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<b>CLINICAL BULLETIN</b>			
<b>Bulletin #</b>	<b>Title</b>		<b>Date Issued</b>
#2020-01-24-01U7	Novel Coronavirus (COVID-19) Pneumonia Update		June 16, 2020
<b>Superseded</b>	<b>Released By:</b>	<b>Source:</b>	<b>Pages</b>
May 4, 2020 Clinical Bulletin	Maine EMS	Maine CDC, U.S. CDC	3 and Attachments
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*Updates to this Clinical Bulletin are Noted in Italics*

Maine EMS continues to work collaboratively with the Maine Center for Disease Control and Prevention (Maine CDC) to monitor an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in Wuhan City, Hubei Province, China. The WHO has named the disease COVID-19. The situation is still rapidly evolving, but since its first discovery there have been thousands of patients confirmed in China and other parts of the world including all continents aside from Antarctica. COVID-19 has been detected in the United States from travelers returning from affected regions as well as person-to-person spread amongst those who were infected and their close contacts.

All impacted regions have seen person-to-person spread of the virus between people who are in close contact with one another (within approximately six (6) feet) via respiratory droplets produced when an infected person coughs or sneezes. While not thought to be the main way the virus spreads, it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly eyes. People are thought to be the most contagious when they are the most symptomatic or the sickest. Care is supportive. There is no vaccine *currently available to prevent this viral infection.*

Maine EMS, in collaboration with the State EMS Medical Directors, has activated the Emerging Infectious Diseases Surveillance Tool for 911 call centers. Effective immediately, call takers trained in emergency medical dispatch (EMD) will begin screening all medical calls with the tool. In order to effectively convey the information to providers, call centers have been instructed to provide the following information based on the screening outcomes:

- “Negative U21” – this indicates that the individual reports **NOT** having any associated symptoms and they have **NOT** had known contact with a presumed or confirmed positive COVID-19 patient;

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- “Positive U21” – this indicates that the individual may have symptoms consistent with COVID-19 **OR** have had close contact with a presumed or confirmed positive COVID-19 patient; or
- “Inconclusive U21” – this indicates that the call taker was unable to gather accurate and/or sufficient information to make a determination

Based on recommendations from the U.S. CDC and the Maine CDC, we recommend the following:

*EMS clinicians should use universal masking precautions for themselves and all patients that they encounter.*

*For those patients presenting with fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea they should be considered a person under investigation (PUI). Clinicians should also consider whether the patient has been exposed to a laboratory-confirmed COVID-19 patient within the past 14 days.*

If you identify a PUI, are performing an aerosol generating procedure, the patient refuses to wear a surgical mask, or the patient is in cardiac arrest, 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. *Ensure the patient is wearing a surgical (simple) mask if not already, if possible;*
3. If the transport vehicle does **NOT** have an isolated driver’s compartment, the driver should continue to wear respiratory protection throughout the transport;
4. Contact the receiving hospital prior to initiating the transport and utilize the term, “PUI for coronavirus” during the consultation, *if applicable*; and
5. **Decontaminate the ambulance**

If ventilatory equipment, such as BVMs, are required to support the patient’s respiratory system and equipped with HEPA filtration it should be used to filter the patient’s expired air. When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area. During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back of the vehicle. If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.

After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles for at least 30 minutes. To decontaminate the ambulance, any visibly soiled surface must first be cleaned using an EPA-registered hospital disinfectant according to directions on the label. Disinfect all potentially contaminated surfaces (e.g., stretcher, rails, control panels, floors, walls, and work surfaces) 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.

All clinicians should use quality handwashing techniques to help protect themselves and their patients. Maine EMS continues to emphasize the importance of clinicians obtaining influenza (flu) vaccinations. Individuals who are unable to receive a vaccination or refuse for any reason should be using appropriate personal protective equipment, such as using a mask while entering healthcare facilities and/or interacting with patients. *Clinically permitting, all patients should wear a surgical face mask at all times (e.g. transfer to the ambulance, during transport, and entering the healthcare facility).*

Additionally, Maine EMS has added the following questions to MEFIRS for all 911 patient encounters. Please answer all the supplemental COVID-19 questions to the best of your ability.

- Has the patient traveled outside the United States in the past 30 days?
- If yes, please provide the travel begin date, end date, and countries visited (appearing as three separate questions in MEFIRS).
- Does this patient meet the criteria of a person under investigation (PUI) based on the most recent Maine EMS Clinical Bulletin for COVID-19?

Thank you for your prompt attention to this emerging infectious disease. **Please be aware that the screening criteria for this novel coronavirus may change with time.** Maine EMS will provide updates as additional information comes available.

Attachments:

*Novel Coronavirus (COVID-19) Overview for Maine EMS Clinicians (as of June 16, 2020)*  
*Consider Novel Coronavirus EMS Decision Poster*

# Novel Coronavirus (COVID-19) Overview for Maine EMS Clinicians (as of June 16, 2020)

In light of the outbreak of COVID-19, Maine EMS urges all EMS clinicians to take the following actions:

1. *Don a surgical mask for all patients no matter the patient complaint unless the patient meets the person under investigation (PUI) criteria, you anticipate an aerosol generating procedure, the patient refuses or is unable to wear a surgical mask, or in cardiac arrest where all crew members should don aerosol PPE precautions (N95 or equivalent, gloves, gowns, and eye protection); and*
2. *If a patient meets PUI criteria, contact the receiving hospital and utilize the term "PUI for coronavirus" when speaking with the staff.*

## *Person Under Investigation (PUI) Criteria (Updated)*

**Determination of Risk is Subjective based on the EMS Clinician's Impression of the Patient weighing the following clinical features:**

- *Fever or chills*
- *Cough*
- *Shortness of breath or difficulty breathing*
- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *New loss of taste or smell*
- *Sore throat*
- *Congestion or runny nose*
- *Nausea or vomiting*
- *Diarrhea*

**PPE Recommendations:** *All crew members should wear surgical masks for all patients unless the patient meets PUI criteria, receives an aerosol generating procedure, refuses or is unable to wear a surgical mask, or is in cardiac arrest, in which clinicians should don PPE that confers aerosol protection (gloves, gowns, eye protection, and N-95 or equivalent respirators). A surgical mask, NOT an N-95, should be placed on the patient. If the transport vehicle does NOT have an isolated driver's compartment, the driver should continue to wear respiratory protection throughout the transport. If ventilatory equipment, such as BVMs, are equipped with HEPA filtration it should be used to filter the patient's expired air. When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area. During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back of the vehicle. If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.*

**Ambulance Decontamination:** *After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles for at least 30 minutes. 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 (e.g., stretcher, rails, control panels, floors, walls, and work surfaces) 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:

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

<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus.shtml>

**For More Information go to:  
[maine.gov/dhhs/coronavirus](https://www.maine.gov/dhhs/coronavirus)**

**Note: Interim guidance, epidemiological risk area and other factors are subject to change.**





# CONSIDER Novel Coronavirus (COVID-19)



*Person Under Investigation (PUI) Criteria (Updated)*

Determination of Risk is Subjective based on the EMS Clinician's Impression of the Patient weighing the following clinical features:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

*Crews should engage in universal masking and wear surgical masks and place a surgical mask on the patient no matter their complaint*

If the PUI criteria are met, patients undergo an aerosol generating procedure, the patient is non-compliant with the surgical mask, or if the patient is in cardiac arrest:

Don appropriate PPE, including gloves, gown, eye protection, and N-95 mask or equivalent; drivers should also wear respiratory protection during transport

**AND**

Utilize U.S. CDC COVID-19 transport guidelines regarding ambulance compartment ventilation

**AND**

Notify the receiving hospital before initiating transport, utilizing the term "PUI for coronavirus" during the consult, if applicable;

**AND**

Decontaminate your unit based on CDC Decontamination Guidelines for COVID-19.

For More Information:



Note: Interim guidance, epidemiological risk area and other factors are subject to change. Information current as of June 16, 2020

