



## **INFORMATION BULLETIN ON COVID-19 FOR 9-1-1 PUBLIC SAFETY ANSWERING POINTS**

*March 18, 2020*

### **COVID-19 OVERVIEW:**

In December 2019, a new respiratory disease called Coronavirus Disease 2019 (COVID-19) was detected in China. COVID-19 is caused by a virus (SARS-CoV-2) that is part of a large family of viruses called coronaviruses. Recently, community-wide transmission of COVID-19 has occurred in the United States, including in New York, where the number of both persons under investigation and confirmed cases are rapidly increasing.

The Department of Health is working across the State to ensure plans are in place to minimize the spread of the virus. However, it is important to note that spread in the community is expected, and we need to make sure our local first responders are protected to be able to provide essential emergency response services to the communities they serve.

### **DISPATCH CENTER SAFETY:**

Public Safety Answering Points (PSAPs) and other Emergency Communications Centers (ECC) are a critical link between the public, government services, and first responders. Review and/or development of a Continuity of Operations Planning (COOP) is essential to maintaining sufficient operations and staffing at a PSAP. Backup PSAPs should be tested and operationally ready, in the event the primary PSAP needs to temporarily close. Policies and/or protocols should be in place to clean and sanitize workspaces on a regular basis and reinforce the guidance issued by the Department of Health on limiting the spread of germs, including regular hand washing, wiping surfaces after contact by other individuals, etc.

Dispatch centers should implement procedures to reduce potential quarantine of staff. If an infected individual works, many in contact will be placed on mandatory quarantine. This could adversely impact your ability to operate. You should put processes in place to ensure the safety of your dispatch center staff:

Procedures include:

- (1) Limit ingress and egress through as few checkpoints as possible.
- (2) Implement temperature checks and completion of screening questionnaire at shift start. Failed screens refer to employee health procedures.
- (3) Mandate the use of procedural masks for all personnel. Masks must be worn throughout the shift. Issue one per person per shift to conserve.
- (4) Lock down all PPE so it used appropriately and not wasted.
- (5) Implement social distancing of 6 feet for work, breaks, meals.
- (6) Eliminate face to face meetings.



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- (7) Decompress staff density - work from home where possible.
- (8) Log all building entries and make seating charts for tracing. Don't move stations over the course of the day.
- (9) Provide cleaning supplies to be used at the start and end of each shift.

### **DISPATCH CENTER SCREENING:**

Public Safety Answering Points (PSAPs) or Emergency Medical Dispatch (EMD) centers should question callers and determine the possibility whether the call concerns a person who may have signs or symptoms and risk factors associated with the COVID-19. PSAPs should establish policies and procedures for the management of these calls. In developing policies and procedures, PSAPs should consider the following:

- The query process should never supersede the provision of pre-arrival instructions to the caller when immediate life-saving interventions (e.g., CPR or the Heimlich maneuver) are indicated.
- PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or county public health department.
- Patients who meet the appropriate criteria should be evaluated by EMS and determined if transport to a hospital is the best course of action. In the event transport to a hospital is in the best course of action, the patient should be considered a person under investigation (PUI). Information on COVID-19 will be updated as the public health response proceeds. <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.
  - The receiving facility should be notified prior to the patient's arrival and made aware the patient is a PUI.
- Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene if determined during the screening process or based on information entered the CAD and should be consistent with locally established procedures and/or protocols. This advanced notification will allow providers additional time for preparing the appropriate personal protective equipment (PPE) and to limit non-essential responders from having close contact with a PUI.
- PSAPs and EMS units that respond to ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler.
- PSAPs should consider additional questions in the EMD process including if the caller has had any contact in the past 14 days with a person who is now under quarantine, or showing signs of possible COVID19 exposure or a person who has tested positive for COVID19.

### **COUNTY EMERGENCY SERVICES LEADERSHIP CHECKLIST:**

County Emergency Managers, County EMS Coordinators, and Local Health Departments (LHDs) are encouraged to develop local policies and procedures for coordination between



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emergency responders and LHDs. When developing local policies and procedures, the following should be considered:

- Identification and notification of PUI (i.e. addresses), in the Computer Aided Dispatch (CAD) System, where a PUI is quarantined, are subject to locally established procedures and/or protocols and privacy considerations. The CAD should not enter specific patient names, specific apartment numbers, but may, if approved by authority having jurisdiction, flag an address. Any alerts entered in the CAD should be removed promptly once the alert is no longer relevant. Lists of PUI's should not be shared outside the communications center except at the specific time that a call occurs and notification needs to be made to the responders for responder safety.
- Local guidance for first responders encountering a patient who is ill and who may have risk factors for exposure to COVID-19 and who has not been previously identified as a PUI.
- Procedures for first responders to contact emergency management officials and/or LHDs for consultation and coordination when encountering a patient who is ill and who may have risk factors for exposure to COVID-19 and who has not previously been identified as a PUI. This should include after-hours, weekend, and holiday contact information.
- LHD reporting requirements and procedures for EMS agencies regarding monitoring of health care personnel with potential exposure in a health care setting to patients with COVID-19.
- Referral or transfer of non-emergency calls, consistent with locally established procedures and/or protocols, to the Department of Health Coronavirus Hotline (1-888-364-3065) to speak with public health experts in the caller's preferred language.

Questions have been raised by the emergency response community regarding the use of face masks and other PPE. This guidance encourages dispatchers to wear procedural masks at work, to the extent practicable. While the CDC does not recommend the use of face masks or N95 respirators among the general public, the use of masks and other PPE is appropriate for use by emergency responders when treating patients with respiratory illness or that may be a potential PUI. As PPE guidance for first responders is evolving on a regular basis, agencies can go to the New York State Department of Health Bureau of Emergency Medical Service page for the most current PPE guidance at:

<https://www.health.ny.gov/professionals/ems/policy/policy.htm>

For additional information related to New York State's response to the COVID-19 outbreak, please visit New York State Department of Health, 2019 Novel Coronavirus site at:

<https://www.health.ny.gov/diseases/communicable/coronavirus/>.

Additional COVID-19 PSAP guidance, developed by the Department of Health Bureau of EMS can be found at: <https://www.health.ny.gov/professionals/ems/policy/policy.htm>