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Department of Safety
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To: All Communications and Dispatch Centers, EMS Coordinators, Fire Chiefs and Police Chiefs
From: Mark Doyle, Director *MD*
New Hampshire Department of Safety
Division of Emergency Services and Communications

As the COVID-19 situation continues to evolve and the number of affected people grows in New Hampshire, the Department of Safety - Division of Emergency Services and Communications (E9-1-1) will be moving from its current practice using the EIDS (Evolving Infectious Disease Surveillance) tool to utilizing a protocol specifically designed for a declared pandemic emergency like COVID-19.

Starting Friday, March 20th, 2020 @ 0700hrs, 9-1-1 callers exhibiting signs and symptoms of an infectious respiratory disease will be handled on Protocol 36 "Outbreak, Epidemic, Pandemic". The use of this protocol will remain in effect until state leadership lifts the state of emergency.

If dispatch receives a determinant from E9-1-1 of CC 36 Delta, Charlie or Alpha, dispatch should accept this as evidence of flu symptoms with the patient and convey this to their responders.

Additionally, in order to attempt to capture those households, and perhaps other locations, that may have flu symptoms but the current 9-1-1 call is not related to the flu, we will be asking ALL medical callers "Is anyone there exhibiting flu symptoms?". This will ensure that dispatch and responders have the information, and will eliminate the need for dispatch agencies to ask 9-1-1 callers the flu related surveillance questions.

Using this approach, we will be able to screen every medical caller before E9-1-1 makes the verbal notification to dispatch. Those agencies using CAD will see the CC36 determinant, and for all other determinants, dispatch will be notified verbally during transfer if there "Is or isn't evidence of flu on scene". For medical calls that warrant a police notification, that police dispatch agency would be notified whether or not there is evidence of flu on scene and if the patient or care giver on-scene discloses that the patient has or is suspected to have COVID-19.

The use of CC36 will also apply to nursing homes, doctor's offices, urgent care and ED facilities that normally are either CC33 or CC37 designations.

The CC 36 Key Questions are as follows:

- (1) What is the most prominent complaint?
- (2) Is s/he completely alert?
- (3) Is s/he changing color?
- (4) Is s/he having chills or sweats?*
- (5) Is s/he vomiting?*
- (6) Does s/he have a new cough?*
- (7) Does s/he have a sore throat?*
- (8) Does s/he have unusual total body aches?*
- (9) Does s/he have a fever (hot to touch in room temperature)*
- (10) Does s/he have a runny nose?*
- (11) Does s/he have a diarrhea?*
- (12) Does s/he have a headache?*

*Once the TC has 2 of the above designated symptoms no further symptom questioning will occur and the "multiple flu symptoms" will be applied to the level and determinant.

The Division anticipates an updated CC 36 release from The IAED on or about March 25th, 2020.

Please don't hesitate to contact us with any questions or concerns.