



**EMS ALERT**  
**January 31, 2020**  
**Guidance on Outbreak of 2019 Novel Coronavirus (“2019-nCoV”)**

**Background:** An outbreak of febrile respiratory illnesses, including pneumonia, due to a novel coronavirus was detected in Wuhan City, China during December 2019. The clinical severity of the novel virus is still being evaluated but expected to range widely from mild to severe. While the vast majority of new confirmed cases are being reported in China, confirmed cases have now been identified in travelers to at least 5 other Asian countries, Europe, and the [United States](#). [CDC](#) currently recommends a cautious approach to patients under investigation (PUI) for 2019-nCoV until transmission dynamics are clearer.

Patients meeting the following criteria should be evaluated as possibly infected with the outbreak of 2019-nCoV:

Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> <b>and</b> symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. – <i>or</i> – In the last 14 days before symptom onset, close contact <sup>2</sup> with a person who is under investigation for 2019-nCoV while that person was ill.
Fever <sup>1</sup> <b>or</b> symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact <sup>2</sup> with an ill laboratory-confirmed 2019-nCoV patient.

**Personal Protection:** The US Centers for Disease Control and Prevention (CDC) has provided [guidance for infection control](#) considered highly effective in preventing transmission from patients to Emergency Management Services (EMS) and hospital personnel:

- Place a surgical mask on the patient as soon as they are identified as at risk for the 2019-nCoV.
- Firefighters, paramedics, and EMTs should wear gloves, fluid resistant gown, N-95 respirator, and eye protection.
- Notify the receiving emergency department prior to arrival so that they can prepare an isolation room to be ready when the patient arrives.
- Perform hand hygiene including alcohol-based hand gel immediately after removing personal protective equipment.

**Emergency Dispatch:** As this is a rapidly evolving topic with ongoing updates by the CDC, local EMS agencies may wish to proactively discuss the implementation of medical dispatch enhanced screening procedures with their local EMS Medical Direction in coordination with the epidemiological staff at their local county health department for the following Chief Complaints:

Sick Person

Breathing Problems

Any other Chief Complaint where the caller offers information that would lead the Emergency Medical Dispatcher (EMD) to suspect a respiratory-type illness (fever, cough, shortness of breath).

**Data Collection:** If dispatch reports a possible case of 2019-nCoV, Emergency Medical Services Tracking and Reporting System (EMSTARS) agencies should document eDispatch.01 as Pandemic /Epidemic /Outbreak (2301055). In addition, using “Suspected nCoV” in the patient narrative will aid in syndromic surveillance.

**Additional Information:** <https://www.cdc.gov/coronavirus/2019-ncov>

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<sup>1</sup>Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications.

<sup>2</sup>Close contact is defined as—

- a. being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case. – *or* –
- b. having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.