Suspected Pandemic

Purpose: To have a standard approach to patients during a period of a declared pandemic or state of Public Health Emergency. This approach should increase awareness and protection of first responders and prehospital care while maximizing supplies that may become limited.

Criteria:

1. This protocol will apply to patients encountered by all levels of EMS, during an infectious disease epidemic/pandemic. All agencies should frequently check the CDC.gov website for the latest recommendations with Personal Protective Equipment (PPE) and treatment. These recommendations may change frequently during an evolving and ongoing epidemic/pandemic as regulatory standards are influenced by CDC recommendations.
2. The center for Disease Control and Prevention (CDC) has declared that an epidemic and/or the Michigan Department of Public Health has declared a statewide or local public health emergency.
3. "Acute Febrile Respiratory Illness" (AFRI) is defined as fever and at least one of the following (cough, nasal congestion/runny nose, or sore throat).

EMS System / Medical Control Authority (MCA) Recommendations:

1. Encourage all EMS personnel to receive seasonal and disease specific vaccinations.
2. Each life support agency shall maintain a supply of fit tested N-95 respirators and eye protection (e.g., goggles, eye shield), disposable non-sterile gloves, and gowns.
3. Each life support agency shall provide approved pathogen neutralizing hand sanitizer to staff.
4. Each life support agency should instruct their personnel to stay home and not report for duty if they have signs or symptoms of acute febrile respiratory illness. A staff member that develops these symptoms during a shift must inform the agency supervisor for appropriate follow up procedures.
5. Dispatch centers should be encouraged to screen callers to determine if the patient may have an AFRI. Information should be provided to EMS personnel prior to arriving on the scene if suspected AFRI.
6. If it is determined by EMS that the patient may have an AFRI, early notification to the receiving facility should be done so that appropriate infection control may be taken prior to patient arrival.

Procedure and Patient Categorizations/Situations

1. **Limiting Personnel Exposure:**
   A. If the patient has symptoms of an "Acute Febrile Respiratory Illness" (AFRI) based upon the dispatch information the responding agency should consider limiting the initial number of personnel that approach or enter a residence.

2. **Patients with a medical condition that requires immediate care (e.g., cardiac arrest) and have a recent history of AFRI will be assessed and treated after:**
   A. EMS Personnel don appropriate PPE prior to proceeding with assessment and treatment.

3. **Patient Assessment:**
   A. Begin patient assessment while maintaining a 6-foot distance from the patient exercising appropriate routine respiratory droplet precautions (hand hygiene, cough etiquette, and distance) while assessing patient .
   B. Assess patient for “Acute Febrile Respiratory Illness” which is fever and at least one of the following (cough, nasal congestion/ runny nose, or sore throat).
   C. If **patient does not have an Acute Febrile Respiratory Illness (AFRI)** proceed to appropriate treatment protocol.

4. If **patient has an AFRI,** EMS personnel with direct patient care shall:
   A. Don appropriate PPE.
   B. Place a surgical mask on the patient if tolerated.
   C. Treat patient according to appropriate protocol.
   D. Notify Medical Control of assessment findings.
   E. Encourage good patient compartment vehicle airflow/ventilation to reduce the concentration of aerosol accumulation when possible.

5. **Post Exposure**
   A. Health care personnel, who have had a recognized unprotected close contact exposure to a person with AFRI can be considered for treatment according to current post-exposure guidelines.
   B. Clean EMS Transport Vehicles after Transporting a Suspected AFRI.