

Kittitas County Prehospital Care Protocols/Guidelines

Subject: VIRAL RESPIRATORY DISEASE PANDEMIC (PANFLU)

I Triggers

- A. Activation of the EMS Viral Respiratory Disease Protocol/Guidelines will be through the Medical Program Director (MPD) in consultation with the Public Health Officer (PHO).
- B. Communications
 - 1. 9-1-1 Operations/Dispatch
 - a. Upon activation of "Severe Respiratory Infection (Swine flu) Symptoms" screening tool, advise emergency responders of patients with Influenza Like Illnes by stating "ILI patient", pronounce "illy".
 - b. Activate the "Pandemic Flu - Protocol 36" through MPD or PHO direction.
 - Advise emergency responders that KITTCOM has activated Protocol 36 by paging "Protocol 36 has been activated".
 - "Protocol 36" patients will be connected to H1N1 information line.
 - 2. Situation Reports
 - a. Incident Command or the Emergency Operations Center (EOC) will provide situation reports to transporting emergency medical service (EMS) agencies and the Kittitas County EMS Division to distribute to stations/personnel, and volunteer EMS agencies and volunteer EMS personnel.
 - 3. Shift Briefings – All EMS agencies will provide ongoing shift briefings as appropriate to include:
 - a. Status of outbreak including last 24 hour activity
 - b. Hospital status
 - c. PPE, Infection Control
 - d. Status of Pandemic Incident Action Plan (IAP), especially as it relates to EMS protocols and procedures

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>,
http://www.cdc.gov/h1n1flu/guidance_ems.htm
 - b. Patients with gross respiratory/GI symptoms – PPE outlined above, plus: disposable gown/overalls and shoe covers; cover patient with surgical face mask or administer O2 via face mask to reduce aerosolization of virus. Manage airway appropriately per protocol.
 - c. Response configuration should minimize personnel exposure at each call.
 - d. All responders should don 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/prophylactic measures.

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- C. **Decontamination and Cleaning of Equipment/Work Areas**
 - 1. **Staff Entry Control Process:**
 - a. All EMS agencies should establish a decontamination and health care screening process to clear employees prior to the start of each shift
 - 2. **Enhanced Response Decontamination Procedures:**
 - a. Clean off all surfaces and equipment (including glasses and stethoscope) using approved method 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. 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/clean suit, gloves, face mask, and eye protection.
 - g. Once patient has been transferred, decontaminate inside of ambulance patient care area and equipment prior to in service.

III Patient Care and Transport (Respiratory Distress Symptoms - Influenza Like Illness)

- A. **PPE**
- B. **Assess Patient for Priority Symptoms**
 - 1. **Chief Complaint**
 - 2. **Vital Signs (including check for orthostatic changes and temperature)**
 - 3. **Medical History**
- C. **Medical Program Director in consultation with the Public Health Officer will advise 9-1-1 and Fire/EMS agencies which of the following Care and Transport options to use:**

Normal with enhance PPE and docontamination-

- 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. Manage airway appropriately per protocol.
 - c. EKG, IV TKO (if patient is dehydrated provide fluid challenge based on shock guidelines)
 - d. Proper cooling techniques based on temperature
 - e. Provide MPD approved infection control and home care guidance to patients and patients families/caregivers (H1N1 information sheet).
 - f. Use proper patient isolation techniques
 - Close off ambulance drivers compartment if possible
 - Appropriate ventilation (exhaust vent left in on position)
- 2. **Care and No Transport (per patients request)**
 - a. Provide MPD approved written infection control and home care guidance to patients and patients families/caregivers (H1N1 information sheet).

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- b. Advise to call 9-1-1 should priority symptoms occur (identified on H1N1 information sheet)

Modified Response

3. Care and No Transport – **PROTOCOL 36** (due to reduced resources, increased demand, or quarantine) – **PATIENT DOES NOT MEET ANY CRITICAL CRITERIA**
- a. Complete “Influenza Patient Tracking Form” (to identify flu like symptoms, high risk factors, critical criteria and for follow-up)
- Form may be completed by non-EMS emergency responders
 - Follow responder instructions on back of form.
 - Leave yellow copy of form with patient.
 - Patient tracking form shall be faxed to jurisdictional EMS (ALS) agency for follow-up upon return to station or earliest opportunity.
 - A minimum of one attempt for follow-up will be made by jurisdictional EMS (ALS) agency within 12-24 hours.
- b. Provide MPD approved written infection control and home care guidance to patients and patients families/caregivers (H1N1 information sheet).
- Review appropriate “Home Care Instructions.
 - Explain the demand on limited resources, the decision of no transport, and follow-up plan.
 - Advise to call 911 should condition worsen (Critical Criteria).

IV. General Guidance

- A. This protocol is intended to serve as a guideline and should not prohibit lead EMS providers, medical control or incident commanders from using their best judgement in providing prehospital care and transport.

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