



MULTNOMAH COUNTY EMERGENCY MEDICAL SERVICES

EMS POLICIES & PROCEDURES

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| EFFECTIVE DATE: 04/29/2009 | POLICY NUMBER: PanFlu 043009-ADM | TYPE: Clinical Policy | REPLACES: None | PAGE: 1 OF 1 |
| ENTER NAME/TITLE HERE (signature on line below): JON JUI MD, MPH | | TITLE: EPIDEMIC /PANDEMIC INFLUENZA : PATIENT EVALUATION GUIDELINES | | |

PURPOSE

The purpose of this guideline is to enhance EMS provider safety in the setting of an epidemic or pandemic flu outbreak.

Dispatch/Emergency Communications

1. Implement respiratory infection screening for all callers with any of the following symptoms : fever, cough, difficulty breathing (BR, SK, CH, HA dispatch cards).
2. Relay responses to these questions to EMS units before they arrive on scene.

EMS Pre-Arrival

1. Request additional information from dispatch when sent to respiratory (e.g. BR1) , sick person (e.g., SK3) and fever-related calls, if limited initial dispatch information is provided.

PPE

1. Recommended PPE for taking care of ill/potentially infected patients includes: gloves and N95 or better respirators. PPE should be donned and doffed according to published guidelines to prevent cross contamination, including face shield/eye and gown and or shoe protection when splash or airborne contamination is possible.

Initial Assessment and Treatment

1. Perform initial interview of all patients from at least 6 feet away, to determine if personal protective equipment precautions are necessary.
2. Place a surgical (or equivalent) or non-rebreather mask (when oxygen is required) mask on all patients with suspected influenza symptoms before performing a detail examination.
3. Avoid droplet producing procedures whenever possible, including nasal or oral airways placement, use of nebulizers, bag-valve-mask (BVM) use, suctioning or endotracheal or King Airway intubation. If BVMs are needed, use with expiration HEPA filters whenever possible.

Transport

1. For patients in whom influenza is suspected, only persons essential for patient care should be in the patient compartment of the ambulance.
2. Turn on ambulance exhaust fans in the patient compartment to the highest possible setting . If feasible, open the outside air vents.
3. Alert receiving hospital personnel of the possibility of an infectious patient as soon as possible, and hold suspected infectious patients in the ambulance until either the ED or hospital staff is ready to receive them.
4. Perform a thorough cleaning of the stretcher and all equipment that has come in contact with an approved disinfectant, upon completion of the call following CDC interim guidelines (http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html) for cleaning EMS transport vehicles.