Paramedic Chiefs of Canada
Chefs Paramédics du Canada

2019 nCoV "Coronavirus" International Teleconference

We're taking a virtual role call today for those on the WebEx.
Please use the "Chat" window on the right to enter your:
Name, **Agency Name**, and **# of people** joining from your location.
Please send chat messages to "All Panelists"

In association with
FIRST WATCH
Helping the Helpers

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Paramedic Chiefs of Canada
2019-nCoV "Coronavirus"
International Teleconference

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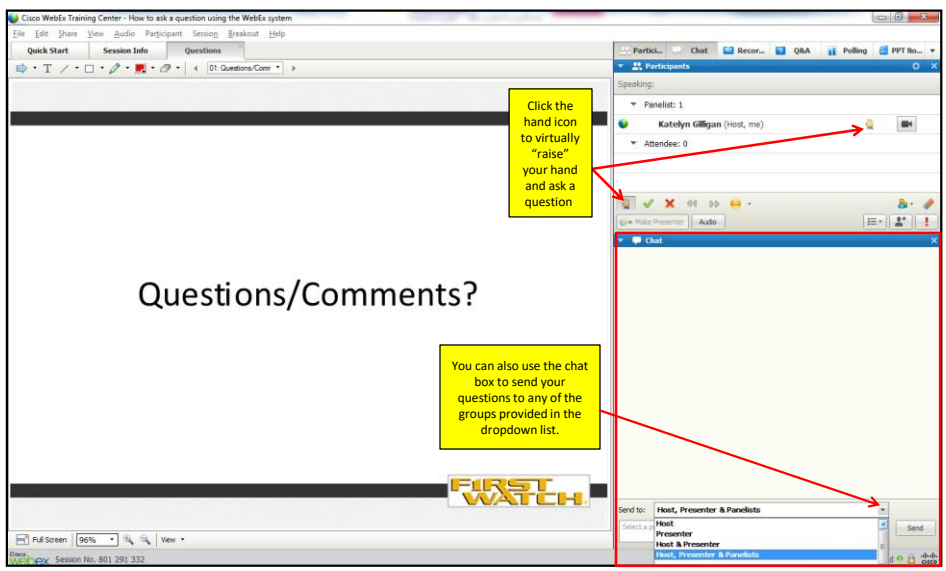

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Facilitators:

Ken Luciak
Director EMS South Zone
Saskatchewan Health Authority
Ken.Luciak@saskhealthauthority.ca

Kyle Sereda
Chief
Moose Jaw & District EMS
ksereda@moosejawems.ca

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Agenda:

- Purpose & Rules of Engagement
- 2019-nCoV "Coronavirus" Overview
- Invited Guests: Snohomish County, WA
- FirstWatch Situation Report
- Q&A (as time allows)

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Purpose:

- Overview/update of 2019-nCoV Activity worldwide
- Listen to guest speakers on select issues
- Receive FirstWatch SitRep on 2019-nCoV surveillance activity
- Share solutions regarding specific challenges posed by 2019-nCoV

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Rules of Engagement

- Session will conclude after 60 minutes
- Session materials can be sent to eid@ParamedicChiefs.ca for posting on Paramedic Chiefs of Canada website
- Please keep your comments brief

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2019-nCoV Overview:

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Medical Advisor, FirstWatch
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Pam Farber, RN, EMT-P
Public Health Advisor, FirstWatch
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SARS

- Severe Acute Respiratory Syndrome.
- 2002-2004
- 8,000/774

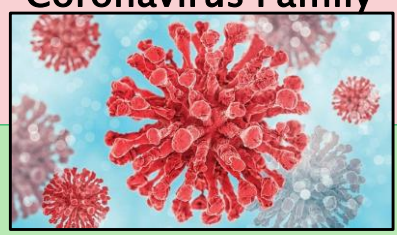
2019-nCoV

- 2019 Novel Coronavirus
- 2019 -
- ~17,485/~362

MERS

- Middle East Respiratory Syndrome.
- 2012 - Camels
- 1,569/554

Coronavirus Family



Virus 229E

Virus OC43

Virus HKU1

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IAED EIDS Tool

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INTERNATIONAL ACADEMIES OF EMERGENCY DISPATCH
Celebrating 35 Years of Priority Dispatch Systems Protocols

Journal | News | Organization | ECNS | Resources | Certification | Accreditation | Legislation | NAVIGATOR | Instructor | Science | Members

News Section

Novel coronavirus from Wuhan City, China (2019-nCoV)

IAED Recommendations:

Emergency dispatch agencies should immediately contact their EMS system's medical control authority and local public health department for direction on implementing enhanced screening of emergency medical callers and providing responding crews with early notification of symptomatic patients so proper personal protective equipment (PPE) can be used by all providers with close patient contact.

For MPDS-user agencies that implement medical dispatch enhanced screening procedures, the IAED recommends using the **Emerging Infectious Disease Surveillance (EIDS) Tool** for the following Chief Complaints:

Sick Person (Protocol 26)
Breathing Problems (Protocol 6)

Also, the **EIDS Tool** should be used for other Chief Complaints when the caller offers information that would lead the Emergency Medical Dispatcher (EMD) to suspect a respiratory-type illness.

For MPDS ProQA software users, the EIDS Tool can be launched manually from the ProQA screen by clicking the upper menu bar icon shown here:

Typically, the Tool is launched after the Determinant Code has been assigned, but it is accessible anytime the ProQA case is open.

The IAED is currently reviewing the EIDS Tool for further specific enhancements as needed.

Please check this site regularly for updates.

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

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IAED Disclaimer

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Emerging Infectious Disease Surveillance Tool (Coronavirus/SRI/MERS/Ebola)

Limited Use License

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IAED EIDS Questions
for Use with Cards 6 & 36

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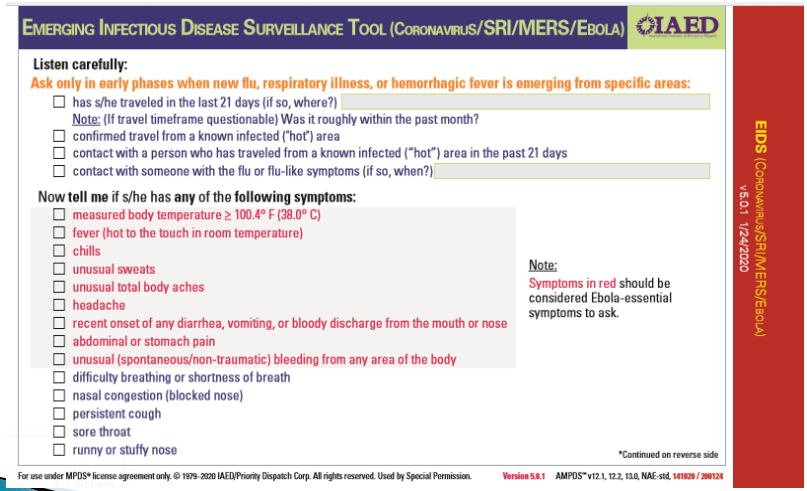

EMERGING INFECTIOUS DISEASE SURVEILLANCE TOOL (CORONAVIRUS/SRI/MERS/EBOLA) IAED

Listen carefully:

Ask only in early phases when new flu, respiratory illness, or hemorrhagic fever is emerging from specific areas:

- ☐ has s/he traveled in the last 21 days (if so, where?)

Note: (If travel timeframe questionable) Was it roughly within the past month?

- ☐ confirmed travel from a known infected ("hot") area
- ☐ contact with a person who has traveled from a known infected ("hot") area in the past 21 days
- ☐ contact with someone with the flu or flu-like symptoms (if so, when?)

Now **tell me** if s/he has **any** of the **following symptoms:**

- ☐ measured body temperature ≥ 100.4° F (38.0° C)
- ☐ fever (hot to the touch in room temperature)
- ☐ chills
- ☐ unusual sweats
- ☐ unusual total body aches
- ☐ headache
- ☐ recent onset of any diarrhea, vomiting, or bloody discharge from the mouth or nose
- ☐ abdominal or stomach pain
- ☐ unusual (spontaneous/non-traumatic) bleeding from any area of the body
- ☐ difficulty breathing or shortness of breath
- ☐ nasal congestion (blocked nose)
- ☐ persistent cough
- ☐ sore throat
- ☐ runny or stuffy nose

Note:
Symptoms in red should be considered Ebola-essential symptoms to ask.

*Continued on reverse side

EIDS (CORONAVIRUS/SRI/MERS/EBOLA) v5.0.1 1/24/2020

Version 5.0.1 AMPDS™ v12.1, 12.2, 13.0, NAE-std, 141028 / 200124

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IAED **EIDS** Information

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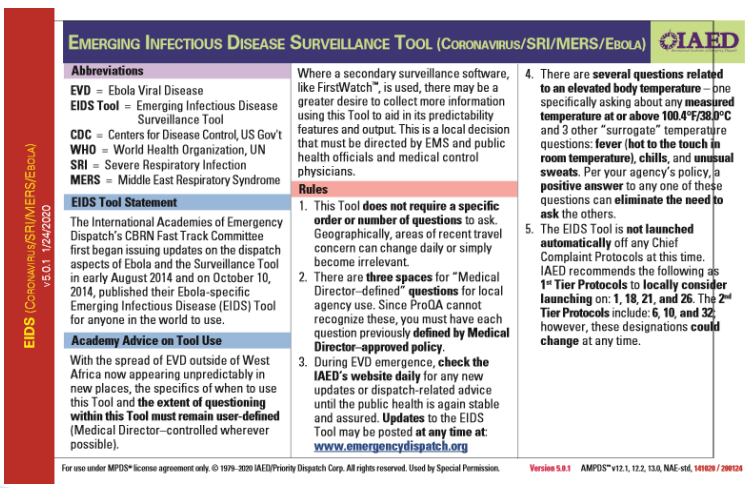

EMERGING INFECTIOUS DISEASE SURVEILLANCE TOOL (CORONAVIRUS/SRI/MERS/EBOLA) IAED

Abbreviations

EVD = Ebola Viral Disease
EIDS Tool = Emerging Infectious Disease Surveillance Tool
CDC = Centers for Disease Control, US Gov't
WHO = World Health Organization, UN
SRI = Severe Respiratory Infection
MERS = Middle East Respiratory Syndrome

EIDS Tool Statement

The International Academies of Emergency Dispatch's CBRN Fast Track Committee first began issuing updates on the dispatch aspects of Ebola and the Surveillance Tool in early August 2014 and on October 10, 2014, published their Ebola-specific Emerging Infectious Disease (EIDS) Tool for anyone in the world to use.

Academy Advice on Tool Use

With the spread of EVD outside of West Africa now appearing unpredictably in new places, the specifics of when to use this Tool and **the extent of questioning within this Tool must remain user-defined** (Medical Director–controlled wherever possible).

Where a secondary surveillance software, like FirstWatch™, is used, there may be a greater desire to collect more information using this Tool to aid in its predictability features and output. This is a local decision that must be directed by EMS and public health officials and medical control physicians.

Rules

1. This Tool **does not require a specific order or number of questions** to ask. Geographically, areas of recent travel concern can change daily or simply become irrelevant.
2. There are **three spaces** for "Medical Director–defined" **questions** for local agency use. Since ProQA cannot recognize these, you must have each question previously **defined by Medical Director–approved policy**.
3. During EVD emergence, **check the IAED's website daily** for any new updates or dispatch-related advice until the public health is again stable and assured. **Updates** to the EIDS Tool may be posted **at any time at**: **www.emergencydispatch.org**
4. There are **several questions related to an elevated body temperature** – one specifically asking about any **measured temperature at or above 100.4°F/38.0°C** and 3 other "surrogate" temperature questions: **fever** (**hot to the touch in room temperature**), **chills**, and **unusual sweats**. Per your agency's policy, a **positive answer** to any one of these questions can **eliminate the need to ask** the others.
5. The EIDS Tool is **not launched automatically** off any Chief Complaint Protocols at this time. IAED recommends the following as **1st Tier Protocols** to **locally consider launching** on: **1, 18, 21, and 26**. The **2nd Tier Protocols** include: **6, 10, and 32**; however, these designations **could change** at any time.

EIDS (CORONAVIRUS/SRI/MERS/EBOLA) v5.0.1 1/24/2020

Version 5.0.1 AMPDS™ v12.1, 12.2, 13.0, NAE-std, 141028 / 200124

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Public Safety Partners

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- Police, Fire and EMS all have the possibility of coming into contact with a person with possible 2019-nCoV.
- Therefore, as partners in public safety, those with policies & procedures in place should assure that their partners who may not have ready access to the information or PPE when encountering a potential patient also have an awareness & plan for encounters. Share your plans, if possible.
- Refer to local health departments for more assistance.

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Reducing the Risk

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- Use Standard Precautions & if the patient has S/S of fever* & lower resp. illness (cough, diff. breathing, SOB):
  - Place patient on a surgical mask
  - Ask a detailed travel history in 14 days prior to onset of S/S OR close contact with a patient with or under investigation for 2019-CoV.
- If hx confirms possible nCoV, add Contact (gown, gloves) AND Airborne (N95respirator) Precautions PLUS face shield or goggles

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Reducing the Risk

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- Notify the receiving hospital (per local protocols) of the potential infectious patient Place patient on a surgical mask
- Minimize contact with patient secretions & use aerosol-generating procedures carefully
- Properly doff & dispose of PPE per local protocol re-don as indicated.
- Discard disposable items in biohazardous bags.
- Clean & Disinfect using an EPA-approved for 2019-nCoV – like cornoviruses
- Notify appropriate personnel of possible 2019-nCoV exposure & follow the guidance.

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Guest Speakers:

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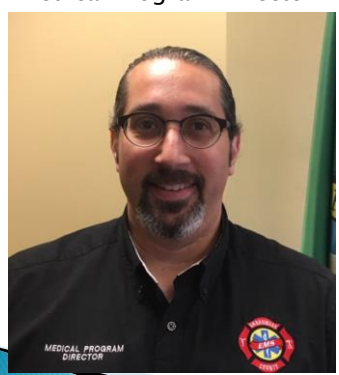
Snohomish County, Washington, USA

Eric Cooper, MD
Snohomish County EMS
Medical Program Director



Scott Dorsey
Assistant Chief/Planning
Snohomish CountyFire District 7

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Guest Speakers:

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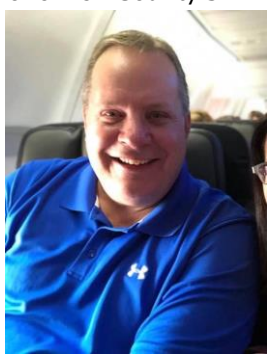
Snohomish County, Washington, USA

Bob Eastman
Deputy Chief
South County Fire

Kurt Mills
Executive Director
Snohomish County 9-1-1



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First North American Case nCoV

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- Jan 15: Pt. returns from Wuhan, via SeaTac
- Jan 16: Pt. becomes ill
- Jan 19: Pt self-reports, visits clinic, testing initiated
- Jan 20, 1500 Dx confirmed, coordination of next steps
- Jan 20, 1800 Coordination of patient transport
- Jan 20, approx 2300 transport complete
- Jan 21, 1100, press release

Courtesy Snohomish Health District
http://www.snohd.org/485/Novel-coronaviru 2019-response-Jan-15-2

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Heraldnet.com

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Transport Planning

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- Collaboration
  - EMS agencies
  - Medical Director
  - Public Health Office/liaisons
  - CDC
  - Hospital

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Questions

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- Should pt. be transported or stay at home if not seriously ill?
- If not transported, first responder notification?
- Can pt drive self?
- Level of PPE
  - Ebola vs H1N1
  - Opportunity to trial isopod when not mission critical

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EMS Notification & Consideration

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- @ Approx. 2000 received a call at home from Dr. Cooper advising of patient in our jurisdiction.
- Dr. Cooper had been in contact with mutual aid agency that had appropriate equipment for transporting the patient
- It was very apparent that all involved wanted this event to be treated in strict confidence so as not to elicit any media or public attention

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EMS Notification & Consideration

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- After consult with our operations chief we proposed having patient drive self and we follow. That initially gained traction but then was shot down.
- My philosophy during the entire event was to use the "lowest common denominator" as my goal.
- I called the dispatch supervisor on the land line to advise them of the situation. His response to me was "oh, you mean that disease out of China?"
- Our plan with dispatch was to handle everything over the phone and mobile data computers. No radio traffic.

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EMS Notification & Consideration

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- We all met up at the station with the crew that would do the transport
- I called the public health representative and requested a unified command be established.
  - Their biggest concern was keeping this quiet and so no unified command was established
  - This was frustrating to me because we needed coordination between pre-hospital, public health, and the hospital

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EMS Notification & Consideration

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- There was a lot of push/pull on what PPE was necessary.
  - The lowest common denominator philosophy paid dividends here.
  - It made us ask critical questions and continually drove us to the most basic answer
  - It kept us from getting too complicated and in the end it paid off
- Another thing that benefited us was time
  - The hospital needed time to set up (+/- 2 hours)
  - This gave us time to get everything set up as well

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EMS Notification & Consideration

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- The station with the gear was the Haz Mat station
  - This was a benefit because the staff are familiar with varying levels of PPE
  - The crew is comfortable with their PPE and what is needed for the situation
  - The crew is familiar with decon procedures
- The question I had was what about decon at the hospital?
  - No one had thought of that yet (did we need a Haz Mat team?)
  - Dr. Cooper asked the right questions and got the answers we needed

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Pre-flight checklist

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- Equipment and PPE prepared
- Conference call with Health Officer
  - Discuss PPE
  - Contact phone #'s incl. Pt.
- Conference call with receiving hospital
  - Planned entrance and route to iso room
  - Confirm location of patient exchange
    - Outside/in iso room/in isopod
  - Confirm route has unobstructed gurney access

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Transport

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- Contact pt, alert wheels rolling
- Contact pt, scene arrival
- Contact pt to come outside and stay by door, do not approach responders
- Pt. into Isopod
- Scene departure
- Hospital arrival
- Transport to room
- Transfer of care

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Post Transport

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- Decon
- Hotwash

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System Debrief

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- Inform local EMS community of North American Pt. one
- Disseminate CDC/Public Health PPE guidelines
- Planning with Call/Dispatch Center for surveillance screening
- Planning for FirstWatch Trigger

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Questions Moving Forward

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- EMS standards of care for confirmed cases or cases under investigation
  - Transport only, focus on PPE, no assessments beyond opening airway/applying oxygen (when needed)?
- Call center confidential marking of locations with confirmed/under investigation cases for EMS notification
- Call Center screening
  - False positive and negative tracking

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911 ECC

Emergency Communications Center

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- Jan-21:
  - Internal review of capabilities
  - Assessment of known details
  - Consultation with IAED CBRN group
  - Establish internal coordination team
  - Consultation with Medical Director
  - Commenced EIDS at 1700

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911 ECC

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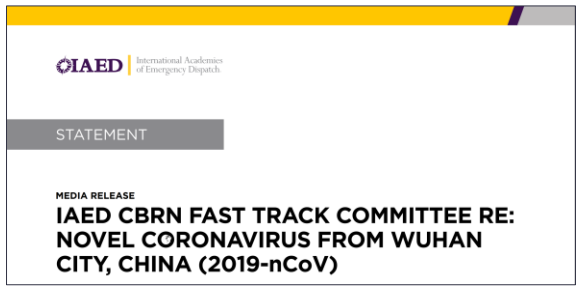
- Determinants Screened;
  - Difficult Breathing
  - Sick Person (where patient is reporting any flu-like symptoms (cough, diarrhea, fatique, general sickness)
- Other Determinants Considered but not included:
  - Chest Pain
  - Head Ache


IAED International Academies of Emergency Dispatch

STATEMENT

MEDIA RELEASE

IAED CBRN FAST TRACK COMMITTEE RE: NOVEL CORONAVIRUS FROM WUHAN CITY, CHINA (2019-nCoV)

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911 ECC

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1. Does the patient have a fever, cough or difficulty breathing?
2. Has the patient traveled to ~~Wuhan City~~ [1]China in last 14 days?
3. Has the patient had close contact with someone who is under investigation by health officials (Dr) or has confirmed case of coronavirus?

- Yes response to 1 & 2 or 1 & 3 considered HIT for elevated risk patient
- 1: On 1/30 we changed to any china travel.

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911 ECC

- Elevated Risk patients are confirmed via radio with responders by stating, “Use appropriate PPE”

- Created FirstWatch Trigger for:
  - Automated alerting of hit (elevated risk pt)
  - QA to validate appropriate use in ECC

  One hit out of 100+ EIDS appropriate. False hit from intoxicated caller.

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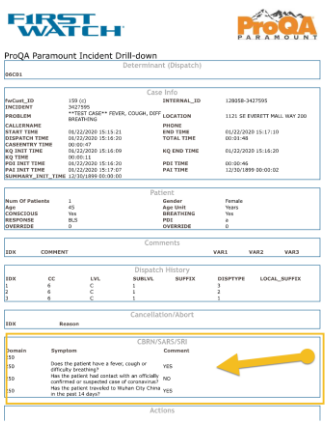
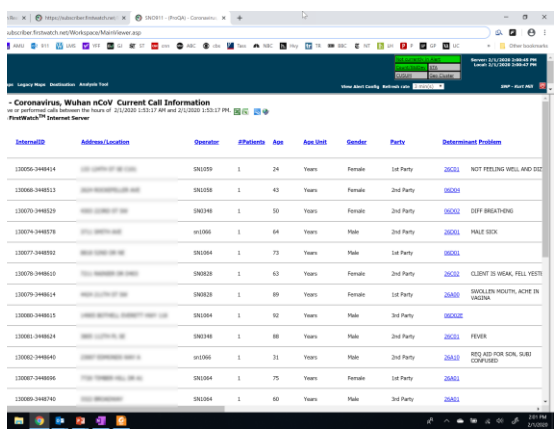
FirstWatch Trigger/QA





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Other Notable Points

- 1/24: All Fire/EMS/PH/MPD/DEM/ECC Debrief
- 1/24: Activation of Joint Information System (JIS)
- 1/27 Debrief for all county law enforcement
- 1/27-1/30: Hospital strike (unrelated to 2019-nCoV)
- 1/30 Washington State Dept. of Health directed all 911 ECCs statewide to initiate EIDS

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Things That Went Well

- Prior connections and collaboration with Public Health made it easy for them to reach out after hours
- Same is true for EMS Medical Director and the county's 23 Fire based and 2 private Ambulance EMS partners and 911 Call Center
- Open lines of communication
- The ability to share opinions and ask questions
- Mutual respect

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FirstWatch SitRep:

Todd Stout

- Overview / big picture
- Best practices
- Other information to share
- Q&A
- www.firstwatch.net/hi

tstout@firstwatch.net

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Q&A

Next Call?

We're taking a virtual role call today for those on the WebEx.
Please use the "Chat" window on the right to enter your:
Name, **Agency Name**, and **# of people** joining from your location.
Please send chat messages to "All Panelists"

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Thank You

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Kyle Sereda – ksereda@moosejawems.ca
Todd Stout – tstout@firstwatch.net

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