Dispatch questions/History taken By EMS

PART A

Does the patient complain of fever?

PART B (Symptoms)

Dyspnea (shortness of breath)?
Productive Cough?
Dry cough?
Chest pain?
Sore throat?
Hemoptysis (Coughing up blood)?
Rhinorrhea (Runny Nose)?

PART C

Does the patient have contact history with a suspected/confirmed MERS case in the past 14 days?
Does the patient have contact history with "*camels*" in the past 14 days?
Does the patient have a history of hospital admission in the past 14 days?
Is the patient a Heath care worker ?

YES to PART A & any of PART B or C

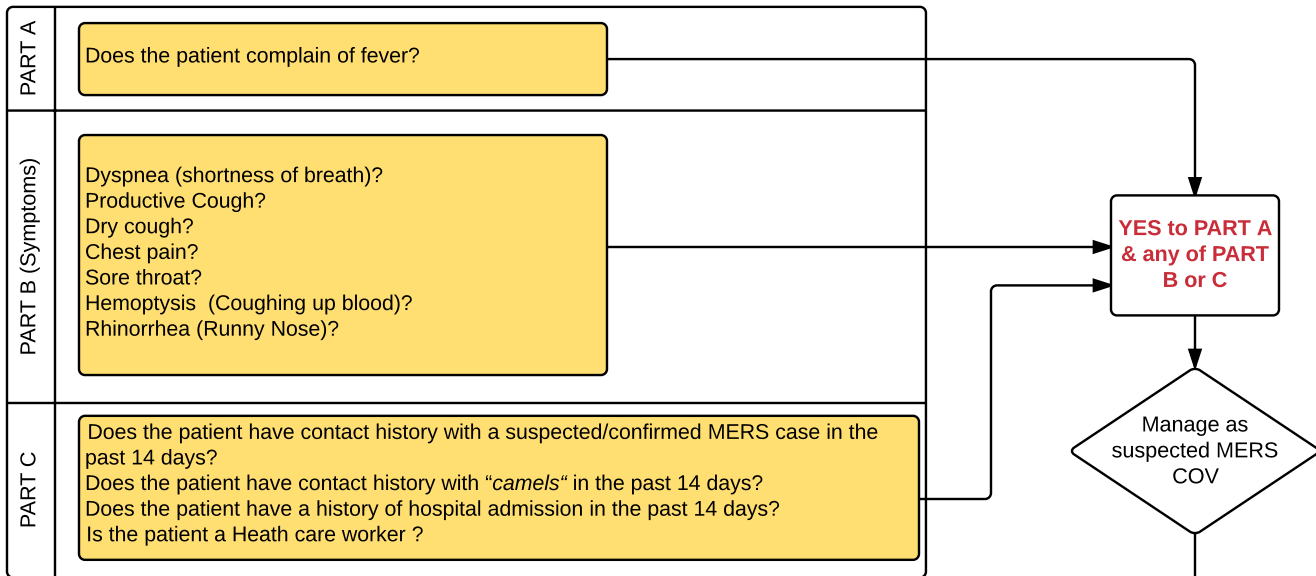Manage as suspected MERS COV

- Apply 6 mil plastic to ambulance interior
- Take full personal protective precautions(N-95 Mask,Goggles,Gown,Gloves,Head cover)
- No nebulization (MDIs to be used if needed)
- No intubation
- No sitter with pt
- Keep A/C off and windows open
- Hand hygiene before and after every pt encounter
- Apply surgical mask to pt if the pt is not on NC,FM or intubated

Call Completed

- All PPE is considered contaminated & must be disposed appropriately after every pt encounter
- Ambulance must be terminally disinfected with an EPA approved hospital disinfectant
- Ambulance windows and doors kept open and aerated for 30 min
- Reusable equipment such as stethoscopes must be disinfected with alcohol-impregnated wipes after every patient