



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo and Mono Counties

Virginia Hastings, Executive Director
Reza Vaezazizi, M.D., Medical Director

DATE: May 1, 2009

TO: EMS Providers – ALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers, PLNs
EMS Training Institutions, EMS CE Providers
Inyo, Mono and San Bernardino County EMCC Members
Other Interested Parties

FROM: Reza Vaezazizi, M.D.
ICEMA Medical Director

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ICEMA Executive Director

SUBJECT: EMERGENCY PROTOCOL IMPLEMENTATION

The attached emergency protocol establishes clear guidelines for the treatment of Influenza like illnesses (ILI) and other airborne diseases. This protocol is effective immediately.

This emergency protocol will remain in effect for one hundred and twenty (120) days, following which it will be formally adopted after public comment is reviewed.

Additionally, the State EMS Authority developed an educational presentation that ICEMA has adapted to fit regional policies and procedures. It is available on the ICEMA website at http://www.sbcounty.gov/icema/WhatsNew/SwineFluTraining/Swine_page_1.htm.

All documented personnel who complete this training will be eligible to receive one (1) hour of Continuing Education. EMS coordinators should properly document participation of all personnel by submitting rosters to ICEMA no later than May 15, 2009.

If you have any questions concerning this training or the protocol, please contact Iris Pena, R.N. at (909) 388-5813 or IPena@cao.sbcounty.gov.

RV/dws



INFLUENZA-LIKE ILLNESS (ILI) AND OTHER AIRBORNE INFECTIONS

PURPOSE

To establish a policy to be used in case of suspected or known influenza outbreak within the ICEMA region or other airborne infections.

FIELD ASSESSMENT/TREATMENT INDICATORS

Signs and Symptoms

1. Fever $>37.8^{\circ}\text{C}$ (100°F)
2. Runny nose, cough, sore throat
3. May or may not have gastrointestinal symptoms

PROCEDURE

Patient Care

1. Treatment for a symptomatic individual who is a confirmed case, or a suspected case of the influenza virus infection, is supportive based upon assessment findings.
2. IV fluids and appropriate medications are to be initiated per established protocols.
3. Exacerbation of underlying medical conditions in flu patients should be considered, thoroughly assessed and treated per established protocols.

Infection Control of Ill Persons During Treatment and Transport

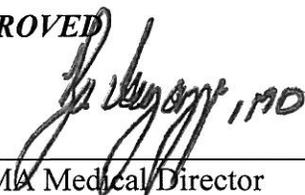
1. EMS personnel should incorporate rapid assessment of potential infectious environment into their scene survey/safety and maintain an index of suspicion for influenza when a patient with signs/symptoms consistent with the case definition(s) is encountered.
2. Personal Protective Equipment (PPE) must be immediately accessible and employed by all EMS providers who come into close contact with ill patients. This would include the driver in vehicles with open driving compartments particularly when the patient is receiving aerosolized treatment.
3. All required care should be provided to the patient(s) as indicated by protocol(s).

4. Incident commanders should consult with ALS personnel and to the extent possible and appropriate for patient care, limit exposure to response personnel not required for direct patient care.
5. Patients with suspected or confirmed case-status should be transported as warranted by assessment findings. All patients in acute respiratory distress will be transported. If transport is initiated, symptomatic patients should not be transported with non-symptomatic patients. The patient should be accompanied by a single attendant during transport to limit exposure unless patient treatment needs dictate otherwise.
6. After thorough assessment and attention to the patient's respiratory status, the patient should be encouraged to wear a surgical mask if it can be tolerated or oxygen mask if indicated. Close monitoring of the patient's respiratory status is required at all times during treatment and transport.

Specific EMS Personal Protective Equipment Standards

1. **For EMS personnel treating and/or transporting a patient that meets the case definition of influenza respiratory protection must include wearing a fit-tested N95 respirator, disposable gloves, disposable gown and eye protection (face shield or goggles).**
2. Clean hands thoroughly with soap and water or an alcohol-based hand gel before and after all patient contacts.
3. All equipment and surface areas should be thoroughly decontaminated with an anti-viral cleaner following each patient contact.

APPROVED



ICEMA Medical Director

Date



ICEMA Executive Director

Date