2019 NOVEL CORONAVIRUS (nCoV) SCREENING AND RESPONSE

FOR ALL PATIENTS, DON STANDARD BODY SUBSTANCE ISOLATION PRECAUTIONS AND ENTER THE SCENE
MAINTAIN AT LEAST A SIX (6) FOOT DISTANCE AND DETERMINE THE FOLLOWING:

NOTE: IF DISPATCH ADVISES OF POSSIBLE nCoV PATIENT PRIOR TO UNITS ARRIVING ON SCENE, PERSONNEL
WILL DON APPROPRIATE PPE (LISTED IN RESPONDER GUIDANCE BELOW) PRIOR TO MAKING ENTRY INTO
SCENE.

PT. HAS A FEVER
- AND -
PT. PRESENTS WITH SIGNS/ SYMPTOMS OF LOWER RESPIRATORY ILLNESS SUCH AS COUGH OR SHORTNESS OF BREATH

- AND -

TRAVEL TO MAINLAND CHINA WITHIN 14 DAYS OF SYMPTOM ONSET
OR
CLOSE CONTACT WITH PATIENT UNDER INVESTIGATION FOR nCoV
OR
CLOSECONTACT WITH CONFIRMED nCoV PATIENT

CONTINUE WITH ROUTINE ASSESSMENT, CARE AND TRANSPORT

YES

RESPONDER GUIDANCE

- Limit number of personnel that come in contact with patient, based on severity of condition
  and level of care needed.
- Prehospital Care team will don appropriate PPE:
  - NIOSH-certified disposable N95 respirator
  - Eye protection (goggles or face shield)
  - Non-sterile, fluid-resistant gown
  - Exam gloves
- Place patient in a surgical mask if it does not interfere with treatment (i.e. oxygen, CPAP, BVM, etc). Note: some patients may not be able to tolerate mask due to respiratory symptoms.
- Treat patient per VCEMS policy and procedures
  - Consider limiting the performance of invasive airway procedures
- Establish base hospital contact and advise of “Possible Novel Coronavirus Patient”
- Notify agency supervision of suspect Novel Coronavirus patient and request notification of EMS Agency Duty Officer through FCC
- Once call is complete, clean all equipment with medical disinfectant wipes, such as sodium hypochlorite prior to returning to service