



Operational Policy		3307
Effective April 1, 2018		Expires March 31, 2019
Policy: Emerging Viruses	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

PURPOSE

To specify the procedures to be followed when highly pathogenic emerging viruses are suspected during emergency call taking and response; or confirmed prior to interfacility transport.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)

[California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)

Procedures for Call-takers

Emergency Medical Service (EMS) dispatch centers and Public Safety Answering Points (PSAPs) shall consider screening callers for symptoms and risk factors of emerging viruses.

- If call takers suspect a caller is reporting symptoms of an emerging virus, they shall screen callers for risk factors.
- If call takers have information alerting them to a person with a possible emerging virus, they shall make sure any first responders and EMS personnel are made confidentially aware of the potential for an emerging virus before the responders arrive on scene.
- If responding at an airport or other port of entry to the United States, call-takers shall notify:
 - The Centers for Disease Control and Prevention (CDC) Los Angeles Quarantine Station at (310) 215-2365 (24-hour access).
 - The Riverside County Disease Control Branch through the EMS Agency Duty Officer.

Note that approved emergency medical dispatch (EMD) providers using ProQA software are authorized to use the Emerging Infectious Disease Surveillance Tool (EID Tool) if the patient has symptoms consistent with an emerging virus.

Procedures for First Response and Transport Personnel

Patient Assessment

Address scene safety:

- If the dispatch center or PSAP advises that the patient is suspected of having an emerging virus, first response and transport personnel shall put on the personal protective equipment (PPE) appropriate for suspected cases of an emerging virus (described below) before entering the scene.
- Keep the patient separated from other persons as much as possible.
- Use caution when approaching a patient with an emerging virus.

During patient assessment and management, first response and transport personnel shall consider the symptoms and risk factors of the suspected emerging virus:

- All patients shall be assessed for symptoms of the emerging virus. If the patient has symptoms of the emerging virus, then ask the patient about risk factors before the onset of symptoms.
- Based on the presence of symptoms and risk factors, put on or continue to wear appropriate PPE and follow the scene safety guidelines for any suspected case of an emerging virus.
- If there are no risk factors, proceed with normal EMS care.

Transfer to a Receiving Facility

Transport personnel shall notify the receiving healthcare facility when transporting a suspected emerging virus patient, so that appropriate infection control precautions may be prepared prior to patient arrival. Any U.S. hospital that is

following CDC's infection control recommendations and can isolate a patient in a private room is capable of safely managing a patient with an emerging virus.

Interfacility Transport

Personnel involved in the air or ground interfacility transfer of patients with a suspected or confirmed emerging virus shall wear recommended PPE (described below).

Infection Control

First response and transport personnel can safely manage a patient with a suspected or confirmed emerging virus by following recommended isolation and infection control procedures, including standard, contact, and droplet precautions. Particular attention shall be paid to protecting mucous membranes of the eyes, nose, and mouth from splashes of infectious material, or self-inoculation from soiled gloves. Early recognition and identification of patients with a potential emerging virus is critical. First response and transport providers managing a suspected emerging virus patient shall follow these CDC recommendations:

- Limit activities, especially during transport that can increase the risk of exposure to infectious material (e.g., airway management, cardiopulmonary resuscitation, use of needles).
- Limit the use of needles and other sharps as much as possible. All needles and sharps shall be handled with extreme care and disposed in puncture-proof, sealed containers.
- Phlebotomy, procedures, and laboratory testing shall be limited to the minimum necessary for essential diagnostic evaluation and medical care.

Personal Protective Equipment (PPE)

Use of standard, contact, and droplet precautions is sufficient for most situations when treating a patient with a suspected case of an emerging virus. Personnel shall wear:

- Gloves
- Gown (fluid resistant or impermeable)
- Eye protection (goggles or face shield that fully covers the front and sides of the face)
- Facemask
- Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

Pre-hospital resuscitation procedures such as endotracheal intubation, open suctioning of airways, and cardiopulmonary resuscitation frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment (e.g., moving vehicle) increases risk of exposure. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicle, hospital destination).

During pre-hospital resuscitation procedures (intubation, open suctioning of airways, cardiopulmonary resuscitation):

- In addition to recommended PPE, respiratory protection is required; either a P100 mask, a powered air purifying respirator (PAPR), or a self-contained breathing apparatus (SCBA) with Cal OSHA variance.
- Additional PPE must be considered for these situations due to the potential increased risk for contact with blood and body fluids including, but not limited to, double gloving, disposable shoe covers, and leg coverings.

If blood, body fluids, secretions, or excretions from a patient with a suspected emerging virus come into direct contact with the provider's skin or mucous membranes, then the provider shall immediately stop working. They shall wash the affected skin surfaces with soap and water and report exposure to a supervisor for follow-up.

Recommended PPE shall be used by first response and transport personnel as follows:

- PPE shall be worn upon entry into the scene and continued to be worn until personnel are no longer in contact with the patient.
- PPE shall be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials.
- PPE shall be placed into a medical waste container at the hospital or double bagged and held in a secure location.
- Re-useable PPE shall be cleaned and disinfected according to the manufacturer's reprocessing instructions and the first response agency or transport service's policies.

- Instructions for putting on and removing PPE have been published online at <http://www.cdc.gov/HAI/prevent/ppe.html> and <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf> [PDF - 2 pages].
- Hand hygiene is critical and shall be performed effectively and immediately after removal of PPE.

Environmental Infection Control

Environmental cleaning and disinfection, and safe handling of potentially contaminated materials is essential to reduce the risk of contact with blood, saliva, feces, and other body fluids that can soil the patient care environment. Personnel shall always practice standard environmental infection control procedures, including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of U.S. Food and Drug Administration (FDA) cleared or authorized medical PPE.

Personnel performing environmental cleaning and disinfection shall:

- Wear recommended PPE (described above) and consider use of additional barriers (e.g., shoe and leg coverings) if needed.
- Wear face protection (facemask with goggles or face shield) when performing tasks such as liquid waste disposal that can generate splashes.
- Use an EPA-registered hospital disinfectant with a label claim for viruses that share some technical similarities to the emerging virus to disinfect environmental surfaces. Disinfectant shall be available in spray bottles or as commercially prepared wipes for use during transport.
- Spray and wipe clean any surface that becomes potentially contaminated during transport. These surfaces shall be immediately sprayed and wiped clean (if using a commercially prepared disinfectant wipe) and the process repeated to limit environmental contamination.

Cleaning Equipment and Transport Vehicles

The following are general guidelines for cleaning or maintaining equipment and transport vehicles after contact with a patient with a suspected or confirmed emerging virus:

- Personnel performing cleaning and disinfection shall wear recommended PPE (described above) and consider use of additional barriers (e.g., rubber boots or shoe and leg coverings) if needed. Face protection (facemask with goggles or face shield) shall be worn since tasks such as liquid waste disposal can generate splashes.
- A blood spill or spill of other body fluid or substance (e.g., feces or vomit) shall be managed through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient.
- An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to the emerging virus and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids shall be used according to those instructions. After the bulk waste is wiped up, the surface shall be disinfected as described in the bullet above.
- Contaminated reusable patient care equipment shall be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment shall be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.
- Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces) are likely to become contaminated and shall be cleaned and disinfected after transport.
- Use only a mattress and pillow with plastic or other covering that fluids cannot get through. To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.

An emerging virus may be a Category A infectious substance regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used PPE [e.g.,

gowns, masks, gloves, goggles, face shields, respirators, booties] or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.

Follow-up and/or Reporting Measures

- First response and transport personnel shall be aware of the follow-up and/or reporting measures they shall take after caring for a suspected or confirmed emerging virus patient.
- First response agencies and transport services shall develop policies for monitoring and management of personnel potentially exposed to an emerging virus.
- First response agencies and transport services shall develop sick leave policies for personnel that are non-punitive, flexible and consistent with public health guidance.
- First response agencies and transport services shall ensure that all personnel are aware of the sick leave policies.
- Personnel with exposure to blood, bodily fluids, secretions, or excretions from a patient with a suspected or confirmed emerging virus shall immediately:
 - Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) shall be irrigated with a large amount of water or eyewash solution;
 - Contact their supervisor for assessment and access to post-exposure management services; and
 - Supervision/ Designated Officer shall notify, via phones, the Riverside County Disease Control Branch through the Riverside County EMS Duty Officer.
 - Supervision/ Designated Officer shall report exposure to the Riverside County Disease Control Branch using the Communicable Disease Exposure Reporting Form:
http://www.rivco-diseasecontrol.org/Portals/0/documents/E-3_attachment_2_CD-145_Exposure_Reporting_Form_09-12.pdf
 - Receive medical evaluation and follow-up care. They may continue to work based upon the first response agency or transport service's policy and discussion with the County of Riverside Department of Public Health.
- Personnel who develop symptoms after an unprotected exposure (i.e., not wearing recommended PPE at the time of contact with a suspected or confirmed emerging virus patient shall:
 - Not report to work or immediately stop working and isolate themselves;
 - Notify their supervisor, who shall notify the Riverside County Disease Control Branch through the Riverside County EMS Duty Officer.
 - Contact their supervisor for assessment and access to post-exposure management services; and
 - Comply with work exclusions until they are deemed no longer infectious to others.