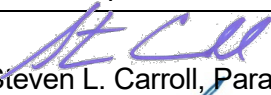



COUNTY OF VENTURA		EMERGENCY MEDICAL SERVICES
HEALTH CARE AGENCY		POLICIES AND PROCEDURES
Policy Title: Ventura County Pre-Hospital Infectious Disease Policy		Policy Number 630
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2024
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: June 1, 2024
Origination Date:	December 30, 2021	Effective Date: June 1, 2024
Date Revised:	December 30, 2021	
Date Last Reviewed:	December 14, 2023	
Review Date:	December 31, 2025	

- I. **PURPOSE:** To provide direction to prehospital emergency personnel when responding to patients with potential infectious diseases and formalize response to infectious disease threats to implement best practices in an efficient manner. Furthermore, the intent is to provide minimum standards to protect providers/patients and to mitigate infectious disease transmission.
  
- II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.220,1797.188. California Code of Regulations, Title 22, Division 9 Section 100062, 100063, 100145 and 100146. ASPR TRACIE EMS Infectious Disease Playbook as a reference guide.
  
- III. **DEFINITIONS:**
  - A. Transmission Based Precautions: Supplemental infection control measures to be used in addition to Standard Precautions for patients who may be infected or colonized with a communicable disease. Basic infection control to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents.
  - B. Emergency Medical Dispatcher (EMD): Personnel who receive emergent and non-emergent calls and dispatch responding units to the scene of an incident.
  - C. Prehospital Responders: Includes any person or agency who responds to the scene of an incident.
  - D. Screening: A process for evaluating the possible presence of a particular problem.

#### IV. PROCEDURE

- A. Safe response by Emergency Medical Services (EMS) requires a cooperative effort and ongoing assessment to evaluate safety risks by following below:
1. EMDs will identify possible infectious disease patients when taking 911 calls through screening questions and provide potential infectious disease information to responding prehospital emergency personnel prior to arriving on scene.
  2. EMD's and prehospital responders should be aware of local disease scenarios, communicable disease surges, clusters, and/or outbreaks. These notifications may be distributed by Ventura County EMS Agency, California Health Alert Network (CAHAN), and/or Public Health "Hot Tips". The screening questions for highly infectious pathogens may be adapted for local area outbreaks.
  3. Prehospital responders need to remain vigilant and further evaluate patients when they arrive on-scene to re-assess and determine the appropriate level of precautions. Re-assessment may require the need to change the type of infection control precautions suggested by dispatch when arriving on-scene.
  4. Screening for pathogens involves questioning patients about recent travel to high-risk areas and their signs/symptoms. The timeframe for these conditions varies. For example, the screening time frame for Middle East Respiratory Syndrome (MERS) is 14 days but Ebola Virus Disease/Viral Hemorrhagic Fever (EVD/VHF) requires a screening time frame of 21 days. A general timeline of 21 days may be used for suspected infectious disease screening consistency.
  5. Fever may be a helpful sign/symptom but should not be used exclusively to determine the type of precaution needed.
  6. Avoid direct contact with patients who have a high suspicion of serious communicable disease until the appropriate level of PPE can be determined and safely donned. Strict transmission-based precautions based on the patient's clinical information is essential to avoid contact with infectious bodily fluids, droplets, and airborne particles.
  7. If COVID-19 is suspected or novel influenza with potential for pandemic: Refer to Appendix A: Ventura County EMS Agency SARS CoV-2 Prehospital Guidelines.

8. If EVD/VHF/Ebola is suspected, stage at a safe distance. Notify EMS Duty Officer and request augmented response. Refer to Appendix B: Ventura County EMS Agency Ebola Guidelines.
9. Destination hospital must be notified of potential infectious disease by EMS personnel prior to patient arrival. If base hospital contact is made, the base hospital will notify the destination/receiving hospital of patient status and infectious disease precaution level.
10. Responding agencies in the County of Ventura shall assure that employees are properly instructed on the use of protective equipment in accordance with the manufacturer's instructions per Cal OSHA regulations.

## V. INFECTIOUS DISEASE PRECAUTION LEVELS

- A. All transmission-based precautions include standard precaution measures. These are recommended minimum standards, and providers are encouraged to error on the side of caution when encountering a potentially infectious patient. Refer to Appendix C: CDC PPE for donning and doffing direction. Refer to Appendix D Guidelines for Isolation Precautions.
  1. Standard Precautions: Hand hygiene, gloves, mask, eyewear
  2. Contact Precautions: Gown
  3. Droplet Precautions: Goggles or face shield, mask on patient if possible
  4. Airborne Precautions: NIOSH approved N-95, mask on patient if possible
  5. Special Respiratory Precautions: NIOSH approved N-95, gown, mask on patient if possible
  6. VCEMSA SARS-CoV-2 Guidelines: Augmented Response (Appendix A) - NIOSH approved N-95, goggles or face shield, gown, mask on patient if possible
  7. EVD-VHF/Ebola Precautions: Augmented Response (Appendix B) - Stage, notify EMS Duty Officer, and request augmented response

## VI. CONSIDERATIONS

- A. Resources not immediately needed may consider staging to limit potential infectious disease exposure to personnel.
- B. When possible, a mask should be placed on patients with suspected potential infectious respiratory diseases.

- C. When a determination of suspected infectious disease is difficult to determine, assume the highest level of contagious threat and use the appropriate level of protection.
- D. Prehospital responders may consider assessing infectious disease potential from six feet away when arriving on-scene as appropriate to determine the level of precautions required.
- E. If the medical personnel driving the transporting ambulance is not isolated, they must also wear the appropriate respiratory protection during transport even when not in direct patient contact.
- F. American Medical Response houses a High-Risk Ambulance (HRA) in Ventura County for augmented medical transport needs. Refer to Appendix D: High Risk Ambulance Operations
- G. Patients and their caregivers may find prehospital responders wearing high levels of personal protective equipment (PPE) alarming. Responders should be mindful of this potential and work to reassure patients while taking reasonable measures to address their distress.
- H. Hand hygiene is one of the best ways to remove infectious contaminants, avoid getting sick and prevent the spread of infectious disease.
- I. Circulate ambulance cabin air and utilize ambulance ventilation system.
- J. Unprotected exposure to a suspected/confirmed communicable disease will be reported in accordance with VCEMSA Policy 612-Notification of Exposure to a Communicable Disease.

## VII. APPENDICES

- i. Ventura County EMS Agency SARS CoV-2 Prehospital Guidelines  
Ventura County EMS Agency Ebola Guidelines
- ii. CDC PPE
- iii. Guidelines for Isolation Precautions
- iv. High Risk Ambulance Operations
- vi. VCEMSA Policy 612-Notification of Exposure to a Communicable Disease



# Infectious Disease On-Scene Assessment Algorithm

**Signs and Symptoms**

**GI**



- Norovirus with exposure history - **C**
- C. difficile with history/diagnosis - **C**
- EVD/VHF with travel/exposure history - **E**
- Otherwise - **S**

**Fever, Flu-like**



- Novel influenza, MERS, or similar with travel or exposure history - **SR**
- Influenza - **D**
- Strep Pharyngitis - **D**
- Consider - **COV**
- EVH/VHF with travel/exposure history - **E**
- Otherwise - **S**

**Cough/Respiratory**



- Novel influenza, MERS, or similar with travel or exposure history - **SR**
- Pneumonia - **D**
- TB with diagnosis or risk factors - **A**
- Consider - **COV**
- Otherwise - **S**

**Skin**



- Large open drainage - **C**
- Measles - exposure or typical rash - **A**
- Zoster with open lesions (shingles) - **A, C**
- Chickenpox - **A, C**
- Meningococcal disease (purpuric rash to extremities, usually very ill) - **D**
- Hemorrhage with travel/exposure history - **E**

**Other**



- Prior antibiotic resistant infection - **C**
- Multidrug-Resistant Organisms - **C**

**S - Standard**

**D - Droplet**

**SR - Special Respiratory**

**C - Contact**

**A - Airborne**

**E - VCEMSA Ebola Guidelines**

**COV - VCEMSA COVID Guidelines**

**Dispatch screening is designed to screen for the highest potential infectious disease precautions. Evaluation on scene is required to adjust precautions to appropriate levels.**

\*This algorithm was designed using the ASPR TRACIE EMS Infectious Disease Playbook as a reference guide. Updated 12/30/2021