryland EMS Update

EMS Infectious Diseases Program

Due to the recent outbreak of a novel coronavirus in mainland China, MIEMSS urges prehospital EMS clinicians to take the following actions:

- 1. Ask patients about recent travel, particularly those with fever and acute respiratory illness**
- 2. Don appropriate PPE when patients meet the following Person Under Investigation (PUI) criteria**
- 3. If a patient meets PUI criteria, EMS clinicians should transport to the appropriate receiving hospital, ensuring that they contact the hospital via EMRC before initiating transport, utilizing the term “PUI” when requesting a med channel for consult**

Patient Under Investigation (PUI) Criteria

Clinical Features		Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed 2019-novel Coronavirus patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from mainland China within 14 days of symptom onset

PPE Recommendations: If patient meets PUI criteria, clinicians should don gloves, gowns, eye protection, and fit-tested N-95 level or higher respirators. A surgical mask, NOT an N-95, should be placed on the patient.

Ambulance Decontamination: Any visibly soiled surface must first be decontaminated using an EPA-registered hospital disinfectant according to directions on the label. Disinfect all potentially contaminated surfaces including the stretcher with an EPA-registered hospital disinfectant according to directions on the label. Medical equipment (stethoscope, BP cuff, etc.) making patient contact should be disposable or cleaned and disinfected using appropriate disinfectants before use on another patient.

References and Resources:

<http://www.miemss.org/home/infectious-diseases>

<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html#risk-assessment>

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



Although the 2019 Novel Coronavirus is an evolving and concerning disease, the spread of seasonal influenza and other infectious diseases also remain a concern. EMS clinicians should place a surgical mask on any patient presenting with the signs and symptoms of lower respiratory illness while donning the appropriate personal protective equipment (PPE) and asking about travel history.

Utilization of standard precautions, staying current with recommended vaccinations, and utilizing robust hand hygiene practices remain the best ways to prevent the spread of infectious disease.



INTERIM GUIDANCE, EPIDEMIOLOGICAL RISK AREA AND OTHER FACTORS SUBJECT TO CHANGE



CONSIDER Novel Coronavirus

INTERIM GUIDANCE, EPIDEMIOLOGICAL RISK AREA AND OTHER FACTORS SUBJECT TO CHANGE

Clinical Features		Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed 2019-Novel Coronavirus patient within <u>14 days</u> of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from mainland China within <u>14 days</u> of symptom onset

If the Patient Under Investigation (PUI) criteria above are met:

Isolate and place simple (surgical) mask on patient

AND

Don appropriate PPE, including gloves, gown, eye protection, and fit-tested N-95 level or higher respirator

AND

Notify receiving hospital via EMRC before initiating transport, utilizing the term "PUI" when requesting a med channel for consult

<http://www.miemss.org/home/infectious-diseases>