

**DETROIT/EAST MEDICAL CONTROL AUTHORITY**

**SECTION NINE**

**WEAPONS OF MASS DESTRUCTION**

**TREATMENT PROTOCOLS**

## **SECTION 9 – EMERGENCY PROTOCOLS**

**Sec      Title**

**9.1      Severe Acute Respiratory Syndrome (SARS)**

## SECTION 9.1 – Severe Acute Respiratory Syndrome (SARS)

This protocol is intended to assist EMS providers to transport SARS patient while ensuring the safety of patient and transport personnel. These are the most current CDC recommendations and are based on standard infection control practices.

### PRE-HOSPITAL

#### Pre-Radio

MFR/EMT/SPECIALIST/PARMEDIC

1. Follow General Pre-Hospital Care Protocols  
(oxygen delivery with non-rebreather facemasks may be used for patient, however, nebulizers use should be avoided if possible because of increase spread of disease)
2. SARS or Suspected SARS patients usually present with the following symptoms:
  - ❑ Fever > 100.5 F and
  - ❑ Headache, malaise, myalgia and
  - ❑ One or more of the following respiratory symptoms, cough, shortness of breath, difficulty breathing.

#### **And have:**

- ❑ Traveled within the last ten day to Asia (including China, Hong Kong, Vietnam, Hanoi, Taiwan, Singapore, Toronto)
- OR
- ❑ Have been in contact with anyone with a probable or suspected case of SARS.
- OR
- ❑ Was admitted to, visited or had contact with anyone that had been admitted to hospital with SARS.
3. If patient presents with the above symptoms, proceed with the remainder of this protocol.
  4. Crew will consider the patient to be both airborne and contact contagious. Crew will don the following PPE:
    - N95 or higher protective mask
    - Gloves
    - Gown
    - Goggles or face-shield
    - Shoe Covers

#### **DO NOT REMOVE protective equipment during patient transport.**

5. Patient should wear a paper surgical mask to reduce droplet production, if tolerated.
6. Notify receiving facility prior to transport of patient to facilitate preparation of appropriate infection control procedures and facilities.
7. Hands must be washed or disinfected with a waterless hand sanitizer immediately after removal of gloves. Hand hygiene is of primary importance for all personnel working with possible SARS patients.
8. Vehicles that have separate driver and patient compartments and can provide separate ventilation to these areas are preferred for transportation of possible SARS patients. If a vehicle without separate compartments and ventilation must be used, the outside air vents in the driver compartment should be turned on at the highest setting during transport of SARS patients to provide relative negative pressure in the patient care compartment.
9. Unless critical, do not allow additional passengers to travel with the patient in the ambulance.
10. If possible, obtain a list of all response personnel on scene.
11. Place all PPE and linens in an impervious biohazard plastic bag upon arrival at destination and disposed of in accordance with the direction from the hospital personnel.

## **INTERFACILITY TRANSFER**

1. Follow the above precautions for inter-facility transfers.
2. Prior to transporting the patient the receiving facility should be notified and given an ETA for patient arrival allowing them time to prepare to receive this patient.
3. Clarify with receiving facility the appropriate entrance and route inside hospital to be used once crew has arrived at the receiving facility.

### **Mechanically Ventilated Patients**

- Mechanical ventilators for SARS-patient transports must provide HEPA filtration of airflow exhaust.
- EMS providers should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive pressure ventilation.
- BIPAP, CPAP and nebulizers should be avoided if possible because of increased spread of disease when used.

Cleaning and disinfection after transporting a possible SARS patient must be done immediately and prior to transporting additional patients. Contaminated non-reusable equipment should be placed in biohazard bags and disposed of at hospital. Contaminated reusable patient care equipment should be placed in biohazard bags and labeled for cleaning and disinfection. Reusable equipment should be cleaned and disinfected according to manufacture's instruction.

\*Please note that the case definition for SARS continues to change, therefore the criteria listed here may change. Please be sure to see the following web site for more information specific to EMS TRANSPORTS and for UPDATED CASE DEFINITIONS [WWW.CDC.GOV/NCIDOD/SARS/EMTGUIDANCE.HTM](http://www.cdc.gov/ncidod/sars/emtguidance.htm) or <http://www.cdc.gov/ncidod/sars/>