

Review of MDHHS SPRN Technical Assistance EMS Site Visits

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Safety Plans

Respiratory Protection Program

- fit testing, clean/maintain respirators

Occupational Health

- Name person responsible for safety, infection control, monitoring of EMS personnel, process to monitor exposures
- Policy identifies RTW, quarantine, work restrictions and compensation
- Identify where HCW files are maintained

Staffing (1 of 3)- Dispatch

Dispatch

- There should be a continuing screening process for EMD.
- Have you traveled?
 - Fevers $\geq 100.4^{\circ}$
 - Signs/symptoms

Special Pathogen Response Network (SPRN)
SPRN ACTION GUIDE >>>
Guidance for Emergency Medical Services (EMS) Systems, Public Safety & 9-1-1 Public Safety Answering Points (PSAPs)

DETECT



Travel from affected countries or direct contact with blood and/or body fluids of someone with infectious diseases within the last 21 days
- AND -
Fever (≥ 100.4 F)

Symptoms may also include: headache, weakness, vomiting, diarrhea, muscle pain, stomach pain, respiratory difficulty, rash.

PROTECT



Many highly contagious infectious diseases are transmitted through DIRECT CONTACT with BLOOD and/or other BODY FLUIDS.

ALERT AHEAD

Inform the next person or facility in the chain of care to use appropriate infection control precautions.

NOTIFY



SCENE SAFETY

Approach the scene with caution.
Use appropriate personal protective equipment (PPE)** if you suspect a patient may have Ebola or another infectious disease.



** For more information and detailed guidance, refer to CDC's [Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States](#).

Staffing (2 of 3) - Roles

Best Practices for Teams

- Criteria for members
- Defined roles – Taking turns versus set roles
- Specified limits for time in PPE (IN ADVANCE)

Staffing (3 of 3)- Training

- Training does not have to always be the same.
- Opportunities for specified training are important.
 - Decontamination
 - Donning/Doffing
 - Ambulance prep
 - Patient transfers
- Dual training with partners need not be full scale.

Ambulance Care

Ready the rig for transport

- Remove equipment/supplies per protocol
- Biocell or Visqueen to cover inside
- Assure air supply/return within rig

Post transport cleaning and disinfection

- Remove Biocell/Visqueen
- Dispose of waste
- Clean, disinfect rig with approved solution
- Extra disinfection not necessary
- Define when rig will return to service



Environmental Infection Control

* *“detected viable Ebola in drying blood for up to 5 days in human and non-human primate blood....”*

- EPA registered cleaner and disinfectant
- Clean, then disinfect per dwell time
- Public health may coordinate cleaning/disinfection of homes
- Hand hygiene “no touch”



**Ebola Virus Stability on Surfaces and in Fluids in Simulated Outbreak Environments*

Fischer et al

http://wwwnc.cdc.gov/eid/article/21/7/15-0253_article[12/22/2015 8:35:01 AM]

Considerations for Waste Handling

Companies that handle Category A waste may differ in:

- Containers
- Protocols for solid disposal
- Protocols for liquid disposal

CDC has guidance document that describes procedure for waste handling

- Gooseneck closure
- Zip tie
- Poster of your procedure



Patient Containment

Develop protocols for:

- Assembling
- Cleaning/disposing
- Use (prefill, medicate patient, secure to cot)
- Storage

Train for use



Care of the Patient

- This is NOT a standard patient
- Patient needs will be planned for IN ADVANCE
- No invasive procedures en route
- Have a plan – Stick to the plan
 - Hand off/transfer
 - Waste



PPE

- NASEMSO: “ *PPE based on standard precautions and total body precautions as appropriate for confirmed or suspected Special Pathogen mode of transmission...*”
- Use formula to determine amount of PPE supplies based on acuity, length of transport
- Don/Doff checklists kept in health file
- List of personnel with size PPE, special needs (glasses holder, hair tie)
- Method to record vital signs prior and after
- PPE Breach and Man Down procedures
- Respirator cleaning/reuse procedure

Recommended PPE for the Wet Patient



Single use/disposable: face shield, N95 Respirator, and surgical hood extending to shoulders

-OR-

PAPR with a: full face shield, helmet, and shroud (*not shown*)

Single use/disposable gown:

- Fluid-resistant or Impermeable
- Extending to at least mid-calf

-OR-

Coverall without integrated hood
(*not shown*)

Single use/disposable apron:

- Fluid-resistant or Impermeable
- Covering torso to at least the mid-calf

Single use/disposable boot covers:

- Two pairs
- Extending to at least mid-calf

-OR-

Single use/disposable shoe covers
-only if using coverall with
integrated socks (*not shown*):

- Fluid-resistant or Impermeable

Single use/disposable gloves:

- Two pairs
- Extended cuffs (at least on outer gloves) that completely cover gown cuffs

<http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/>

Recommended PPE for the Dry Patient



Single use/disposable face shield

Single use/disposable surgical mask

Single use/disposable gown:

- Fluid-resistant

- Extending to at least mid-calf

-OR-

Coverall without integrated hood (*not shown*)

Single use/disposable gloves:

- Two pairs

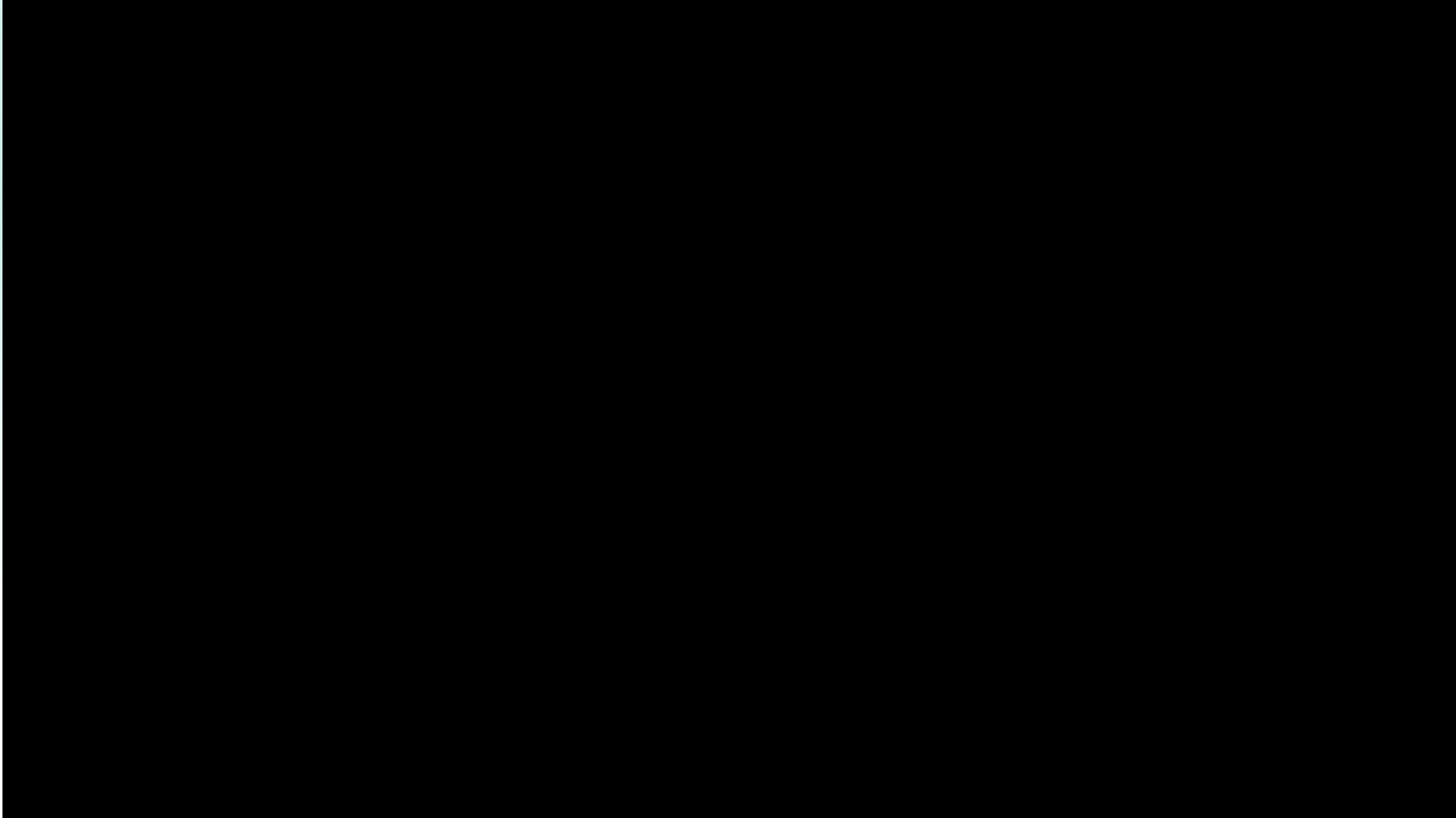
- Extended cuffs (at least on outer gloves) that completely cover gown cuffs

<http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/>

Glove Selection

- Medical grade
- Second pair has extended cuff (surgical gloves)
- Tight fitting
- Discourage taping
- Gloves are your “hands”:
wear third pair during tasks
with blood/body fluids
- “Aloe” helps with doffing





Communication

- Between
 - Team members
 - Dispatch
- To the patient
- Documentation



Management of Deceased

Death during transport:

- Follow EMS *Determination of Death* protocol

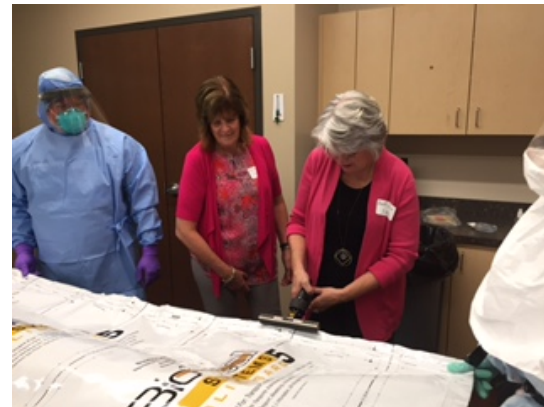
Care of Deceased:

- Trained ETC teams
- Package body per protocol using Bioseal

Designated EMS will transport to crematory:

- Standard precautions

Designated crematories



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