



New York State Department of Health Bureau of Emergency Medical Services

IMPORTANT ADVISORY AND UPDATE

SUBJECT: Severe Acute Respiratory Syndrome (SARS) EMS Update to March 20th SARS Advisory UPDATED - April 18, 2003

This update is provided to you in response to the release of the April 4, 2003 *CDC Interim Guidance: Ground Emergency Medical Transport for Severe Acute Respiratory Syndrome Patients and the April 11, 2003 revision titled Pre-Hospital Emergency Medical Care and Ground Transport of suspected Severe Acute Respiratory Syndrome Patients.*

(<http://www.cdc.gov/ncidod/sars/emtguidance.htm> This guidance was prepared in cooperation with and with contributions from: *National Council of State EMS Training Coordinators (NCSEMSTC) and the Executive Committee of the National Association of State EMS Directors (NASEMSD)*

The Bureau of Emergency Medical Services (BEMS) contacted the CDC to discuss their guidance policy and clarify some of their suggestions. It should be noted that this is the first time CDC has issued such guidance directly for EMS organizations. The BEMS strongly recommends that all EMS services review the guidance document and utilize it, along with other state and county public health recommendations to prepare your EMS agency response to a suspected SARS case. BEMS is sharing this BEMS Advisory and the CDC guidance document with your County EMS Coordinators, Public Health Directors, REMAC, Regional EMS Council and Program Agency and Dispatch Centers.

Purpose of CDC Guidance Document:

The CDC indicated they released this document to EMS in response to the Canadian EMS experience in which some Toronto EMS personnel were exposed to SARS before the infectious nature of the disease was understood. While most SARS patients have not required ambulance transport, some have and this guidance is meant to protect EMS personnel, manage a SARS patient and limit the spread of the disease.

Revised CDC SARS Case Presentation:

A person with onset of illness after February 1, 2003 with:

- (a) high fever (38 degree C or 100.4 degree F); AND
- (b) one or more respiratory sign or symptoms, including cough, shortness of breath, difficulty breathing and hypoxia; AND
- (c) either:

1. recent travel to areas reporting transmission of SARS including Hong Kong, People's Republic of China (mainland China), Singapore, or Hanoi, Vietnam and Toronto, Canada within 10 days of symptom onset.

OR

2. close contact with a person under investigation or suspected of having SARS. Close contact includes having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with suspected SARS.

BEMS Recommendation: All patients presenting with fever and respiratory syndromes should immediately be asked about travel to affected areas or in close contact with individuals who traveled to the affected areas in the 10 days prior to illness.

BEMS Recommendation: Prehospital care providers are urged to practice body substance isolation (BSI) and PPE precautions which include, but may not be limited to, the use of N95 mask, gowns, gloves and eye protection for contact with a suspected SARS patient or their environment.

All EMS personnel are asked to read the entire attached CDC guidance document.

Primary Recommendations:

1. SARS is an infectious disease but you will be protected if you:
 - Take airborne isolation precautions. A fit-tested N-95 respirator or higher is preferred but if unavailable a surgical mask should be worn;
 - Practice Body Substance Isolation (BSI) and PPE precautions (e.g. use of gown, glove and eye protection for contact with the patient or their environment). SARS is believed to be able to survive on environmental surfaces, including clothing for up to three (3) hours. The use of a disposable gown will help to protect your clothing from carrying SARS after the call. The gown should be disposed of after the call as recommended by the CDC;
 - Practice good personal hygiene. Hands must be washed or disinfected with a waterless hand sanitizer immediately after removal of gloves. Do not wait until you return to the ambulance station to practice hand hygiene;
 - Place a surgical mask on the patient if not medically contraindicated; and
 - Follow the CDC guidance on Cleaning and Disinfecting after patient transport.

BEMS Recommendation: Do not transport another patient in an ambulance used to transport a suspected SARS patient until the ambulance has been cleaned/disinfected using standard decontamination protocols, bio-hazard precautions and PPE.

BEMS Recommendation: EMS personnel should respond with as few personnel as necessary for the call to limit possible infection and should wear a disposable gown, gloves and fit tested N95 mask prior to entering the home or call location of a suspected SARS patient.

2. Medical procedures that may re-aerosolize infectious material should only be done if medically necessary. It is recommended that mechanical ventilators, including BVM devices be fitted with a HEPA filter if available to prevent re-aerosolization. EMS services should contact their equipment manufacturer for recommendations on a HEPA filter.

BEMS Recommendation: EMS personnel should apply standard (e.g. hand hygiene), airborne (e.g. respiratory protective devices with a filter efficiency of greater than or equal to 95%, such as an N95 mask) and contact (e.g. gloves, gown, and eyewear) precautions when aerosol-generating procedures are being performed on patients who may have SARS.

BEMS Recommendation: EMS personnel should notify the hospital prior to arrival of the suspected case of SARS and the possible need for an airborne infection isolation room and proper precautions. Do not identify the patient as a suspected SARS patient over the radio. Please utilize either a cellular or landline telephone.

3. All crew members who have transported a suspected SARS patient should be monitored by a designated service member for evidence of fever or respiratory illness for at least 10 days following the call. The EMS medical director should be advised of the call date and personnel on the transport. **See section VII of CDC guidance.**

Summary:

Response to a suspected SARS patient is not necessarily different than response to patients with other infectious diseases,. There have been few identified suspected SARS patients in New York State (currently 15 upstate and 7 in NYC) and most patients self present not involving ambulance transport. Exposure is defined as a health care worker who came into direct or close contact with someone who has SARS while not wearing approved personal protective equipment (N-95 respirator, gown, gloves, eye protection) **BEMS strongly recommends EMS services and personnel review these advisories and follow your local public health and other state guidance documents that may be issued.** Please refer any additional questions not covered in these advisories to your agency or system medical director or local public health officer.

SARS WEB Sites:

1. www.cdc.gov/ncidod/sars/emtguidance.htm
2. www.health.state.ny.us