

COVID-19 Pandemic Vital Point Questions

In addition to All Callers Interrogation for patients experiencing Respiratory Illness, Shortness of Breath, or any other Cold/Flulike Symptoms ASK THE FOLLOWING QUESTIONS:

- 1) Does the patient have a fever?
- 2) Does the patient have a cough, or have trouble breathing?
- 3) Has the patient traveled to an area within the last 2 weeks to an area known to have the Coronavirus (COVID-19)?
- 4) Has the patient be in close contact with a person suspected to have, or diagnosed with the Coronavirus (COVID-19) in the last 2 weeks?

Yes, to any of the previous questions:

- 1) Document and **Notify Responders to Ensure BSI - Respiratory Protection.**
- 2) Turn to any supplemental guide-cards to provide additional appropriate PAI.

Pre-Arrival Instructions (PAI)

PAI For Caller

- Have the patient to remain where they are, in a position of comfort.
- Have the patient stay away from other people, at least 6 feet, if possible.
- Instruct the patient to apply a face mask if one is available and it does not affect their breathing.

PAI For Responders (EMS/LE/Fire)

-Notify Responders to Ensure BSI - Respiratory Protection.

- Advise of any scene safety concerns, erratic behavior, flailing, staggering, etc.
- Make responders aware of Highly Infectious Disease concern (**Ensure BSI - Respiratory Protection**) before arriving on scene so they can don the proper personal protective equipment (PPE) and Body Substance Isolation (BSI).
- Notify Receiving Facility.

-N-95 Respirators should be utilized in addition to protective gowns, gloves, and eye protection.

Always follow Agency SOPs for responder and healthcare facility notification.

- Coronavirus Disease (COVID-19)
- COVID-19 should be considered in anyone with fever and respiratory symptoms that has traveled to an area where COVID-19 is present OR in someone who has had close contact with someone diagnosed with COVID-19.
- Incubation is up to 14 days.

A Policy regarding call processing for COVID-19 suspected incidents. Updated: 3/14/2020

Medical Director: _____

Signature: _____

Agency Director: _____

Signature: _____

Agency: _____