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### MEMORANDUM

**To:** Maine EMD Center Directors  
**From:** Melissa Adams on behalf of Maine EMS  
**Subject:** Emerging Infectious Disease Surveillance (EIDS) Tool *Update*  
**Date:** April 15, 2021

*Updates to this Memorandum are Noted in Italics*

Maine EMS, in coordination with the Maine CDC and the State of Maine EMS Medical Directors, Matt Sholl, MD, MPH, and Kate Zimmerman, DO, authorized activation and use of the EIDS tool by all Maine EMS licensed Emergency Medical Dispatch (EMD) Centers and EMD Personnel on March 3, 2020.

EMD Centers should be using the latest version of ProQA (currently 5.1.1.39). EMD Centers are encouraged to perform all software updates as soon as possible. For help upgrading please email [software.support@prioritydispatch.net](mailto:software.support@prioritydispatch.net) or call 866.777.3911 Toll free (US and International).

The EIDS tool shall be implemented with respect to all user agreements with Priority Dispatch and in accordance with the IAED published best practice rules and guidance, unless otherwise directed in this document. Note that Rule Three (3) of the EIDS tool advises users to check the IAED website daily for any new updates or dispatch-related advice.

- Rule Five (5): EMD Centers will use the EIDS tool to screen all medical calls, including transfer requests, unless the patient has been evaluated by a nurse or a doctor AND information is offered during call processing that the patient is a positive or presumptive positive COVID-19 patient.

Note: There is an option to launch the EIDS tool from Protocols 6,10,13, and 26, but the EIDS tool must be used with all medical calls. It is recommended that these optional key questions “Enter your level of coronavirus illness concern:” and “Enter EIDS Tool findings:” are not activated in admin settings to avoid confusion.

- EMD Centers shall deactivate the EIDS tool’s scripted Travel History/Patient Contact History questions.
- EMD Centers shall add the following three (3) Medical Director-approved questions:

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- ***Has s/he (the patient) travelled outside the Country in the last 21 days? (If yes) Where?***

*Note: All patients will be screened for travel. Screening is positive if the patient has returned from the West African nations of Guinea or the Democratic Republic of the Congo. If a patient screens positive for travel **AND** screens positive for any symptom listed below, responders shall be asked to “call in for additional information” and be notified that the patient is a potential Ebola patient.*

- ***Is the patient experiencing any COVID-19 symptoms (fever, 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)?***
- ***Has anyone there (including the patient) tested positive or had contact with a positive COVID-19 patient in the last 14 days?***

*Note: Responders shall be notified of any persons on scene who meet these criteria or if the caller offers that the home/facility is experiencing a COVID-19 outbreak.*

- EMD Centers may add a scripted statement to the effect of “NO POSITIVE COVID-19 INDICATORS” in the final space of the Medical Director-approved questions; this statement should then be selected by the EMD at the conclusion of all other EIDS tool screening when no other indicators are selected, causing the statement to push to the sequences in ProQA and to the user’s CAD if that option has been made available.
- EMDs will ask only the three (3) Medical Director approved questions. While it is understood that the other symptom related questions cannot be removed from the tool or from view, they will not be used in the screening.
- When asking the third Medical Director approved question, the terms “in the home” or “in the facility” shall be used in place of “there” when appropriate.
- EMD Centers shall add the following Medical Director-approved Special Instruction:
  - (For all callers) Anyone having contact with the responders should be wearing a mask or face covering, ensuring that it appropriately covers the mouth and nose.
- Medical Direction has also approved adding the post-dispatch instruction (PDI) “Have the patient meet the responders outside when they arrive” to the scripted list of PDIs, individually considered and given as clinically appropriate during routine disconnect. This remains optional for EMD Agencies, the determination for its use should be made in consultation with the EMS Agencies providing response.

The EIDS tool will continue to be used in surveillance mode. Based on the response to the EIDS tool questions, the following information will be given upon initial dispatch to responders (or passed from the EMD center to the local/secondary dispatch center for dissemination with initial dispatch): “Negative U21” (the answer to ALL EIDS tool questions are negative); “Positive U21” (the answer to ANY EIDS Tool question is positive – *including relevant travel*); or “Inconclusive U21” (unable to gather accurate and/or sufficient information). Responders must be familiarized with these terms and instructed to call in to the EMD Center for more information on any “Positive U21” dispatch.

If there are questions about software updates, please contact Priority Dispatch or Cory Golob at the Emergency Services Communication Bureau. Questions or concerns regarding when or how to use the protocol can be directed to the Maine EMS office for clarification or guidance. This document will be updated as needed and will be posted on the Maine EMS website.

Please feel free to reach out to Maine EMS at 207.626.3860 or [maine.ems@maine.gov](mailto:maine.ems@maine.gov) with any additional questions, comments, or concerns.