PURPOSE
To specify the procedures to be followed when contacting a suspected person under investigation for 2019-novel Coronavirus (COVID-19). This policy is applied secondarily to REMSA 3307 Emerging Virus and has adjacent dependency on REMSA 2102 Emerging Infectious Disease Screening that applies to Emergency Medical Dispatch Providers.

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

2019 novel Coronavirus (COVID-19), suspected person under investigation (PUI)
Patients in the United States who meet the following criteria should be evaluated as a PUI for 2019-nCoV/COVID-19. These criteria are a guideline only and clinical judgement must be utilized. The CDC clinical criteria for a 2019-nCoV/COVID-19 suspected person under investigation (PUI) have been developed based on what is known about COVID-19 and are subject to change as additional information becomes available.

<table>
<thead>
<tr>
<th>Clinical Features</th>
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<th>Epidemiologic Risk</th>
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<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) or new onset fatigue, muscle aches, sore throat, loss of sense of smell or taste</td>
<td>AND</td>
<td>Any person, including health care workers, who has had close contact with a laboratory-confirmed 2019-nCoV patient within fourteen (14) days of symptom onset</td>
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<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>A history of travel from an affected country within fourteen (14) days of symptom onset</td>
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<tr>
<td>Patients with severe respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization, with unknown etiology</td>
<td>AND</td>
<td>No known alternate etiology or diagnosis identified.</td>
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Fever – can be subjective or confirmed
Close contact is defined as—
a) being within approximately six (6) feet of a 2019-nCoV/COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case – or –
b) having direct contact with infectious secretions of a 2019-nCoV/COVID-19 case (e.g., being coughed on).
c) If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Procedures for First Response and Transport Personnel
1. Due to the degree of community spread of COVID-19, source control of patients is necessary to limit contact during the patient encounter. Source control can be achieved by having the patient don a facial covering (i.e. cloth face mask, neck gaiter, surgical mask). Healthcare providers must also use the appropriate medical grade face mask when interacting with patients (ranging from surgical mask to the appropriate respirator based on patient presentation and procedures needed for patient treatment).
2. Wear eye protection during activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable. Also, during care activities where splashes and sprays are anticipated, which includes aerosol
generating procedures. Eye protection should not have gaps between the glasses and the face which do not fully protect the eyes.

3. If the patient’s travel / social history is consistent with suspected PUI criteria or patient has a known COVID-19 diagnosis:
   a. Initiate standard contact and airborne precautions by donning a single pair of gloves, isolation gown, N95 respirator, and eye protection.
   b. Keep the patient separated from other persons as much as possible and ensure all clinical care providers have donned the appropriate PPE.
   c. Implement appropriate treatment protocols.
      1. If aerosolized medical procedures (BVM use, CPR, suctioning, nebulizer use, or advanced airway placement) are clinically indicated then an N95 or equivalent or higher-level respirator should be utilized.
   d. Contact the closest most appropriate receiving center utilizing the REMSA Universal Patient reporting format, including details about suspected PUI status or known COVID-19 diagnosis.
   e. During transport of the patient, if the transport vehicle does not have an isolated driver’s compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.
      1. Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
      2. Utilize the exhaust fan functionality during the transport and allow to run while offloading the patient.
      3. During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.

4. Following conclusion of patient care, transfer of patient care:
   a. As needed, contact your agency supervisor to report possible exposure to suspected COVID-19.
   b. Agency supervisor should contact the REMSA EMS Duty Officer (951) 830-8041 (24/7/365 coverage) for reporting of a suspected PUI as soon as possible.
   c. REMSA Duty Officer will initiate contact with RUHS Public Health - Disease Control Branch for appropriate follow-up.

5. PPE Removal and Disposal recommendations:
   a. PPE should be appropriately doffed following manufacturer recommendations and REMSA policy #3307 (Emerging Viruses) procedures.
   b. Reusable PPE (i.e. turnouts, etc.) should be cleaned utilizing manufacturer recommendations.
   c. For PPE disposal at healthcare destination: utilize appropriate waste containers, doff PPE appropriately per policy and perform hand hygiene.
   d. For PPE disposal at non-healthcare locations: make efforts to place appropriately doffed PPE in external trash can. Perform hand hygiene after PPE disposal. Standard biohazard waste processes apply for COVID-19.