

Ministry of Health

Novel Coronavirus (2019-nCoV)

Guidance for Paramedic Services

Version 1 – February 5, 2020

This fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

What you need to know

- **Central Ambulance Communications Centres (CACC)/Ambulance Communications Officers (ACO) are conducting active screening for 2019-nCoV and will communicate results with paramedics and receiving facilities.**
- **Paramedics should also screen for 2019-nCoV using the “2019-nCoV Screening Tool” and communicate the results to CACC/ACO and receiving facility.**
- **Specimen collection for 2019-nCoV testing will take place in hospitals or as otherwise arranged by local public health.**
- **Paramedics should follow Routine Practices and Additional Precautions (Contact, Droplet, and Airborne).**
- **Additional information for paramedics can be found in the “Training Bulletin No. 120 – Novel Coronavirus (2019-nCoV)” published by the Emergency Health Regulatory and Accountability Branch.**

Screening and Triage

Paramedic services play an important role in supporting the response to suspected cases of 2019-nCoV. Paramedics are being requested to conduct active screening.

1. ACO/CACC Active Phone Screening

- ACOs in CACCs are conducting a supplemental call taking screening tool (as noted below in the 2019-nCoV Screening Tool) for Febrile Respiratory Enteric Illness (FREI) positive persons or any person who has self-identified that they may have visited or been in contact with people in the suspected areas.

2. 2019-nCoV Screening Tool

Is the patient presenting with:

1. Fever and/or new onset of cough or difficulty breathing,

AND any of the following:

2. Travel to Hubei province (includes Wuhan), China, in the 14 days before the onset of illness

OR

Close contact with a confirmed or probable case of 2019-nCoV (novel coronavirus)

OR

Close contact with a person with acute respiratory illness who has been to Hubei province, China in the 14 days before their symptom onset.

3. What to do if a patient screens positive by phone?

- When a suspect patient is identified by the CACC, the CACC will notify the responding paramedics crew.
- The responding paramedics should be appropriately protected using Routine Practices and Additional Precautions (Droplet, Contact, and Airborne).
- The CACC will determine the destination emergency department based on the acuity of the patient.

4. Active Paramedic Screening on Scene

- Paramedics should also screen all patients using the 2019-nCoV Screening Tool upon arrival at the scene.

5. What to do if a patient screens positive on scene?

- Patients should be instructed to wear a procedure mask (if tolerated).
- Paramedics should notify the ACO and attempt to notify the receiving facility of Person Under Investigation (PUI) so that precautions can be taken for the arrival of the patient.
- When conducting point of care risk assessments, paramedics should consider that transmission of 2019-nCoV can occur through direct or indirect contact, droplet and possibly when performing aerosol-generating procedures.

6. *What to do if a patient has travel history to Hubei province (includes Wuhan), China within the last 14 days but is asymptomatic?*

- Any asymptomatic patient with a relevant travel/exposure should be advised to monitor for symptoms. If patients develop a fever and/or onset of a new cough or have difficulty breathing within 14 days of their travel date, they should call their primary care provider or local public health unit for advice.
- Paramedics should follow Routine Practices.

7. *What precautions should other emergency services follow when responding to medical calls?*

- If transporting or caring for a PUI patient, emergency service providers should use gloves, and fit-tested, seal-checked N95 (or better) particulate respirator masks and eye protection. All responders are advised to follow the General Advice for Paramedic Services (below). Beyond these general recommendations, sectors may have service-specific guidance prescribing prevention and protection measures.

Occupational Health & Safety and Infection Prevention & Control Advice for Paramedic Services Settings

Within paramedic service settings, the ministry recommends the use of Routine Practices and Additional Precautions (Contact, Droplet, and Airborne) at risk of

exposure to a confirmed case, presumptive confirmed case, probable case or PUI and/or the patient's environment. These precautions include:

- hand hygiene
- use of gloves, gowns, fit-tested, seal-checked N95 (or better) particulate respirator masks and eye protection when transporting or caring for the patient
- masking the patient with a surgical mask, if tolerated, when outside of an airborne infection isolation room

If the initial assessment and triage by Emergency Department (ED) staff indicates that 2019-nCoV is suspected, the paramedics should continue airborne precautions until environmental cleaning and decontamination of the ambulance have been completed. These environmental cleaning and decontamination processes will be conducted according to local paramedic service policies.

Paramedic Services can consult [Patient Care and Transportation Standards](#) for additional information on infection prevention and control and occupational health and safety.

For more information on Routine Practices and Additional Precautions, health care workers should refer to (PIDAC's) [PIDAC Routine Practices and Additional Precautions In All Health Care Settings](#) and [Annex B: Prevention of Transmission of Acute Respiratory Infection in all Health Care Settings](#).

Occupational illness

In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour,
- Joint Health and Safety Committee (or health and safety representative), and
- trade union, if any.

Occupationally-acquired infections and illnesses are reportable to the WSIB.

Work restrictions for healthcare workers

If novel coronavirus is suspected (i.e. symptoms AND relevant contact or travel to the impacted area). or diagnosed, the HCW must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed. The acute care facility should consult with the local public health unit to determine when the HCW can return to work. HCWs should also report to their Employee Health/Occupational Health and Safety department prior to return to work.

What is known about the 2019-nCoV

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and 2019-nCoV. A novel coronavirus is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans, likely through bat reservoirs. Several known coronaviruses are circulating in animals that are not infectious to humans.

On 31 December 2019, the WHO China Country Office [was informed](#) of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province in China. A novel coronavirus (2019-nCoV) [was identified](#) as the causative virus by Chinese authorities on 7 January, 2020.

Common signs of infection include, fever, cough, respiratory symptoms such as shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, kidney failure and even death.

Recommendations to prevent infection spread include performing hand washing (either use of alcohol based hand rub [ABHR] or hand washing with soap and water), covering mouth and nose when coughing and sneezing.

As of February 4, 2020, three cases of 2019-nCoV have been announced in Ontario in individuals with travel history to Wuhan, China. While it is anticipated that we may see additional cases with travel risks to the impacted region, the overall risk to the community remains low. At this time:

- Most cases have a direct epidemiological link to Hubei Province (including Wuhan), China.
- Effective Infection Prevention & Control measures are in place across Ontario's health system.

Since it is possible that some people who have contracted this virus will travel from Hubei province, China to other countries, health care providers in Ontario should consider the possibility of 2019-nCoV infection in persons who meet the case definitions outlined in the Ministry of Health's [Guidance for Health Workers and Health Sector Employers on 2019-nCoV on the ministry's website](#).

For more information

If you have any questions, please consult the ministry's [website on 2019-nCoV](#) or contact your local [Public Health Unit](#).

General Advice to Paramedic Services

There are several things that paramedic services can do to prevent themselves, their staff and patients from becoming sick with this virus:

- Paramedics and patients should be encouraged to consistently use public health measures to reduce/prevent 2019-nCoV transmission, including:
 - proper hand hygiene;
 - cough and sneeze etiquette;
 - social distancing (e.g., keep 2 metres away from people who are coughing or sneezing), and
 - stay home from work when experiencing influenza symptoms or when diagnosed with influenza or influenza like illness (ILI).
- Review Infection Prevention and Control/Occupational Health and Safety policies and procedures with staff.

Attachments:

- Case definition
- Qs and As