

SOP #EID1: EMERGING INFECTIOUS DISEASE SURVEILLANCE

BACKGROUND:

The novel coronavirus originating from Wuhan City, China has now spread to several dozen countries, including localities in North America, Europe, Asia, and the Australasian region.

This virus (COVID-19) 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 the 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**.

PURPOSE: When widespread disease outbreaks such as Pandemic Flu, Measles, and Novel (New) Viruses threaten Kansas certain temporary measures will be implemented to effectively screen 9-1-1 calls for the protection of emergency response personnel and the public. These efforts will be closely coordinated with all of our public health partners and <u>modified regularly</u> based on the latest scientific research and expert advice concerning the threat.

Maintaining patient confidentiality, as always, is important and radio transmissions to alert first responders of any infectious disease should be restricted to simply using the term <u>Signal 12</u>. Responders are expected to approach those scenes having properly donned the appropriate personal protective equipment (PPE) in advance and take appropriate precautions.

POLICY: Effective March 1st until rescinded, the Emerging Infectious Disease Surveillance (EIDS) Tool in Paramount will be utilized based on key question answers and the following procedures will be followed.



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PROCEDURE:

This SOP applies to all emergency disciplines responding to calls that meet the screening criteria as set forth by the International Academies of Emergency Dispatch's surveillance tool designed specifically for the existing threat. The tool is located at the top of the Paramount software:

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- I. Call handling will be conducted in accordance with SOP # IR 1: Incoming Reports Procedure.
- II. When symptoms include any of the following the EIDS tool will be opened and completed **following delivery of PDIs**.
 - a. Fever
 - b. Cough
 - c. Shortness of breath



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III. Many of these calls will be reports of flu like symptoms which are handled on protocol 26. It is critical that the highest priority that applies be selected, for example, a Delta level if the patient is not alert on protocol 26. When **no priority symptoms** are present and the caller reports a chief complaint equivalent of they suspect the patient has COVID-19, the call taker should select the 26A12 code as shown below. The code 26A12 has changed from possible meningitis to Coronavirus Illness.

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| 1:19 | Sick Person (Specifi | c Diagnosis) | | | | |
| Entry | KQ | PDI/CEI | DLS | S | umman | v |
| | | G | | 0 | | |
| ALPHA-level No 12)? Caller Statement: w KQ Answers Addition NON-PRIORITY Co 1. No priority syr 2. Blood pressur 3. Dizziness/Ver 4. Fever/Chills 5. General weak 6. Nausea 7. New onset of 8. Other pain (no 9. Transportation 10. Unwell/III 11. Vomiting | ness immobility on-OMEGA-level) | aints (2– 3) Dizzi 4) Feve 5) Gen 6) Naus 7) New 8) Othe 9) Tran 10) Unv nditions 2– 11) Vor | eral weakness ea onset of immobility r non-OMEGA-level pa sportation only: rell/lll | in as prev | | answe |



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IV. **The EIDS Tool** currently has the following question set. As information changes the IAED will update these questions appropriately. Additionally, the Medical Director may insert questions or instructions at any time.

The Medical Director Questions 1 and 2 REPLACE the first three travel history questions.

| Listen carefully and tell me if s/he has any of the following symptoms: | |
|---|---|
| Medical Director-approved additional questions: | |
| | |
| □ (Yes - Air Travel) Where? | |
| | ~ |

The next question should be: *Has s/he had* contact with someone with flu-like illness (if so when)?

Current Definitions:

- a. **Hot Area** = Traveled by Air.
- b. **Keep Isolated** = Infection Prevention Instructions are NOT in use at this time. The (Keep Isolated) pre-instruction qualifier does not apply at this time and instructions with that PIQ are not to be read.



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| EIDS Tool | *Currently in: Surveilland | ce mode v6.0.0 | 2/4/2020 EIDS Tool | *Currently in: Surveillance m | ode v6.0.0 |
|---|--|----------------------------------|--|--|--------------------------------|
| Abbreviations | Additional Info | Limitations Warning | g Abbreviations | Additional Info | Limitations Warnin |
| 🔀 <u>C</u> an | cel | Info Completed | X Ca | infa | Completed |
| ten carefully and tel | II me if s/he has any of the following syn | nptoms | ► (If above is Yes) co | nfirmed travel from a known infected ("hot") area | |
| Medical Director-app med question 1 | proved additional questions: | | C contact with a pers what place?) | on who has traveled from a known infected ("hot" |) area in the past 14 days (if |
| | | | | 2 | |
| med question 2 | | | Contact with some | one with flu-like illness (if so, when?) | |
| med question 3 | | | (If above is Yes) is | s/he a healthcare worker? | |
| med question 4 | | | | s any of the following symptoms: mperature ≥ 38.0° C (100.4° F) | |
| | | | F fever (hot to the tou | ch in room temperature) | |
| med question 5 | | | □ Chills | | |
| | | | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | or shortness of breath | |
| Ask only in early pha from specific areas: | ses when new flu, respiratory illness. | or haemorrhagic fever is emergin | ng 🗆 🗆 persistent cough | | |
| Travel History/Patient C | | | | iratory problems (e.g., persistent sneezing, whee | zing, congestion, etc.) |
| has s/he traveled in | the last 14 days (if so, where?) | | Infection Prevention (Keep isolated) From | n now on, don't allow anyone to come in close o | contact with her/him. |
| 🗆 (If above is Yes) con | firmed travel from a known infected ("hot" |) area | 27.28.29.20.20.20.20.20.20.20.20.20.20.20.20.20. | proved Special Instructions: | |
| contact with a person who has traveled from a known infected ("hot") area in the past 14 days (if so, | | 50, F med instruction 1 | | | |
| what place?) | | | med instruction 2 | | |
| | | | F med instruction 3 | | |
| contact with someor | ne with flu-like illness (if so, when?) | | F med instruction 4 | | |
| | | | F med instruction 5 | | |

V. The call taker should select all of the relevant answers which will then become part of the EMD narrative in CAD. Once these questions are answered and appear in CAD the <u>CALL TAKER</u> must dispatch the unit "EIDS" to the call in order to deliver the answers to the EIDS questions via CAD page. The DISPATCHER should simply advise responding crews that signal 12 information is being sent via CAD Page when they are aware that 2 or more of the questions have been answered "yes".

REPORTING: When the EIDS unit is assigned to the call responding EMS units automatically receive the updated information via Active 911. In addition an email is generated to the group <u>PANDEMIC@bucoks.com</u> to notify all of our public health partners.

Additional information links:

https://www.emergencydispatch.org/coronavirus-2019-nCoV

https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ec f6

https://www.cdc.gov/