



State of Maryland

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To: All EMS Clinicians

From: Timothy Chizmar, MD, FACEP  
State EMS Medical Director

Date: January 22, 2020

RE: Novel Coronavirus (2019-nCoV) Pneumonia – Wuhan City, China

An outbreak of pneumonia associated with a novel coronavirus in Wuhan City, China was reported to the World Health Organization on December 31, 2019. The situation is dynamic, but since then, there have been several hundred confirmed infections in China, with scattered cases in other Asian countries, as well as one confirmed case in the State of Washington.

Currently, there is limited information available to describe the degree to which the virus can be transmitted from person-to-person or the severity of the illness. Most patients with this illness have been reported to have fever, cough, and difficulty breathing. Care is supportive. There is no vaccine or specific treatment for this infection.

Based on recommendations from the CDC and Maryland Department of Health, we recommend the following:

1. Ask all patients about **recent travel**, particularly those with fever and respiratory illness
2. Identify patients under investigation (PUIs) using the following criteria:
  - a. Fever and symptoms of lower respiratory illness (cough, shortness of breath) and one of the following:
    - i. History of travel to Wuhan City, China within 14 days of symptom onset, or
    - ii. Close contact with a person who is being evaluated for 2019-nCoV while that person was ill
  - b. Fever or symptoms of lower respiratory illness (cough, shortness of breath) and close contact with an ill laboratory-confirmed 2019-nCoV patient within the last 14 days

If you identify a PUI, please take the following steps:

1. EMS clinicians should use gown, gloves, eye protection, and airborne respiratory protection (fit-tested N-95 level or higher respirator)
2. Place a surgical (simple) mask on the patient
3. Contact the receiving hospital via EMRC prior to initiating transport, utilizing the term "PUI" during the consultation
  - a. Transport directly to a Special Pathogen Assessment Hospital unless transport time is 45 minutes or more than transport time to a Frontline Hospital ED (closest hospital-based ED)
  - b. **Special Pathogen Assessment Hospitals:** Anne Arundel Medical Center, Frederick Health Hospital, Holy Cross Hospital, Medstar Southern Maryland Hospital Center, Peninsula Regional Medical Center, The Johns Hopkins Hospital
  - c. **Special Pathogen Treatment Hospital:** The Johns Hopkins Hospital
4. Decontaminate ambulance according to attached recommendations

Thank you for your prompt attention to this emerging infectious disease. **Please be aware the screening criteria for this novel coronavirus may change with time.** The MIEMSS Infectious Disease Program will provide updates as additional information becomes available.

# Novel Coronavirus: EMS Update

Mustafa M. Sidik

EMS Infectious Disease Program

Due to the recent outbreak of a novel coronavirus in Wuhan City, China, MIEMSS urges prehospital EMS clinicians to take the following actions:

1. **Ask all patients about recent travel, particularly those with fever and acute respiratory illness**
2. **Don appropriate PPE when patients meet the following Person Under Investigation (PUI) criteria**
3. **If a patient meets PUI criteria, contact the receiving hospital via EMRC before initiating transport, utilizing the term “PUI” when requesting a med channel for consult**

## Patient Under Investigation (PUI) Criteria

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

**PPE Recommendations:** If patient meets PUI criteria, clinicians should don gloves, gowns, eye protection, and N-95 or equivalent respirators. A surgical mask, NOT an N-95, should be placed on the patient.

**Ambulance Decontamination:** Any visibly soiled surface must first be decontaminated using an EPA-registered hospital disinfectant according to directions on the label. Disinfect all potentially contaminated surfaces, including the stretcher, with an EPA-registered hospital disinfectant according to directions on the label. Medical equipment (stethoscope, BP cuff, etc.) making patient contact should be disposable or cleaned and disinfected using appropriate disinfectants before use on another patient.

References and Resources:

<http://miemss.org/home/infectious-diseases>

<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html#risk-assessment>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>



Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, and bats. Rarely, animal coronaviruses can evolve, infect, and spread among people, such as MERS and SARS. Past MERS and SARS outbreaks have been complex, requiring comprehensive public health responses.

Many of the patients in the outbreak in Wuhan, China, have reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, suggesting limited person-to-person spread is occurring.

Although the exact mode of transmission is unclear, the virus could move via **direct contact** with an infected individual or by **droplet and airborne particles** expired when an infected patient breathes, coughs, or sneezes.

Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on characteristics of the virus, including whether and how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications).



**INTERIM GUIDANCE, EPIDEMIOLOGICAL RISK AREA AND OTHER FACTORS SUBJECT TO CHANGE**

Version 1.0



# CONSIDER Novel Coronavirus

INTERIM GUIDANCE, EPIDEMIOLOGICAL RISK AREA AND OTHER FACTORS SUBJECT TO CHANGE

Clinical Features	AND	Epidemiologic Risk
Fever <u>and</u> symptoms of lower respiratory illness (e.g., cough, difficulty breathing)		History of travel from Wuhan City, China, within <u>14 days</u> of symptom onset – or – Close contact with a person who is under investigation for novel coronavirus while that person was ill within <u>14 days</u> of symptom onset.
Fever <u>or</u> symptoms of lower respiratory illness (e.g., cough, difficulty breathing)		In the last <u>14 days</u> , close contact with an ill laboratory-confirmed novel coronavirus patient.

**If the Patient Under Investigation (PUI) criteria above are met:**

**Isolate and place simple (surgical) mask on patient**

**AND**

Don appropriate PPE, including gloves, gown, eye protection, and N-95 mask or equivalent

**AND**

Notify receiving hospital via EMRC before initiating transport, utilizing the term “PUI” when requesting a med channel for consult

**<http://miemss.org/home/infectious-diseases>**