PURPOSE
For Non-Emergency Medical Dispatch centers to implement enhanced screening of 9-1-1 callers who are suspected of Emerging Infectious Disease (EID) and to provide responding personnel with early notification of symptomatic patients so that proper personal protective equipment (PPE) can be utilized while providing care to patients.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]

Non-EMD REMSA EIDS Tool Utilization
1. When this policy is activated by the Riverside County Emergency Medical Services Agency (REMSA) Medical Director, all PSAP call centers, IFT call centers, or EMS System Provider call centers should utilize the REMSA Emerging Infectious Disease Surveillance (REMSA EIDS) Tool to collect information from callers arranging for patient transfer or patients experiencing flu like symptoms and to provide confidential notification to responding crew of PPE utilization.
2. For Emergency Medical Service (EMS) dispatch centers and Public Safety Answering Point (PSAP) that are not authorized EMD centers, REMSA policy 3307 Emerging Viruses, and associated annexes can be referenced for procedures regarding highly pathogenic emerging viruses that are suspected during emergency call taking and response.
3. REMDSA EIDS Tool should be used for other Chief Complaints when the caller offers information that would lead the dispatcher to suspect a respiratory-type illness.

Call center actions for Positive REMSA EIDS Tool Findings
1. Non-EMD centers, IFT call centers or EMS System Provider call centers will confidentially notify the responding unit(s) of the “PPE Alert” and must receive confirmation that they received the message.
2. Data from these call types will be submitted to public health partners or REMSA
During routine call questioning, if the patient's complaint is categorized as a **breathing problem** or **sick person**, follow the flow chart below.

Is the patient complaining of fever OR cough OR shortness of breath?

- **Yes**
  - Ask the patient if, in the last 14 days, they have come in contact with a person known to be infected with COVID-19 or who is currently undergoing testing for COVID-19.
  - **Yes**
    - Notify responding personnel of the need to don the appropriate level of contact PPE.
  - **No**

- **No**

Ask the patient if, in the last 14 days, they have come in contact with a person known to be infected with COVID-19 or who is currently undergoing testing for COVID-19.

- **Yes**
  - No further action is required. Standard PPE is acceptable and treatment/transport to the closest, most appropriate receiving center is acceptable.
  - **No**

INTERIM 2019 NOVEL CORONAVIRUS (2019-nCoV) PATIENT UNDER INVESTIGATION (PUI) FORM

Form completed by: ____________________________  Today’s date: ____________________________  Time of call: ____________________________

Crew identifier: ____________________________  Unit identifier: ____________________________  Incident number: ____________________________

Patient age: ____________________________  Gender □ M □ F □ Other ____________________________

PUI Criteria

Approximate date of symptom onset ____________________________

*Does the patient have any of the following signs and symptoms (check all that apply)?

□ Fever  □ Cough  □ Sore throat  □ Shortness of breath
□ Chills  □ Headache  □ Muscle aches  □ Vomiting  □ Abdominal pain  □ Diarrhea
□ Other, specify ____________________________

In the 14 days before symptom onset, did the patient:

*Have close contact with, or provide care for, a 2019-nCov PUI? □ Yes □ No □ Unknown

*Have close contact with a laboratory-confirmed 2019-nCov case? □ Yes □ No □ Unknown

   □ Was the case ill at the time of contact?
   □ Yes □ No □ Unknown

   □ Did the case originate in the United States?
   □ Yes □ No □ Unknown

   □ Did the case originate OUTSIDE of the United States?
   □ Yes □ No □ Unknown

If yes to the question above: in which country was the case diagnosed?
□ China  □ Iran  □ Italy  □ Japan  □ South Korea  □ Other ____________________________

Additional patient information

*Is the patient a healthcare worker, or in a congregate living situation with, someone who has been in a healthcare facility (as a patient, worker or visitor) in any of the international areas with sustained (ongoing) transmission?

   If yes to the question above, in which country did this occur?
□ China  □ Iran  □ Italy  □ Japan  □ South Korea ____________________________

*Is the patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which 2019-nCov is being evaluated?

If the patient complains of any of the symptoms identified at the beginning of this form, or if any of the questions with * next to them were answered affirmatively, be sure to advise all responding personnel to don the appropriate level of PPE prior to making patient contact.