



Recommendations for 911 PSAPs when preparing for callers concerning COVID19

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When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs)— commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. Each PSAP and EMS system should seek the involvement of a medical director to provide appropriate medical oversight.

Updated and expanded information about COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Recommendations for 911 PSAPs

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about COVID-19, outlined below.

Modified Caller Queries

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated.

Expanded Infectious Disease Questions include the following:

- Have you/patient had any of the following: FEVER, COUGH, and SHORTNESS OF BREATH OR DIFFICULTY BREATHING?

Individual specific questions include:

- Measured body temperature
- Fever (hot to touch)
- Chills
- Difficulty breathing or shortness of breath
- Persistent cough
- Any other new respiratory problems (sneezing, coughing, wheezing, etc.)

Information on an individual with suspected infectious illness should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize medical dispatch procedures that are coordinated with their medical director and with the local or state public health department.

All responding EMS/FIRE/LAW ENFORCEMENT personnel shall be notified on the initial dispatch, via radio traffic, of all **PERSON ILL** calls **with flu-like symptoms**, the nature of the problem, the location and advised of a negative or positive screen.

Initial dispatch example: *“PERSON ILL, flu-like symptoms, Address, Negative Screen/Positive Screen”*

The following guidance is intended to be used by PSAP call centers or 911 dispatchers in the event that wide-spread community transmission of COVID19 has occurred and EMS System assets are operating beyond their full capacity. ADULT PATIENT

If at any time the person performing call triage feels there is a life-threatening emergency dispatch EMS and stop further questioning regarding expanded infectious disease.

Some examples of this type of emergency may be (but not limited to):

- Severe difficulty breathing (struggling for breath, unable to speak or cry, severe retractions wheezing, gasping)
 - Caller states patient is blue, not responding or in distress, bluish lips or tongue
 - Person performing triage feels life threatening emergency is unfolding for any reason
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Otherwise, call received by call center or 911 dispatch: “What is your emergency?”

*If caller answers chest pain, abdominal pain or any complaints other than fever, cough, respiratory or infectious disease symptoms continue as per normal protocol.

If the caller answers that they think they have influenza, COVID19, or other respiratory infection, continue with protocol below. Common respiratory symptoms include fever, cough, headache and muscle aches. Chest pain is *not* a common symptom.

If the patient with infectious respiratory symptoms has any of the following symptoms dispatch ambulance:

- Shortness of breath/difficulty breathing
- Recurrent vomiting/unable to keep fluids down
- Chest pain
- Unable to ambulate/profound weakness

If the patient with infectious respiratory symptoms has any of the following medical conditions dispatch ambulance:

- Asthma, COPD, Emphysema, CHF
- Immunosuppression (HIV, current chemotherapy, other known immunosuppression drugs)

If the patient with infectious respiratory symptoms has any of the following situations dispatch ambulance:

- Age over 65
- Lives alone, no family available for help or ride

If the patient has no high-risk features (as in the above) and there is no other reason to send an ambulance per other normal protocols (e.g. patient has chest pain) then:

- Offer to connect them to the ISDH call center for further help and information
- Offer the option of recalling 911 dispatch or call center if the condition worsens or changes

The following guidance is intended to be used by PSAP call centers or 911 dispatchers in the event that wide-spread community transmission of COVID19 has occurred and EMS System assets are operating beyond their full capacity. PEDIATRIC PATIENT

If at any time the person performing triage feels there is a life-threatening emergency dispatch ambulance and stop further questioning regarding expanded infectious disease.

Some examples of this type of emergency may be (but not limited to):

- Severe difficulty breathing (struggling for breath, unable to speak or cry, severe retractions wheezing, gasping)
 - Caller states patient is blue, not responding or in distress, bluish lips or tongue
 - Person performing triage feels life threatening emergency is unfolding for any reason
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Otherwise, call received by call center or 911 dispatch: “What is your emergency?”

*If caller answers chest pain, abdominal pain or any complaints other than fever, cough, respiratory or infectious disease symptoms continue as per normal protocol.

If the caller answers that they think they have influenza, COVID19, or other respiratory infection, continue with protocol below. Common respiratory symptoms include fever, cough, headache and muscle aches. Chest pain is *not* a common symptom.

Recommend that they go to ED if:

- Difficulty breathing AND not relieved by cleaning out nose
- Fever AND *greater than* 105F rectal or oral temperature (Exception: Age *greater than* 1 year, fever down AND child comfortable. If it recurs, see now.
- Age *less than* 12 weeks AND fever (*greater than* 100.4F or 38.0C rectally)
- Child sounds very sick or weak to the person performing triage

Recommend they are seen today by a physician’s office if:

- Fever AND present longer than 3 days
- Caller requests antiviral medicine for influenza
- Fever returns after going away for a 24 hour period.

Recommend they are seen within three days in office if:

- Nasal discharge and present for longer than 10 days
- Cough present longer than 3 weeks
- Yellow scabs around the nasal opening

Recommend home care if:

- They have probable influenza and no complications
- They were calling with questions about the influenza vaccine