



<h1>NYC REMAC</h1>			
Advisory No.	2020-01		
Title:	2019 Novel Coronavirus (2019-nCoV), Wuhan, China		
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This advisory was created to share information received from the Centers for Disease Control (CDC), US Department of Homeland Security (DHS), NYS DOH BEMSATS and NYC Department of Health & Mental Hygiene regarding the emergence of **2019 Novel Coronavirus (2019-nCoV)**. This communicable respiratory illness originated in Wuhan, China, and has traveled to other countries, including the United States.

For confirmed 2019-nCoV infections, reported illnesses have ranged from people being mildly sick to people being severely ill and dying. Symptoms can include fever, cough, and shortness of breath. *CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure. EMS providers should institute Standard/Contact/Airborne Precautions – double gloves, eye protection (goggles or face shield) and N95 respirator. Patients with suspected 2019-nCoV should be masked (surgical mask) and the receiving facility notified prior to arrival so that appropriate infection prevention and control precautions can be implemented.*

Informational Resources:

- Office of Medical Affairs Directive 2020-03: Chinese Coronavirus Outbreak (Update) (attached)
- NYS DOH BEMSATS Policy No. 20 – 02, January, 2020, Re: 2019-nCoV “Wuhan Coronavirus” (v2.0) (attached)
- <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
- <https://emergency.cdc.gov/han/han00426.asp>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- <https://www1.nyc.gov/site/doh/health/health-topics/coronavirus.page>

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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CHINESE CORONAVIRUS OUTBREAK (UPDATE)

1. GENERAL INFORMATION

- 1.1 The World Health Organization (WHO) alerted healthcare providers that there is a coronavirus outbreak in China which began the end of December, 2019. The incubation period is suspected to be anywhere from two to 14 days.
- 1.2 To date, thousands of cases have been identified with over 100 deaths reported, with predictions that there will be far more cases. All patients presented with fever or respiratory symptoms and ultimately were diagnosed with pneumonia. All initial cases were deemed to have contact with a seafood market in Wuhan China which also traded other livestock. Since then, WHO has reported that person-to-person transmission, although low, has been confirmed.
- 1.3 Several confirmed cases have been reported outside of China, including in the United States.
- 1.4 Based upon these cases of migration of the virus outside of Chinese borders, CDC has been screening passengers traveling into the United States through multiple airports.
- 1.5 Coronaviruses are a large family of viruses usually found in animals but can cause human illness ranging from a strain that causes the common cold to the more serious strain currently identified (2019-nCoV).

2. SCOPE

- 2.1 This directive applies to all FDNY EMS providers (CFRs, EMTs, paramedics, and Officers), and Voluntary Hospital ambulance personnel who provide prehospital emergency medical treatment in the New York City 911 System.

3. PROCEDURE

3.1 AIRPORT

- 3.1.1 CDC is screening passengers who arrive at JFK airport from China. Those without symptoms are provided an information card to contact **CDC/NYC DOH** if they develop fever or respiratory symptoms at a later time.
- 3.1.2 For those passengers identified with fever and symptoms at the time of screening, an EMS response for transport will be requested.
- 3.1.3 Members responding to such incidents shall follow all respiratory protection precautions including donning a gown, eye protection, gloves, and an N95 mask.

- 3.1.4 A surgical mask may be placed on the patient to minimize spread of infection while constantly monitoring the patient's airway and breathing.
- 3.1.5 Most patients will be transported to the closest appropriate 911-receiving emergency department with isolation capability.
- 3.1.6 For any patient suspected of having the coronavirus as identified by the CDC, OLMC **MUST** be contacted for guidance of the most appropriate 911-receiving emergency department with isolation and laboratory testing capabilities.
- 3.1.7 If multiple patients are identified, all MCI policy and procedures will be implemented.
- 3.1.8 If a patient refuses to be transported, then CDC will issue a Federal Order mandating transport.

3.2 COMMUNITY

- 3.2.1 With concerns that the 2019-nCoV strain may be identified in the community, FDNY will implement the Fever Cough (FC) call type. If EMD identifies a patient calling 911 as a potential 2019-nCoV patient complaining of Fever **OR** cough **AND** travel to China in the past 14 days or contact with an ill person who has traveled from China in the last 14 days, then FC will be added to the call type to advise responding personnel to don respiratory protection precautions as specified above.

Note: *PAPR Level HazTac PPE is **NOT** required.*

Note: *In all suspected cases of 2019-nCoV, OLMC must be contacted for guidance of the most appropriate 911 receiving emergency department with isolation and laboratory testing capabilities.*

- 3.3 All routine decontamination procedures shall be followed. Frequent hand washing is also recommended. Providers should avoid touching eyes, nose, and mouth with unwashed hands.

**BY ORDER OF THE FIRE COMMISSIONER, CHIEF OF EMS
AND THE OFFICE OF MEDICAL AFFAIRS**



Department
of Health

Bureau of Emergency Medical Services
And Trauma Systems

POLICY STATEMENT

No. 20 - 02

Date: January, 2020

Re: 2019-nCoV
"Wuhan Coronavirus" (v2.0)

Page 1 of 3

**NOTICE: THIS IS A RAPIDLY EVOLVING SITUATION.
PLEASE CHECK BACK DAILY FOR ANY UPDATES TO THIS POLICY.
VERSION 2.0 UPDATED 01.30.2020**

Purpose:

This document is designed to provide Emergency Medical Services (EMS) practitioners, agencies and systems with interim guidance regarding the outbreak of 2019 Novel Coronavirus (2019-nCoV) that began in Wuhan City, Hubei Province, China on December 2019.

This guidance should be considered for the development of response plans and is not intended to supersede any infectious disease response plan that has been developed and approved by local, State or Federal authorities legally charged to do so. This guidance does not constitute a response protocol but serves as a reference for general considerations and the protection of responders.

EMS agencies are encouraged to adopt policies and procedures regarding response and treatment of all patients with communicable diseases. EMS agencies should assure that all personnel are provided with information regarding the outbreak of 2019-nCoV and any necessary personal protective equipment (PPE), such as N95 respirators, including guidelines for the use of such PPE.

For updates and additional information regarding this 2019-nCoV outbreak, please visit the following web pages:

- Centers for Disease Control and Prevention (CDC), 2019 Novel Coronavirus, Wuhan, China at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

For questions regarding information in this advisory or information you've received about this outbreak from other sources, please contact the Bureau of Emergency Medical Services and Trauma Systems.

Epidemiology:

This is a rapidly evolving situation. EMS practitioners, agencies and systems should visit the CDC website for the most up to date information at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

Assessment & Screening:

The CDC clinical criteria for a 2019-nCoV Patient Under Investigation (PUI) have been developed based on what is known about the MERS-CoV and the SARS-CoV and are subject to change as additional information becomes available. EMS practitioners, agencies and systems should visit the

Policy 20-02 2019-nCoV "Wuhan Coronavirus" (v2.0)

CDC website for the most up to date screening guidance at <https://www.cdc.gov/coronavirus/novel-coronavirus-2019/clinical-criteria.html>.

Infection Control:

To expedite public health containment strategies, EMS providers should implement appropriate infection control measures, including airborne precautions when 2019-nCoV is suspected.

- EMS providers should institute Standard, Contact, Airborne Precautions, and eye protection including the use of an N95 respirator and goggles or face shield.
- 2019-nCoV PUIs should don a surgical mask and, when transporting a patient through the hospital or other common areas, the patient should remain masked. Transport through the hospital should be minimized.
- The receiving facility must be notified prior to arrival so that appropriate infection prevention and control precautions can be implemented, as the preferred placement for patients being evaluated for 2019-nCoV is in an airborne infection isolation room (AIIR).

Personal Protective Equipment (PPE):

PPE carried by EMS agencies shall be utilized to provide protection from a patient suspected to have 2019-nCoV. EMS practitioners should use PPE appropriately, and for all interactions involving contact with the patient or the patient's environment. EMS practitioners should don PPE prior to patient contact and properly discard PPE immediately after patient contact to contain pathogens.

In addition to these considerations, EMS providers are required to follow their local infectious disease emergency response plan. The following PPE is recommended for use by EMS when treating a patient with suspected 2019-nCoV infection:

- Standard Precautions;
- Contact Precautions, including gown and gloves;
- Eye protection (goggles or face shield);
- Disposable NIOSH-approved, fit-tested N95 respirator;
 - EMS agencies may use PAPRs with full hood and high efficiency particulate air (HEPA) filter for Airborne Precautions for employees that cannot safely fit test on N95 respirators due to facial hair, facial structure, etc.
- Provide a surgical mask (N95 is not recommended) for all suspected 2019-nCoV patients;
 - Patients who are intubated should be ventilated with a bag-valve device or ventilator equipped with a HEPA filter on exhalation port
- Provide tissues to patients for secretion control and encourage patient hand hygiene and cough etiquette practices.

Additional guidance: CDC [Guidance for NYS EMS providers regarding 2019-nCoV “Wuhan Coronavirus”](https://www.cdc.gov/coronavirus/2019-ncov/index.html) (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)

Transport Considerations:

- Standard transportation to appropriate hospital receiving facility.
- It is recommended to have the patient compartment exhaust vent on high and to isolate the driver compartment from the patient compartment. It is also recommended to have the driver compartment ventilation fan set to high without recirculation.
- If driver/pilot compartment is not isolated from the patient compartment, the vehicle operator should don a NIOSH-approved, fit-tested N95 respirator or a PAPR.
- The receiving facility must be notified prior to arrival so that appropriate infection prevention and control precautions can be implemented.

Policy 20-02 2019-nCoV “Wuhan Coronavirus” (v2.0)

- When providing hospital notification, please indicate if any family or support persons are accompanying the patient, as they too may need to be isolated. EMS agencies should have a plan for family members wishing to accompany the patient that prevents crew exposures.

EMS personnel must notify the receiving hospital before arrival if they are transporting a patient with suspected 2019-nCoV, to their facility.

Agency officers should speak with hospital personnel in advance to discuss what procedures are in place for accepting such patients. Hospitals may request EMS personnel deliver such patient(s) through a separate secure entrance.

A hospital may not refuse patients with suspected coronavirus infection unless a municipal response plan designed to do so has been activated.

Decontamination Considerations:

At this time, routine disinfection procedures for rooms, equipment and ambulances are recommended. Any waste generated is not considered Category A waste. Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient according to the equipment and disinfectant manufacturers' instructions for use.

- Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients. Don clean PPE to handle the patient at the transport location.
- Any visibly soiled surface must first be decontaminated using an Environmental Protection Agency (EPA)-registered hospital disinfectant according to directions on the label.
- Disinfect all potentially contaminated/high touch surfaces including the stretcher with an EPA-registered hospital disinfectant according to directions on the label. More information about disinfectants can be found on CDC's infection control web page: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.
- Medical equipment (stethoscope, blood pressure (BP) cuff, etc.) making patient contact should be disposable or cleaned and disinfected before use on another patient according to the equipment and disinfectant manufacturers' instructions for use.
- It is not known how long 2019-nCoV remains infectious in the air. Therefore, the current recommendation is to use a time period consistent with airborne pathogens such as measles or tuberculosis. This means that the ambulance used to transport a patient with suspected 2019-nCoV infection should not be used for a period of two (2) hours after the patient exits the vehicle. Additional factors may be considered in the development of decontamination policies and procedures to reduce vehicle downtime. EMS agencies are encouraged to consult with the ambulance manufacturer to determine the vehicle's passenger compartment air changes per hour (ACH) for 99.9% removal of airborne contaminants to establish a safe time period for reintroduction of the vehicle less than the 2-hour recommendation.¹

If an EMS agency is using less than 2-hour recommendation after speaking with the ambulance manufacturer, documentation from the ambulance manufacturer and the agency policy and procedure should be maintained on file.

¹ Table B1 "Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency" from the 2003 Guidelines for Environmental Infection Control in Health-Care Facilities (<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>)