



Emergency Medical Services Division Policies – Procedures – Protocols

Emerging Infectious Disease Response Plan (3004.00)

The following operational standard should be followed for any Emergency Medical Services (EMS) response to an emerging infectious disease. This operational standard addresses standards that should be followed when responding to a patient suspected of infection and response to a medical call without prior notification of a suspected infected person. It is important to keep in mind that a patient that is infected with a disease is a medical patient and not a hazardous materials incident. Unless decontamination of the scene is needed, a hazardous materials response is not deemed necessary.

DISPATCH:

Changes to dispatch operations shall follow appropriate directives issued by the Medical Director.

- When prompted by the Medical Director, Emergency Medical Dispatch (EMD) centers shall use the Emerging Infectious Disease Surveillance (EIDS) Tool as an adjunct to EMD protocol.
- The EIDS Tool shall be used following Case Entry, Key Questioning, Final Coding and dispatch of resources.
- Call-takers shall use the EIDS Tool on every call associated with protocols identified by the Medical Director. A call-taker shall also interrogate ANY caller whom they feel could be experiencing symptoms of the Infectious Disease but not categorized in the identified protocols. This includes callers that have identified risk factors associated with the Infectious Disease.
- If the EIDS Tool elicits a positive answer (typically a positive answer to signs or symptoms AND a history of travel to/from a country where the infectious disease is occurring), the EMD center will notify responding field personnel and all responding agencies of the suspected infected person.
- For the privacy of the patient, it is preferred if this communication is not conducted over the air. Use of paging systems, cellular phones, and mobile data terminals is preferred.
- The EMD center shall notify EMS On-Call Coordinator of the response.

- If the EIDS Tool does not elicit a positive response, then no additional action needs to be taken.
- Dispatch of resources shall be in accordance with approved response configurations.

RESPONSE TO A SUSPECTED INFECTED PERSON:

It is the goal of this operational standard to limit the number of personnel exposed to the infectious disease. The Division advises that only personnel necessary for the treatment of the patient make access into the scene. Ideally, persons entering a scene of an infectious disease person are limited to transporting personnel, or the Person(s) with Health Care Authority. Additional personnel should limit access to the scene of bystanders.

- When arriving at the scene, any personnel who will be contacting the patient shall don the appropriate personal protective equipment (PPE). The Division recommends, at a minimum, PPE be donned according to the Centers for Disease Control (CDC) guidelines.
- If available, a person at the scene may be requested to answer appropriate screening questions prior to making entry into the scene. If screening questions confirm a suspected infectious patient, responding agencies are reminded to follow company/departmental policies for notification of appropriate personnel.
- Only persons with appropriate levels of PPE are to enter into the scene. Any PPE not at the CDC recommended guidelines should not be allowed entry into the scene.
- Procedures that are conducive to life-saving measures may be performed, if necessary.
- The patient should be isolated from other persons, if possible.
- Upon contact with the patient and if appropriate, place an appropriate mask on the patient. This may consist of a surgical mask, N95, or non-rebreather mask with oxygen.
- The paramedic shall document on the patient care report in the narrative section the names of all people at the scene. This does not include responders. If patient is time sensitive and transport must be initiated, the task shall be delegated to an individual at scene, and the list forwarded to the EMS On-Call Coordinator as soon as possible.

Non-Critical Patient:

The goal for non-critical patients is to shelter-in-place until the receiving facility is prepared to accept the patient. On scene times, may be extended during this process. Communication between the transporting personnel and the receiving facility is critical for seamless treatment and transport of the patient. The goal of limiting exposure to additional personnel is still of upmost importance.

- Transporting personnel shall make Base Station contact with an appropriate destination facility chosen by the patient. This contact should be made by phone if possible. Personnel shall notify the receiving facility of the patient status, leave a call back number with the MICN and request a return call from the MICN when the facility is prepared to accept the patient. Receiving hospitals should have processes in place to rapidly prepare for the arrival of patient with suspected infectious disease. If delays in acceptance of a suspected patient occur (lack of response from receiving hospital greater than 30 minutes) field personnel should contact EMS Division On-Call staff through their respective company procedures.
- It is preferred an ambulance with no stock (completely empty and care givers only take essential equipment with them) be sent to the scene for transport of the patient. A bare ambulance will provide for easier decontamination, and reduce loss of supplies for the provider. However, if no such resource is available ambulance providers should follow their respective procedures for transporting a patient with suspected infectious disease.

Critical Patient:

The goal for critical patient is to provide the highest level of advanced life support necessary for the condition of the patient. The goal of limiting exposure to additional personnel is still of upmost importance.

- Transport personnel should not delay on scene for a critical patient.
- Notification to the receiving facility shall be made as early as possible. This communication should be made by phone if possible.
- Once the ambulance has arrived at the receiving facility, personnel and the patient shall remain inside of the ambulance until hospital personnel are ready to receive the patient.

False positive:

If after assessing the patient it is determined that the patient has none of the signs or symptoms associated with the infectious disease of concern and no other risk factors

are present, personnel may remove PPE as appropriate and proceed with the call as normal and customary.

RESPONSE TO A SCENE WITHOUT NOTIFICATION OF SUSPECTED INFECTED PERSON:

During an infectious disease outbreak, either in the United States or abroad, all responding personnel are expected to have a heightened sense of awareness for the potential to contact a person who may be infectious. Even though dispatch policies may be in place for screening of callers, the information necessary for prior notification of responding personnel may not be available. Responding personnel may want to place PPE in an easily accessible location outside of the response vehicle to avoid contamination after patient contact.

- Responding personnel may request that someone at the scene be available for answering screening questions prior to making entry into the scene.
- Responding personnel should keep an appropriate distance from the patient while screening is being conducted.
- Responding personnel should make attempts at determining if a risk is present for exposure to infectious disease prior to making entry into the scene.
- Personnel should attempt to minimize exposure to the infectious disease by limiting the amount of surfaces contacted.
- If it is determined that a risk is present at any time during contact with the patient, personnel should immediately isolate the patient, if possible.
- Personnel should excuse him/herself from the scene to don the appropriate PPE.
- Follow notification of appropriate personnel per company/departmental policy.
- Further on-scene operations shall be in accordance with the above standards for “Response to a Suspected Infectious Person.”
- The EMD center shall notify EMS On-Call Coordinator of the situation.

TREATMENT AND TRANSPORT:

Treatment and transport of the patient shall occur in a fashion that is determined by patient condition. PPE shall be worn while in the presence of the patient.

- Given the circumstances an on-scene delay is expected and crews should clearly document incident specifics in their patient care reports.

- Once the patient is in the back of the ambulance, it may be necessary to take the following measures:
 - Blower vents turned on high
 - Front windows open
 - Exhaust fan on high
 - Isolation of the patient compartment from the cab of the ambulance
- Transport destination decision shall be in accordance with the Ambulance Destination Decision Policies and Procedures with the following exception:
 - Rural area ALS transport providers shall bypass the closest facility and opt to transport into the Bakersfield area for patients that do not meet extremis criteria.
- The use of Air Ambulance for transport of patients is discouraged for patients with infectious disease symptoms.
- Once the ambulance has arrived at the hospital, the ambulance should park in a designated parking place that may be away from the Emergency Room Entrance. It is appropriate to follow hospital personnel directions for parking and removal of the patient from the ambulance.

POST RESPONSE OPERATIONAL STANDARDS:

Each receiving facility may have different procedures to follow for the acceptance of a patient with suspected infectious diseases. It is the goal of these standards to limit the potential for exposure even after the transport personnel may no longer be in contact with the patient.

- Removal (doffing) of PPE shall be in accordance, at a minimum, with the guidelines established by the CDC.
- Personnel may have additional company/departmental policies above the CDC recommendations.
- Each provider should have a plan for the movement and decontamination of the ambulance and equipment in place.
- Access to the contaminated unit should not be allowed other than by an agent of the company/department that has donned the appropriate PPE.
- Disposal of all contaminated items should be in accordance with CDC recommendations for decontamination. All disposable contaminated items shall be placed in red bags. Notify the receiving facility of the presence of medical

waste associated with the patient and follow appropriate recommendations for placement of the waste at the facility.

- Wash hands immediately following removal of PPE.

PERSONNEL EXPOSED

Personnel with exposure to blood, bodily fluids, secretions, or excretions from a patient with suspected or confirmed Infectious Disease should immediately:

- Stop working and wash the affected skin surfaces with soap and water. Mucous membranes should be irrigated with a large amount of water or eyewash solution.
- Contact the appropriate person within your company/department for assessment and access to post-exposure management services.
- Receive medical evaluation and follow-up care as appropriate to the risks encountered. Personnel may be allowed to continue work based on agency/department policy and coordination with local, state, and federal public health authorities.

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