

EL DORADO COUNTY EMS AGENCY

FIELD POLICY

Effective: October 23, 2009

Reviewed: N/A

Revised: July 2012, July 1, 2016

Scope: ALS/BLS – Adult/Pediatric



EMS Agency Medical Director

PANDEMIC INFLUENZA

PURPOSE: To ensure the safety and welfare of EMS personnel and patients during a pandemic event.

DEFINITIONS:

Close Contact – For suspected influenza patients close contact is considered within 6 feet of the patient's face.

H1N1 (Swine Flu) - A virus responsible for a flu pandemic in 2009 that was originally referred to as "swine flu" because many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs in North America. However, the virus is actually a novel influenza A (H1N1) virus. This virus first caused illness in Mexico and the United States in March and April, 2009 that spread to pandemic status over the following months. H1N1 flu is spread from person to person, unlike typical swine flu, although it is not clear how easily the virus is able to spread among people.

H5N1 (Avian Flu) - An influenza A virus subtype that occurs mainly in birds, is highly contagious among birds, and can be deadly to them. H5N1 virus does not usually infect people, but infections with these viruses have occurred in humans. Of the human cases associated with the ongoing H5N1 outbreaks in poultry and wild birds in Asia and parts of Europe, the Near East and Africa, more than half of those people reported infected with the virus have died. Most cases have occurred in previously healthy children and young adults and have resulted from direct or close contact with H5N1-infected poultry or H5N1-contaminated surfaces. In general, H5N1 remains a very rare disease in people. The H5N1 virus does not infect humans easily, and if a person is infected, it is very difficult for the virus to spread to another person. Scientists are concerned that H5N1 virus one day could be able to infect humans and spread easily from one person to another. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If H5N1 virus were to gain the capacity to spread easily from person to person, an influenza pandemic could begin.

Influenza Pandemic - An epidemic of an influenza virus that spreads on a worldwide scale and infects a large proportion of the human population. In contrast to the regular seasonal epidemics of influenza, these pandemics occur irregularly, with the 1918 Spanish flu, the most serious pandemic in recent history. Pandemics can cause high levels of mortality, with the Spanish influenza estimated as being responsible for the deaths of over 50 million people.

Influenza-Like Illness (ILI) - Fever plus at least cough or sore throat and possibly other symptoms like runny nose, body aches, headaches, chills, fatigue, vomiting, and diarrhea.

Seasonal Flu - Is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent seasonal flu is by getting a seasonal flu vaccination each year. Each year in the United States on average, 5% to 20% of the population gets the flu; on average, more than 200,000 people are hospitalized from flu-related complications, and; about 36,000 people die from flu-related causes. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

PATIENT ASSESSMENT:

- 1) Address scene safety:
 - b. If Dispatch advises potential for ILI (influenza-like illness, which includes: fever plus one or more of the following: nasal congestion/rhinorrhea, sore throat, or cough) symptoms on scene, EMS personnel shall don PPE for suspected cases of influenza prior to entering scene.
 - c. If Dispatch has not identified individuals with symptoms of ILI on scene, EMS personnel shall stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of influenza.
 - d. Attempt to limit the number of personnel working in close proximity to the patient, whenever possible (e.g., only the primary caregiver should enter the room initially to assess for ILI, then request assistance as needed).
- 2) Assess all patients for ILI symptoms:
 - b. If no symptoms of ILI, provide routine EMS care.
 - c. If symptoms of ILI, don appropriate PPE if not already on. If tolerated, place a surgical mask on the patient's face.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

- 1) When treating a patient with ILI, the following PPE shall be worn:
 - a. Fit tested N95 or equivalent mask, eye protection (e.g., goggles; eye shield*), and disposable non-sterile gloves when coming into close contact with the patient.
 - b. A gown shall be worn in addition to all other PPE in the following circumstances:
 - i. performing high risk procedures such as intubation, CPR, CPAP, suctioning or delivering nebulized medications
 - ii. direct contact with the patient's skin, clothing, bedding, or other potentially contaminated objects while moving or treating the patient
 - iii. patient is actively vomiting, sneezing, or productively coughing and cannot tolerate wearing a surgical mask
 - iv. *Sun Glasses are not a suitable replacement for eye protection.
- 2) For all routine patient (non ILI) contacts:
 - a. Use good respiratory hygiene – use non-sterile gloves for contact with patient, patient secretions, or surfaces that may have been contaminated. Follow hand hygiene including thorough hand washing or cleansing with alcohol based hand disinfectant after contact.
- 3) For all patient contacts:
 - b. Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

DOFFING OF PPE:

- 1) Remove gloves:
 - a. *Remember: Only touch glove to glove, skin to skin*
 - b. Pinch one glove below the cuff.
 - c. Pull glove so that it turns inside out as you remove it.
 - d. Slide ungloved finger under cuff on remaining glove.
 - e. Pull down toward fingertips and off hands over removed glove.
 - f. Discard contaminated gloves.
 - g. Perform hand hygiene.

- 2) Remove gown:
 - a. *Remember: Only touch clean to clean, dirty to dirty*
 - b. Untie the waist strings of the gown first.
 - c. Untie the neck strings of the gown.
 - d. Remove the gown without touching the outside of the gown. Place a forefinger under cuff of sleeve and pull sleeve down over hand.
 - e. With hand inside first sleeve, draw second sleeve down over hand.
 - f. Slip out of gown.
 - g. Discard it carefully in laundry (or, if disposable, in garbage).
- 3) Remove N95 or equivalent Respirator:
 - a. Remove Eye protection.
 - b. Remove one strap and then the other.
 - c. Pull respirator down and away from face.
 - d. Discard it into waste container.
- 4) Remove Eye Protection
 - a. Being careful not to touch eyes, grasp side (arm or strap) of eye wear and remove from face.
 - b. Disinfect or dispose of eye wear.
 - c. Perform hand hygiene:
 - i. Hand washing with soap and water or use of an alcohol-based hand sanitizer
 - ii. Perform hand hygiene between doffing steps if hands or PPE is grossly contaminated.

GENERAL INFECTION CONTROL:

- 1) EMS personnel shall always practice basic infection control procedures including: vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE).
- 2) EMS personnel who are in close contact with patients with ILI shall wear the appropriate PPE as listed above.
- 3) All patients with ILI should be given a surgical mask to wear, if tolerated.

INTERFACILITY TRANSPORT:

- 1) EMS personnel involved in the interfacility transfer of patients with ILI use standard, droplet and contact precautions for all patient care activities.
 - a. This shall include wearing a standard surgical mask, disposable non-sterile gloves, gown, and eye protection (e.g., goggles, eyeshield), to prevent conjunctival exposure.
 - b. If the transported patient can tolerate a facemask (e.g., a surgical mask), its use can help to minimize the spread of infectious droplets in the patient care compartment.
 - c. Encourage good patient compartment vehicle airflow/ventilation to reduce the concentration of aerosol accumulation when possible.

EMS TRANSFER OF PATIENT CARE TO A HEALTHCARE FACILITY:

- 1) When transporting a patient with symptoms of ILI, EMS personnel should notify the receiving healthcare facility so that appropriate infection control precautions may be taken prior to patient arrival. Patients with ILI should wear a surgical mask, if tolerated. Small facemasks are available that can be worn by children, but it may be problematic for children to wear them correctly and consistently. Moreover, no facemasks (or respirators) have been cleared by the FDA specifically for use by children.

Cleaning EMS Transport Vehicles After Transporting a Suspected or Confirmed Influenza Patient:

Routine cleaning methods should be employed throughout the vehicle with special attention in certain areas as specified below:

- 1) Non-patient-care areas of the vehicle, such as the driver's compartment, may become indirectly contaminated, such as by touching the steering wheel with a contaminated glove. Personnel should be particularly vigilant to avoid contaminating environmental surfaces that are not directly related to patient care (e.g., steering wheels, light switches). If the surfaces in the driver's compartment become contaminated, they should be cleaned and disinfected according to the recommendations in item 3 below.
- 2) Non-sterile disposable gloves that are recommended by the manufacturer of the detergent/disinfectant while cleaning the patient-care compartment and when handling cleaning and disinfecting solutions. Dispose of gloves if they become damaged or soiled or when cleaning is completed, in a sturdy leak proof (e.g., plastic) bag that is tied shut and not reopened. State and local governments should be consulted for appropriate disposal decisions. Barring specific state solid or medical waste regulations to the contrary, these wastes are considered routine solid wastes that can be sent to municipal solid waste landfills without treatment. Never wash or reuse disposable gloves. Avoid activities that may generate infectious aerosols. Eye protection, such as a face shield or goggles, may be required if splashing is expected. Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
- 3) Frequently touched surfaces in patient-care compartments (including stretchers, railings, medical equipment control panels, work surfaces, door handles, radios, keyboards and cell phones) that become directly contaminated with respiratory secretions and other bodily fluids during patient care, or indirectly by touching the surfaces with gloved hands, should be cleaned first with detergent and water and then disinfected using an EPA-registered hospital disinfectant in accordance with the manufacturer's instructions. Ensure that the surface is kept wet with the disinfectant for the full contact time specified by the manufacturer. Adhere to any safety precautions or other recommendations as directed (e.g., allowing adequate ventilation in confined areas, and proper disposal of unused product or used containers. Non-porous surfaces in patient-care compartments that are not frequently touched can be cleaned with detergent and water. Avoid large-surface cleaning methods that produce mists or aerosols or disperse dust in patient-care areas (e.g., use wet dusting techniques, wipe application of cleaning and/or disinfectant solutions).
- 4) Clean any small spills of bodily fluids (e.g., vomit from an ill patient) by cleaning first with detergent and water followed by disinfection using an EPA-registered hospital disinfectant from EPA List D or E in accordance with the manufacturer's use instructions and safety precautions.
https://www.epa.gov/sites/production/files/2015-09/documents/list_e_mycobact_hiv_hepatitis.pdf
http://www.epa.gov/sites/production/files/2015-09/documents/list_d_hepatitisbhiv.pdf
- 5) Large spills of bodily fluids (e.g., vomit) should first be managed by removing visible organic matter with absorbent material (e.g., disposable paper towels discarded into a leak-proof properly labeled container). The spill should then be cleaned and disinfected as above.
- 6) Place contaminated reusable patient care devices and equipment in biohazard bags clearly marked for cleaning and disinfection or sterilization as appropriate.
- 7) Clean and disinfect or sterilize reusable devices and equipment according to the manufacturer's recommendations.
- 8) After cleaning, remove and dispose of gloves as instructed in a leak proof bag or waste container. State and local governments should be consulted for appropriate disposal decisions. Barring specific state solid or medical waste regulations to the contrary, these wastes are considered routine solid wastes that can be sent to municipal solid waste landfills without treatment.
- 9) Immediately clean hands with soap and water or an alcohol-based hand gel. Avoid touching the face with gloved or unwashed hands.