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OFFICE OF MEDICAL AFFAIRS DIRECTIVE 2003-06B
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**SEVERE ACUTE RESPIRATORY SYNDROME
(SARS) UPDATE**

1. INTRODUCTION

- 1.1 The New York City Department of Health has forwarded a new alert regarding Severe Acute Respiratory Syndrome (SARS) occurring in individuals with recent travel to Asia, **OR** those who may have come in contact with recent travelers.
- 1.2 The number of patients with SARS continues to rise in the U.S., New York Metropolitan area and abroad.
- 1.3 Individuals with a recent history or travel to the People's Republic of China, Hanoi, Vietnam and Singapore remain at risk.
- 1.4 The cause for this disease remains unclear and there is currently no known treatment.

2. SCOPE

- 2.1 This procedure applies to all members of the EMS Command and voluntary hospital ambulance personnel who provide prehospital emergency medical care in the New York City 911 system.

3. PROCEDURES

3.1 Personnel Protective Equipment

- 3.1.1 All personnel shall use airborne, contact and universal precautions, including an N-95 mask when caring for patients with symptoms of SARS.

3.2 Assessing a patient for SARS

- 3.2.1 Patients will present with fever and signs and symptoms of respiratory illness (difficultly breathing or cough).
- 3.2.2 Travel history is currently a key discriminator in identifying SARS, although as the disease spreads it may become less reliable.
 - A. Evaluate any patient for SARS who presents with the symptoms and has a recent travel history to the Far East.
 - B. Additionally, ask if the patient has had any close contact with a person who had a recent travel history to the Far East.

3.3 **SARS Patient Treatment**

- 3.3.1 All patients experiencing any respiratory compromise are to be administered oxygen, via a non-rebreather mask or assisted ventilations as necessary.
- 3.3.2 Place an N-95 respirator on any patient who has no respiratory compromise.
- 3.3.3 Any patient wearing an N-95 respirator must have repeated monitoring of their respiratory status, vital signs and clinical presentation.
- 3.3.4 Only those patients whose clinical presentation fit the REMAC protocols for Asthma (407, 507) and COPD (508) may be provided with nebulized Albuterol.
- 3.4 Ambulance crews shall make a hospital notification whenever transporting a patient with suspected SARS.
- 3.5 Upon arrival at the hospital, the triage nurse is to be immediately notified of the patient's condition.
- 3.6 Contact On-Line Medical Control at (718) 899-5062 for additional assistance.

4. **RELATED PROCEDURES**

- 4.1 EMSC OGP 115-08 Supplement 2, *Hospital Notifications*, and CFR-D Manual Chapter 3 EMSC OGP 125-04, *Infection Control Program*.
- 4.2 NYC REMAC, *CFR-D, Basic, and Advanced Life Support Protocols*.
- 4.3 New York City Department of Health – *2003 Health Alerts #10 and #12*.
- 4.4 New York City Department of Health – *EMS SARS Alert*

**BY ORDER OF THE FIRE COMMISSIONER AND THE OFFICE OF MEDICAL
AFFAIRS**