

# **"SAMPLE SWINE FLU PROTOCOL/GUIDELINES"**

April 29, 2009

## ***VIRAL RESPIRATORY DISEASE PANDEMIC (PANFLU)***

### **I. Triggers**

- A. Activation of the EMS Viral Respiratory Disease, Pandemic SOPs is made by Incident Command in consultation with the Public Health Officer.
- B. Communications
  - 1. 9-1-1 Operations/Dispatch
    - a) Activate "Severe Respiratory Distress (Flu Like Symptoms)" protocol and advise emergency responders of positive symptom(s) patients.
  - 2. Situation Reports
    - a) The Incident Command Post (ICP) or Regional Emergency Operations Center (EOC) will provide situation reports to emergency responder agencies to distribute to stations/personnel.
  - 3. Shift Briefings – All EMS agencies will provide ongoing shift briefings to include:
    - a) Status of outbreak including last 24 hour activity
    - b) Hospital status
    - c) PPE, Infection Control
    - d) Status of EMS Pandemic SOP

### **II. Worker Safety/Infection Control**

- A. Personal Protective Equipment (PPE):
  - 1. Enhanced PPE Procedures:
    - a) All Patient Contact – standard universal precautions or PPE including: gloves, NIOSH approved mask, and eye protection.  
<http://www.cdc.gov/swineflu/masks.htm>
    - b) Patients with respiratory/GI symptoms – PPE outlined above, plus: disposable gown/overalls and shoe covers; cover patient with surgical face mask.
    - c) Change in response configuration to minimize personnel exposure at each call.
    - d) Every Job Regardless of Pt. Contact – PPE including: NIOSH approved mask, eye protection, regular hand washing, and cleaning of work surfaces (minimum prior to each shift/staff change)
- B. Vaccination / Antiviral Therapy:
  - 1. Emergency Responder Points of Distribution (POD) – Agency management in consultation with the County Health Department will consider/coordinate activation of the Emergency Responder PODs for appropriate vaccination/antiviral therapy.
  - 2. Staff Entry Control Process:
    - a) All EMS agencies shall establish a decontamination and health care screening site(s) to clear employees prior to entering the work site and start of each shift
- C. Decontamination and Cleaning of Equipment/Work Areas
  - 1. Enhanced Decontamination Procedures:
    - a) Clean off all surfaces and equipment (including glasses and stethoscope) using the approved bio spray or alcohol based hand cleaner.
    - b) Dispose of all cleaning supplies in red hazardous waste bag

- c) (Driver Prior to Transport/Attending Technician at end of Transport/patient care) Remove disposable gown/overalls, face mask, gloves and disposable BP cuff into hazardous waste bag and secure.
- d) First Responders: Place all equipment used during the call in a red hazardous waste bag until decontamination prior or enroute to next call.
- e) Use bio-wipes or alcohol based hand cleaner to clean hands and forearms until soap and water are available
- f) (Driver on arrival at receiving facility) Use new suit, gloves, face mask, and eye protection.
- g) Once patient has been transferred, decontaminate inside of ambulance patient care area and equipment prior to arrival at next call.

### III. Patient Care and Transport (Respiratory Distress (Flu Like) Symptoms)

- A. PPE
- B. Assess Patient for Priority Symptoms
  - 1. Chief Complaint
  - 2. Vital Signs (including check for orthostatic changes and temperature)
  - 3. Medical History Travel History
- C. Incident Command will advise 9-1-1 and Fire/EMS agencies which of the following Care and Transport options to use:
  - 1. Care and Transport to ED
    - a) Allow patient to achieve position of comfort
    - b) Cover patient with surgical face mask, or administer O2 via face mask, to reduce aerosolization of virus
    - c) EKG, IV TKO (if patient is dehydrated provide fluid challenge based on shock guidelines)
    - d) Proper cooling techniques based on temperature
    - e) Provide "Infection Control Guidance for Families".  
(If time allows based on patient condition) Mouth and throat swabs of members within the immediate patient living/work area.
    - f) Use proper patient isolation techniques
      - Close off ambulance drivers compartment
      - Drape patient / Isolation Pod
    - g) Early EMS Report
  - 2. Care and No Transport
    - a) Provide a hand out explaining the demand of limited resources and decision of no transport.
    - b) Provide "Home Care and Protective Equipment for Families Packet" and explain contents and use.
    - c) Advise to call 9-1-1 should priority symptoms occur
    - d) Advise Home Health Care of patient condition and location for in home support and care.  
(If time allows based on patient condition) Mouth and throat swabs of members within the immediate area patient living/work area.