

May 1, 2009

EMS Protocol for Pandemic Respiratory Illness (PanFlu)

I. Activation of Pandemic Protocol

- A. Activation of this protocol is made by Incident Command in consultation with the Public Health Officer and Medical Program Director
 - 1. Public Health Officer: Barry Kling, 886-6480 or (c) 264-7045
 - 2. Medical Program Director: Dr. Lance Jobe, 679-1089
- B. Communications
 - 1. 9-1-1 Operations/Dispatch
 - a) Question callers regarding fever, cough, rhinorrhea, headache and myalgias
 - b) 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, surgical or N95 mask, and eye protection. <http://www.cdc.gov/H1N1/masks.htm>
 - b) Patients with respiratory/GI symptoms – PPE outlined above, plus: disposable gown/overalls and shoe covers; cover patient with surgical face mask or oxygen mask.
 - c) Change in response configuration, as needed, to minimize personnel exposure at each call.
 - d) All personnel: frequent hand washing and cleaning of work surfaces, especially phones, keyboards, light switches and other points of frequent hand contact. All personnel to use PPE as above when in proximity to patient contact areas.

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.

C. 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

D. Decontamination and Cleaning of Equipment/Work Areas

1. Enhanced Decontamination Procedures:

a) Clean all surfaces and equipment (including glasses and stethoscope) using the approved bio spray or alcohol based hand cleaner after EVERY patient contact and as needed.

b) Dispose of all cleaning supplies in red hazardous waste bag

c) Driver Prior to Transport/Attending Technician at end of Transport **and** 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, exhaust the vehicle by opening the doors and windows while the ventilation system is running (clear of people and buildings), then decontaminate inside of ambulance patient care area and equipment prior to arrival at next call.

III. Patient Care and Transport of Patients with Respiratory and 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, Exposure History

C. Incident Command will **provide** 9-1-1 and Fire/EMS agencies **guidelines to use in determining** 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) IV TKO (if patient is dehydrated provide fluid challenge based on protocol)
- d) Other patient care treatment based on protocol
- e) Provide “Infection Control Guidance for Families”.
- f) Use proper patient isolation techniques
 - Close off ambulance drivers compartment
 - Drape patient
- 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 “Infection Control Guidance for Families”, stressing voluntary isolation for symptomatic persons and, for all persons, limiting contact with other persons.
- b) Provide “Home Care and Protective Equipment for Families Packet”, if available, and explain contents and use.
- c) Advise to call 9-1-1 should priority symptoms occur