County of El Dorado

Emergency Medical Services Agency

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PARAMEDIC ALERT

No. 2022-02

March 23, 2022

TO: **EMS Personnel**
FROM: **El Dorado County EMS Agency**
SUBJECT: **Pandemic/Endemic Influenza and Influenza-Like-Illness (ILI) Field Policy**
PURPOSE: **Update Existing Field Policy**

Background:

1. The El Dorado County EMS Agency (EDCEMSA) is the Local Emergency Medical Services Authority (LEMSA) for the County of El Dorado.

2. Pursuant to CCR Title 22 § 100148, EDCEMSA shall establish policies and procedures governing the delivery of EMS services within its jurisdiction, including field procedures, policies and protocols.

3. EDCEMSA has implemented a field policy covering 'Pandemic Influenza' since 2009 and; subsequent to the COVID-19 pandemic, implemented the Emerging Infectious Disease Surveillance Tool (EIDS) to guide field operations and inform clinical decision making in within this subject area.

ALERT:

- In light of the suspension of the EIDS Tool (3/21/22), EDCEMSA has recomposed the 'Pandemic Influenza' Field Policy to 'Pandemic/Endemic Influenza and Influenza-Like-Illness (ILI)' (**Annex 1**).

- This policy is accessible in electronic form on the 'Policies and Procedures' section of the EMS Agency Website: https://edcgov.us/Government/EMS/

- Stakeholders are encouraged to stay abreast of future updates by signing up for automatic notifications. *From the link above, use the 'Emergency Medical Services Menu' (upper left) to navigate to the 'Field Policy' page. Subscription link is at the top.*

Annex 1

EL DORADO COUNTY EMS AGENCY

FIELD POLICY

Effective: October 23, 2009
Reviewed: N/A
Revised: July 2012, 2016**, 2018**, March 2022
Scope: ALS/BLS – Adult/Pediatric

(signature on file)

EMS Agency Medical Director

PANDEMIC/EPIDEMIC INFLUENZA AND INFLUENZA LIKE ILLNESS (ILI)

PURPOSE: To ensure the safety and welfare of EMS personnel and patients during pandemic and epidemic events with influenza like illness (ILI).

DEFINITIONS:

Close Contact – Close contact is considered being within 6 feet of the ILI patient's face.

Novel Influenza - A novel influenza A virus is one that has caused human infection, but is different from the current seasonal influenza A. The Novel influenza A Virus may include those that originate in animals and gain the ability to infect humans or may be recombined human viruses that change significantly so as to be different from the current seasonal influenza A. Some novel influenza A viruses pose a greater pandemic threat than others and are more concerning to public health officials as they develop person-to-person spread associated with increased human illness and death.

Influenza or ILI Pandemic/Epidemic - An unexpected increase in respiratory viral illness including coronavirus, influenza or other respiratory mediated virus that rapidly spreads in a geographic area (epidemic) or worldwide (pandemic), on a scale beyond typical, significantly impacting healthcare delivery in the region or beyond. In contrast to the regular (expected) seasonal influenza or ILI, these epidemics or pandemics occur irregularly, with the 2020 COVID19 and 1918 Spanish flu being the most serious pandemics in recent history. Pandemics cause high levels of mortality, with COVID19 responsible for nearly 1 million deaths in the US. These events may not occur or surge during normal "flu season". For this reason Pandemic/Epidemic ILI should be considered year around rather than limited to "flu season". This "non-seasonal" presence of viral "surges" was demonstrated throughout the COVID19 pandemic.

Influenza-Like Illness (ILI) - Fever or history of fever, plus an additional symptom of cough and/or sore throat and may include other symptoms like shortness of breath, runny nose, body aches, headaches, chills, fatigue, vomiting, and diarrhea. "ILI" as a category includes patients with influenza.

Seasonal Flu - Is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and may cause death. The best way to prevent seasonal flu is by getting vaccinated. Each year in the US, 5% to 20% of the population get the flu, with typically more than 200,000 people hospitalized from flu-related complications, and about 36,000 deaths from flu-related causes. Some people, including the older, younger and those with co-morbidities are at high risk for serious flu complications.

PATIENT ASSESSMENT:

1. Address scene safety:
    a. If Dispatch advises potential for ILI, which includes: fever plus one or more of the following: nasal congestion/rhinorrhea, sore throat, or cough) symptoms on scene, EMS personnel shall don appropriate PPE prior to entering scene.
    b. 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 influenza or ILI.
    c. Attempt to limit the number of personnel working in close contact with 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:
    a. If no symptoms of ILI, provide routine EMS care.
    b. If symptoms of ILI, don appropriate PPE. If tolerated, place a surgical mask on the patient's face.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

1. When treating ILI patients including suspected or known COVID19, 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 BVM use, 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 patient contacts:
    a. 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 and pull it off so that it turns inside out as removed.
    c. Slide ungloved finger under cuff on remaining glove.
    d. Pull down toward fingertips and off hands over removed glove.
    e. Discard contaminated gloves.
    f. 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 out 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 ILI patients shall wear the appropriate PPE as listed above.

3. All patients with ILI should be given a surgical mask to wear for source control, if tolerated.

INTERFACILITY TRANSPORT:

EMS personnel involved in the interfacility transfer of patients with ILI use standard, droplet and contact precautions for all patient care activities.

1. This shall include wearing a standard surgical mask (or N95 as above if involved in direct patient care), disposable non-sterile gloves, gown, and eye protection (e.g., goggles, eyeshield), to prevent conjunctival exposure.

2. 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.

3. Encourage good patient compartment vehicle airflow/ventilation to reduce the concentration of aerosol accumulation when possible.

EMS NOTIFICATION AND TRANSFER OF PATIENT CARE TO A HEALTHCARE FACILITY:

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/pesticide-registration/list-d-epas-registered-antimicrobial-products-effective-against-human-hiv-1
https://www.epa.gov/pesticide-registration/list-e-epas-registered-antimicrobial-products-effective-against-mycobacterium
https://www.epa.gov/pesticide-registration/list-m-registered-antimicrobial-products-label-claims-avian-bird-flu

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.