Paramedic Chiefs of Canada
Chefs Paramédics du Canada

COVID-19 "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
COVID-19 "Coronavirus"
International Teleconference

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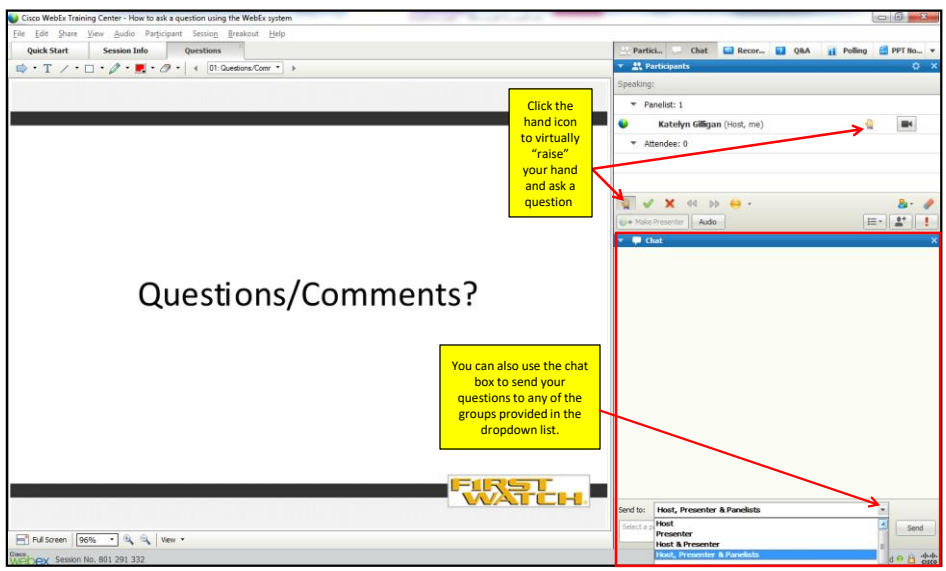

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Facilitators:

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
- COVID-19 Situation Update
- IAED's Emerging Infectious Disease Surveillance Tool – Coronavirus
- EMS Scenarios – **Personal Protective Equipment & Approach**
- Cross-Canada Quick Check-in
- Q&A (as time allows)

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Purpose:

- Update on COVID-19 situation
- Listen to guest speakers on select issues
- Receive FirstWatch SitRep on COVID-19 surveillance activity
- Share solutions regarding specific challenges posed by COVID-19

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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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Coronavirus Situation Update

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Silvia Verdugo, MD, MPH
Medical Advisor
FirstWatch
sverdugo@firstwatch.net

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Coronavirus Update

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February 11
WHO: COVID – 19

CO: Coronavirus
VI: Virus
D: Disease

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Coronavirus Update

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International Committee on Taxonomy of Viruses (ICTV)

- Global authority on the designation and naming of viruses

(SARS-CoV-2) - Severe Acute Respiratory Syndrome Coronavirus 2

Severe acute respiratory syndrome-related coronavirus:
The species and its viruses – a statement of the
Coronavirus Study Group

Alexander E. Gorbalenya[1,2], Susan C. Baker[3], Ralph S. Baric[4], Raoul J. de Groot[5], Christian Drosten[6], Anastasia A. Gulyaeva[1], Bart L. Haagmans[7], Chris Lauber[1], Andrey M Leontovich[2], Benjamin W. Neuman[8], Dmitry Penzar[2], Stanley Perlman[9], Leo L.M. Poon[10], Dmitry Samborskiy[2], Igor A. Sidorov, Isabel Sola[11], John Ziebuhr[12]

https://www.biorxiv.org/content/10.1101/2020.02.07.937862v1.full.pdf

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Coronavirus Update

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WHO – Press briefing by Dr. Tedros:

6 am Geneva time on 02/11/20:

1) Mainland China:

- 44, 708 – Confirmed Cases in China
- 1,017 – Deaths attributed to Coronavirus in China
- Majority of cases & deaths are from Wuhan

2) Outside China:

- 3,093 – Confirmed Cases around 24 Countries
- 1 – Death attributed to Coronavirus

https://www.pscp.tv/w/1ZkKzLweLlZJv

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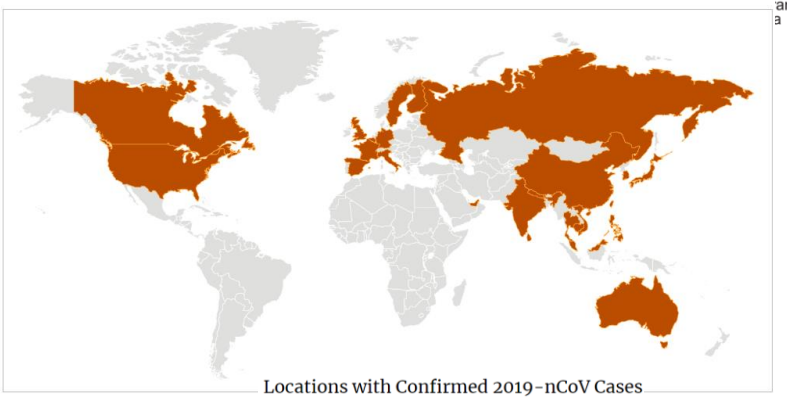
Global Map

As of 11:00 a.m. ET February 12, 2020



Locations with Confirmed 2019-nCoV Cases

China	Malaysia
Hong Kong	Nepal
Macau	Philippines
Taiwan	Russia
Australia	Sri Lanka
Belgium	Singapore
Cambodia	Spain
Canada	Sweden
Finland	Thailand
France	The Republic of Korea
Germany	United Arab Emirates
India	United Kingdom
Italy	United States
Japan	Vietnam

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Coronavirus Update

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WHO – Press briefing by Dr. Tedros:

- Activated a United Nations-UN Crisis Management team, managed by WHO in coordination with UN.
- Vaccine could be ready in 18 months.
- Focus of treatment, prevention or active cases, while looking into the future (vaccines).
- Strengthen lab capacities.
- WHO called for 675 million USD, "what the world needs to support preparedness and response operations".

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Guest Speaker:

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International Academies of Emergency Dispatch- IAED

Greg Scott

CBRN Committee Chairperson
Operations Research Analyst
International Academies of Emergency Dispatch (IAED)
greg.scott@emergencydispatch.org

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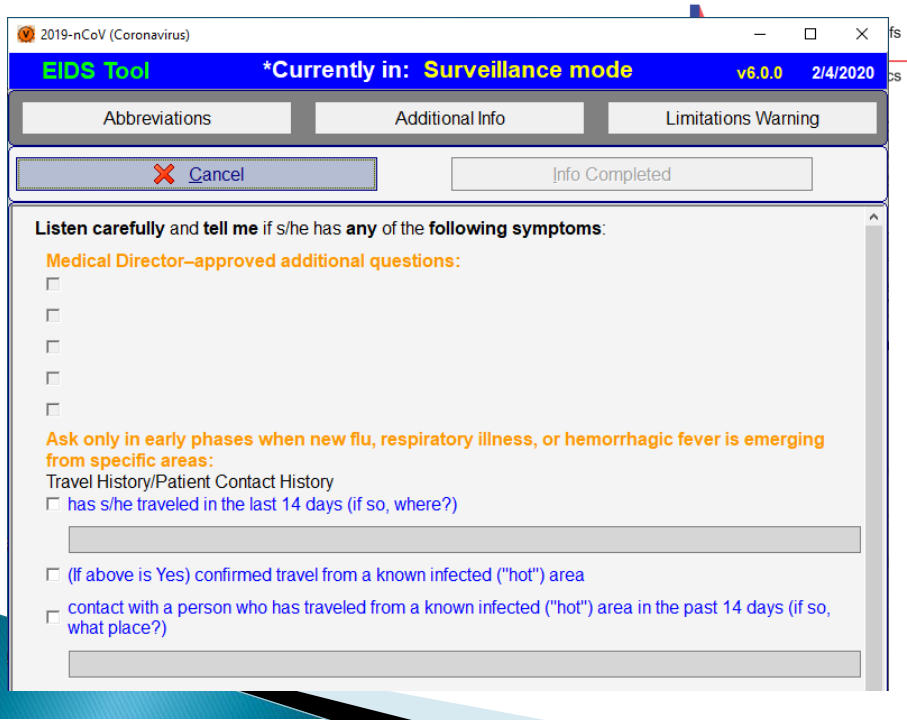

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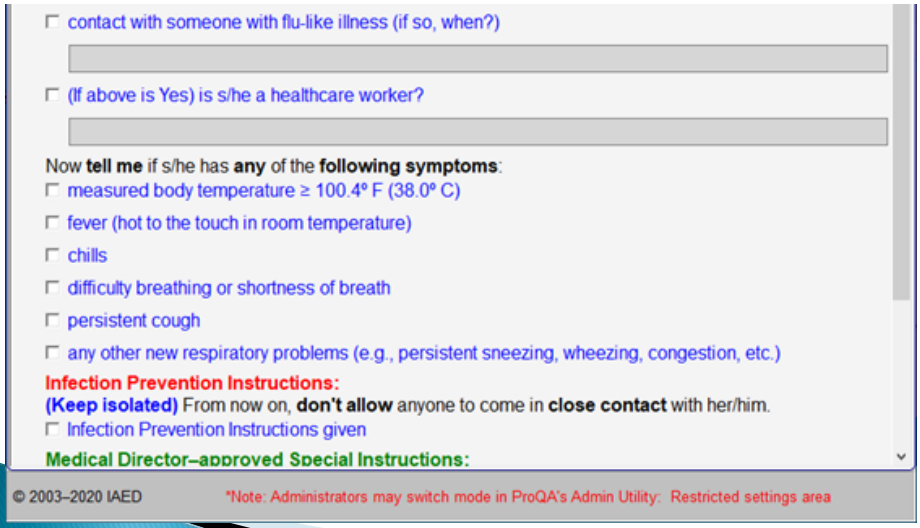

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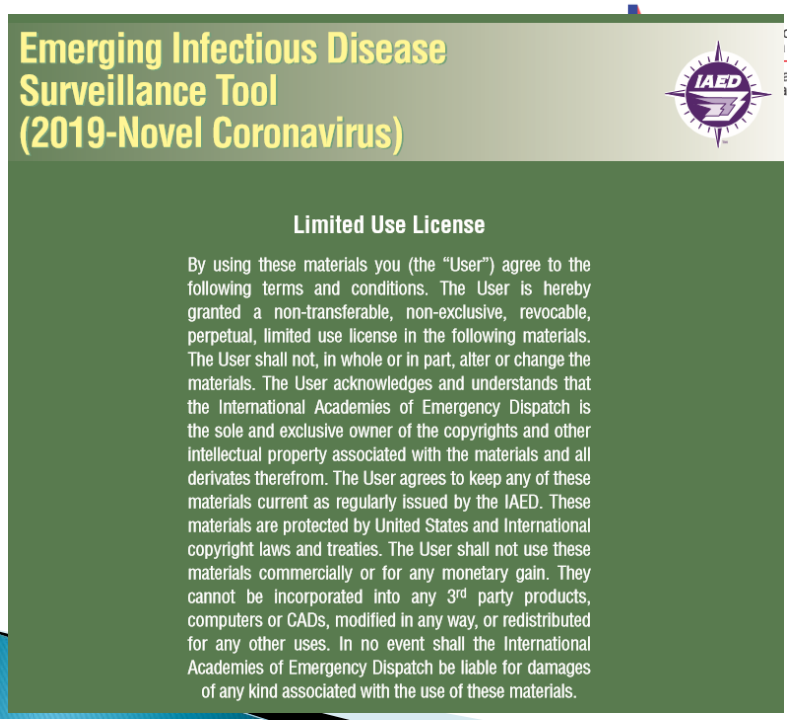

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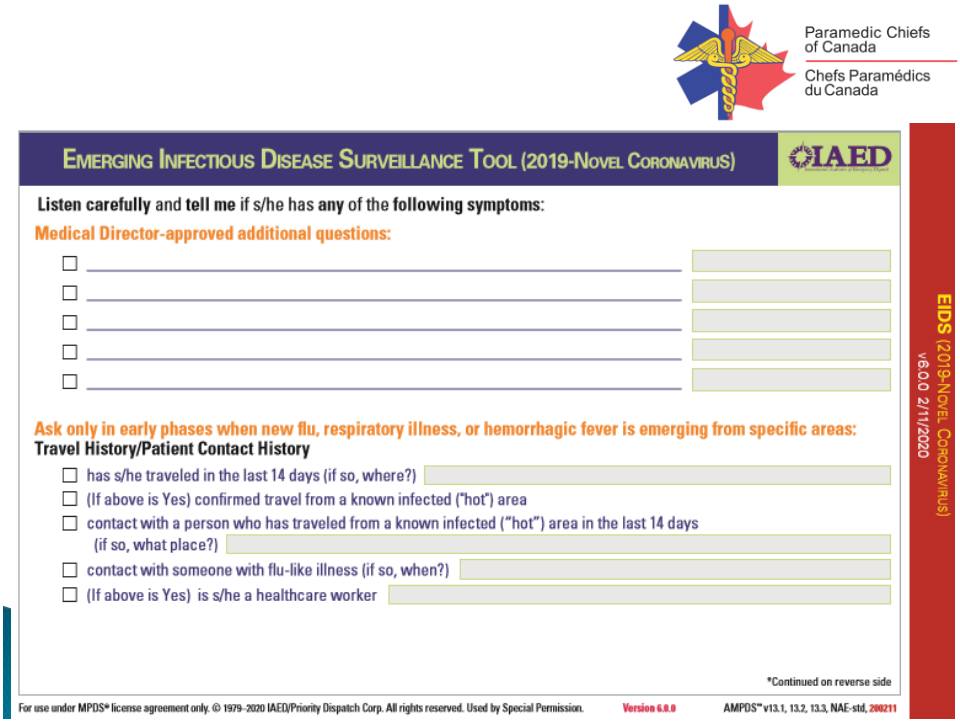

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EMERGING INFECTIOUS DISEASE SURVEILLANCE TOOL (2019-NOVEL CORONAVIRUS)

IAED

Listen carefully and **tell me** if s/he has **any** of the **following symptoms:**

Medical Director-approved additional questions:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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

Travel History/Patient Contact History

- ☐ has s/he traveled in the last 14 days (if so, where?)
- ☐ (If above is Yes) confirmed travel from a known infected ("hot") area
- ☐ contact with a person who has traveled from a known infected ("hot") area in the last 14 days (if so, what place?)
- ☐ contact with someone with flu-like illness (if so, when?)
- ☐ (If above is Yes) is s/he a healthcare worker

*Continued on reverse side

EIDS (2019-NOVEL CORONAVIRUS) v6.0.0 2/11/2020

 Version 6.0.0 AMPDS™ v13.1, 13.2, 13.3, NAE-std, 200211

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EMERGING INFECTIOUS DISEASE SURVEILLANCE TOOL (2019-NOVEL CORONAVIRUS)

IAED

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
- ☐ difficulty breathing or shortness of breath
- ☐ persistent cough
- ☐ any other new respiratory problems (e.g., persistent sneezing, wheezing, congestion, etc.)

Infection Prevention Instructions:

- ☐ **(Keep isolated)** From now on, **don't allow** anyone to come in **close contact** with her/him.

Medical Director-approved Special Instructions:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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 Version 6.0.0 AMPDS™ v13.1, 13.2, 13.3, NAE-std, 200211

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EIDS (2019-Novel Coronavirus) v6.0.0 2/11/2020

Emerging Infectious Disease Surveillance Tool (2019-Novel Coronavirus)

IAED

Abbreviations

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

EIDS Tool Statement

The International Academies of Emergency Dispatch's CBRN Fast Track Committee first began issuing updates on the dispatch aspects of 2019-nCoV and the Surveillance Tool in early January 2020 and published their 2019-nCoV-specific Emerging Infectious Disease (EIDS) Tool for anyone in the world to use.

Academy Advice on Tool Use

With the spread of 2019-nCoV outside of China 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 **five 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 2019-nCoV 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 2 other "surrogate" temperature questions: **fever (hot to the touch in room temperature)** and **chills**. 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 **using the EIDS Tool for the following Chief Complaints: 6 and 26**. Also, the EIDS Tool **should be used** for other Chief Complaints **when the caller offers information** that would lead the EMD to **suspect a respiratory-type illness**. However, these designations **could change** at any time.

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EIDS (2019-Novel Coronavirus) v6.0.0 2/11/2020

Limitations Warnings

The content, format, and/or intended use of the EIDS Tool can change at any time. It is important that you and your agency stay informed of any updates by visiting the IAED website at least once daily. **Neither the IAED nor PDC has any obligation, beyond its website postings, to individually inform licensed users, or other agencies using this Tool,** of any updates or changes, due to the rapidly evolving aspects of such diseases, outbreaks, epidemics, or a pandemic.

As North American English (NAE) is the "mother" language of the IAED, the Academy and its CBRN Fast Track Committee must make quick and difficult decisions on the release order and timeliness of translations into other languages and dialects and their ultimate availability, based on rapidly changing conditions regarding current areas of outbreak and government recommendations. This will likely affect the order and priority of such postings.

2019-Novel Coronavirus (2019-nCoV)

Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more **severe diseases such as Middle East Respiratory Syndrome** (MERS) and **Severe Acute Respiratory Syndrome** (SARS).

A novel coronavirus (CoV) is a **new strain** of coronavirus that has not been previously identified in humans. The 2019 Novel Coronavirus, or **2019-nCoV**, is a new respiratory virus first identified in Wuhan, Hubei Province, China.

Some coronaviruses can be transmitted from **person to person**, usually after **close contact** with an **infected patient** (e.g., in a household, workplace, or healthcare center).

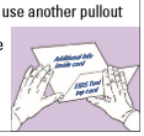
Common signs include **respiratory symptoms, fever, cough, shortness of breath,** and **breathing difficulties**. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure, and even death.

The CDC and WHO believes at this time that **symptoms** of 2019-nCoV may appear in as few as **2 days** or as long as **14 days after exposure**. This is based on what has been seen previously as the incubation period of MERS viruses.

Printing Instructions

To print the EIDS Tool for manual cardset use, please select pages 2 and 3 in your printer options and also select duplex or two-sided. Once printed, fold the page in half with initial Tool questions on the outside of card.

To trim the pullout tab, use another pullout card as a guide to cut the curved edges of the tab. Reinforce the tab using clear packaging tape and trim again.



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Version 6.0.0 AMPDS™ v13.1, 13.2, 13.3, NAE-std, 200211

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Coronavirus EMS Scenarios

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Public Health Advisor
FirstWatch
pfarber@firstwatch.net

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Consider This Presentation A Template

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The following information & scenarios, as well as the supporting materials, were created to act as a starting point for developing your own policies & procedures for managing COVID-19.

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Case Definitions & EMS Guidance

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- We are using the COVID-19 Case Definitions from the PHAC & CDC with emphasis on the simplest & widest approach. This includes the CDC Flowchart to Identify & Assess 2019 Novel Coronavirus.
- Since we weren't able to locate specific COVID-19 national guidance from the PHAC or IPAC, the CDC Interim Guidance for EMS Systems & 911 PSAPS, will be the template, while incorporating PHAC/IPAC and other guidance.

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ADDITIONAL LOCALIZED GUIDANCE

- There are also numerous guidelines that may be applicable from more localized agencies for your Province, State, County, District or Municipality.
- If they have not come to you in a direct way, they can be "Googled" with the search 'EMS recommendations for Coronavirus 2019'. Add in your Province, State or an even more local choice to limit the results.
- Since many of these documents will not have the newer name for the novel virus, it is important to do a less specific search.

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Be Prepared for the First Call

It's **essential** to have the discussion with Medical Direction, Operations & local health authorities about **YOUR** agency's decision on how to best apply your governmental public health agencies' recommendations, **BEFORE** you have the first call:

- 911 Call Taking & Dispatch
- Application of case definition(s)
- Appropriate PPE
- Call management & Treatment
- Transport Decisions
- Wrap Up: Clean Up & Notifications

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EXPECT CHANGE !!

It May -

- Occur often
- Affect case definitions, qualifiers, recommendations, etc.

Stay Current -

Consider assigning one person to check for updates daily and/or sign up for automatic notifications/alerts.

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PHAC PUI Case Definition

A person:

- with **fever** (over 38°C/100.4°F) **and/or** new onset of **cough** or worsening of chronic cough

AND

- meets exposure criteria:
  - Travel to an affected area [FN] in the 14 days [FN] before onset of illness

  OR
  - Close contact [FN] with a confirmed or probable case of COVID-19 within 14 days before their illness onset

  OR
  - Close contact [FN] with a person with acute respiratory illness who has been to an affected area [FN] within 14 days prior to their illness onset

  OR
  - Lab exposure to biological material known to contain COVID-19 material

Factors that raise suspicion [FN] should also be considered

[FN] **designates additional qualifying or clarifying info**

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CDC PUI Case Definition (2/12/20)

Clinical Features	&	Epidemiologic Risk
Fever[1] **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[2] with a laboratory-confirmed[3,4] 2019-nCoV patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	**AND**	A history of travel from **Hubei Province**, China[5] within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization[4]	**AND**	A history of travel from mainland **China**[5] within 14 days of symptom onset

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis. For severely ill individuals, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified.

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CDC Flowchart to ID & Assess COVID-19 (excerpts)

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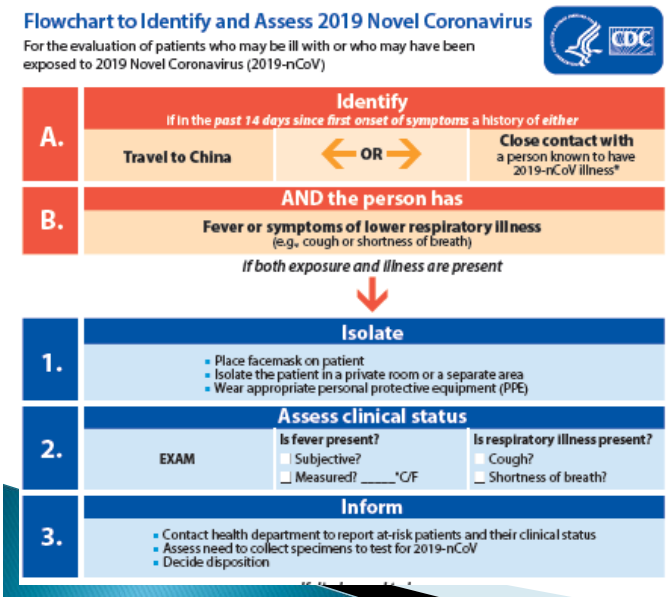

* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact, see CDC's *Interim Guidance for Healthcare Professionals*: www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

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Differences in the True Case Definitions

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Criteria/Footnote	Canada	USA
Fever	38° C or higher – no mention of subjective findings of fever	Fever can be subjective or measured*
Fever and/or Symptoms Fever and Symptoms	Uses "and/or" symptoms for all exposure criteria	Uses "and/or" only for exposure to lab-confirmed case; "and"; for travel hx
Travel History	Uses "affected area"; does not limit to China	Limits covered travel to Hubei Province or Mainland China, depending on hospitalization status
Close Contact	No set distance parameter or mention of PPE	Unless wearing appropriate PPE: within 6 ft for prolonged period or sharing the space; prolonged contact not needed with direct contact of respiratory secretions (i.e. being coughed on or any aerosol-producing procedure)

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Differences in the Type of Precautions

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Type of Precaution	Canada	USA
Routine/Standard	Assessment to determine Precautions/PPE need based on likely risk or exposure and/or patient presentation	SAME
Contact	Gloves Long-sleeved Gown	Gloves, longer cuff preferred Disposable Isolation Gown
Droplet	Surgical or Procedural Mask Eye Protection, or Face Shield, or Mask with Visor Attachment	XXXXXXXXXXXXXXXXXXXX
Airborne	XXXXXXXXXXXXXXXXXX	Fit-tested N95 Respirator or better
Plus	**With aerosol-generating medical procedures (AGMPs):** N95 Respirator	Goggles or Disposable Face Shield that covers the front & sides of face. Prescription eyewear is not adequate; If pull down mask on Face Shield, this does not take the place of the respirator but can be pulled down to prevent droplet splash.

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Dispatched to a Suspected Case

Chief Complaint: Difficulty breathing, not alert
EMD: 06D01 Breathing Problems, Not Alert
Dispatch Code: Lights & Sirens **Priority:** Emergency
22 year old male lying on the bed, unresponsive, his breathing is shallow labored and rapid. He is using his accessory muscles when he breathes, he is cyanotic and sweaty.

The following recommendations for management should only be used if compliant with local protocol or otherwise approved by Medical Direction.

- **Minimize personnel to just what is needed**.
- **Assure that Appropriate PPE is on Correctly**; Gown, Gloves, Eye/Face Protection, N95 (US), Surgical/Procedural Mask *
- **Minimize the Equipment to what is necessary**
- **Confirm COVID-19 PUI info** with caller
- **Go to patient & assess condition**, minimize contact with surfaces, bedclothes, & body secretions
- **All personnel, don N95 if only wearing regular face mask.** Use **BVM with exhalation port positioned from you**, confirm adequate chest rise, adequate pulse & assess skin color. BVM tolerated, color improves; radial pulse is 104, strong & regular. Start an IV, if protocol requires. Suction & intubation are not needed at this time
- **Prepare the truck** & if present, close the barrier between the Cab and Patient Compartment, utilizing the best ventilation system for the patient compartment; leave the doors open until ready to depart.
- **Patient transported to the truck & put in after the truck is ready**. Minimize contact with other equipment.
- If driver was inside the home during BVM/had patient contact, before climbing in the cab, **PPE should be removed in correct order & hand hygiene completed**. If **no barrier between the cab & patient compartment**, N95 must be worn.
- **Call an alert for Probable COVID-19 patient** to the hospital per local policy for this situation.
- **Transfer patient** at door to ED or in patient room. **Give oral report**.
- **Remove PPE in correct order** & discard in biohazard container. Wear mask until out of pt. room. Wash with soap & water.

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Dispatched to a Suspected Case

Chief Complaint: Difficulty breathing, not alert
EMD: 06D01 Breathing Problems, Not Alert
Dispatch Code: Lights & Sirens **Priority:** Emergency
22 year old male lying on the bed, unresponsive, his breathing is shallow labored and rapid. He is using his accessory muscles when he breathes, he is cyanotic and sweaty.

Continued…….

- **Complete documentation** (none should be done to this point) but should match your oral report.
- **Redon full PPE**. **Clean & disinfect the truck** with appropriate process & approved disinfectant.
- **Return to Quarters & complete your personal hygiene**. Consider shower & change of clothes, if possible
- **Record the contact for all potentially exposed personnel** with Probable COVID-19 patient, per Policy. Include specifics such as to contact duration times, PPE worn, breaches in PPE, & that an aerosol-generating procedure was done.

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On scene Determination of a Suspected Case

Chief Complaint: Difficulty breathing, not alert
EMD: 06D01 Breathing Problems, Not Alert
Dispatch Code: Lights & Sirens **Priority:** Emergency
22 year old male lying on the bed, unresponsive, his breathing is shallow labored and rapid. He is using his accessory muscles when he breathes, he is cyanotic and sweaty.

- Arrive at patient home, enter & ask about event history, per normal policy. A travel history should be sought if there are lower respiratory symptoms, as in this case. Sweating may also be a sign of fever.
- Due to patient status, at least part of the crew has approached the patient & started ABCs & other assessment.
- Just as the medic begins to place the BVM on the patient, a family member tells the crew that the patient just got back from Wuhan, China.

Depending on Medical Direction for this type of case (probably COVID-2019 you may:

A) At this point, leaving the airway in the open position to ease the effort of breathing, the crew quickly steps outside & a crew member who was not providing direct patient care quickly dons all PPE including long sleeve gown, gloves, face shield & N95 Respirator and returns to BVM the patient. The rest of the crew, use hand sanitizer, don all the same equipment and return to inside.

OR ……..

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On scene Determination of a Suspected Case

Chief Complaint: Difficulty breathing, not alert
EMD: 06D01 Breathing Problems, Not Alert
Dispatch Code: Lights & Sirens **Priority:** Emergency
22 year old male lying on the bed, unresponsive, his breathing is shallow labored and rapid. He is using his accessory muscles when he breathes, he is cyanotic and sweaty.

Continued…….

OR

B) The person who is closest to the head/face of the patient, will start BVM, positioning the exhalation port away from the crew person's face, while the others go & use hand sanitizer, and quickly don appropriate PPE as previously described. Another alternative, if there is more than 2 crew members on scene, that one of the exiting crew quickly dons an N95 and eye protection, and runs an N95 and eye protection to the person doing BVM until that person can be relieved. The crew person that is completely outfitted in PPE takes over the BVM, while the one that brought the mask in has come out, used hand sanitizer, and donned the rest of the PPE. When the original person doing BVM comes out, they should use hand sanitizer on their hands and arms, don the rest of the PPE, and resume care.

- Care continues as in the previous case when the status was known from dispatch.
- However, this needs to be reported as an exposure for at least the initial BVM performer, the one who returned with partial equipment, and potentially the rest of the crew if they were within 2 meters (6') of the patient at any time without their gear. In the report on the crew exposures, even if some of the crew were in the house but not within 2 meters of the patient, the details should still be recorded so there is full disclosure and someone can consult with others and decide what to do going forward.

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FirstWatch SitRep:

Cell: 858-395-1728
tstout@firstwatch.net

Todd Stout

- Surveillance in place
  - 32 triggers for symptoms and travel
  - 2 geofence triggers for evacuation locations
  - Compliance Triggers
- "Affected Areas"
- Other information to share
- Sign up for alerts at www.firstwatch.net/hi

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Cross-Canada *Quick* Check-in

- Name
- Organization
- Province
- Challenges, Lessons Learned, Best Practices that are new or different from that already shared?

- (If you have more information than can be quickly shared within our remaining time, please consider emailing it to eid@paramedicchiefs.ca for sharing.)

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Q&A and Thank You

eid@ParamedicChiefs.ca

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

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