



**Office of Medical Examiner and Trauma Services**

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DATE: July 8, 2014

TO: EMS Medical Directors, NEMTS, Fire Rescue, and Law Enforcement

Thru: Fred Keroff, Chair *ck for fk*  
Medical Issues Committee

FROM: Thomas DiBernardo, Chair  
Infectious Exposure Committee, Broward EMS Council

SUBJECT: 2014 Preparedness Reminder for Influenza or MERS-CoV

The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed a checklist to help emergency medical services and non-emergent (medical) transport organizations assess and improve their preparedness for responding to patients/passengers with Influenza or possible Middle East Respiratory Syndrome Coronavirus (MERS-CoV).

The checklist recommends an infection control plan to be in place to include the following regarding personal protective actions of employees:

1. A policy in place that requires health personnel to use Contact and Droplet Precautions when responding to patients/passengers with respiratory symptoms. Droplet Precautions include:
  - a. Respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering face piece respirator or greater. If respirator is unavailable, a facemask should be worn. (Whenever possible, respirators should be made available.)
  - b. Hand washing - hand hygiene in healthcare settings can be performed by washing with soap and water or using alcohol-based hand rubs. (If hands are visibly soiled, use soap and water, not alcohol-based hand rubs.)
  - c. Gloves
  - d. Gowns

- e. Eye Protection (goggles or face shield)
  - f. Compliance with OSHA's Blood Borne Pathogens Standard
2. Employees are encouraged to participate in flu vaccine programs.
  3. The practice of respiratory hygiene/cough etiquette.
  4. Provision and use of hand sanitizer in the transport vehicles.
  5. Review your infection control policies and CDC infection control recommendations for MERS-CoV.
  6. Be alert for patients/passengers who meet the MERS-CoV case definition or patients/passengers showing signs of **acute** respiratory infection.
  7. Promptly implement source control for potential MERS-CoV patients/passengers before transport or upon entry to the facility and triage according to facility plans.
  8. Report a potential MERS-CoV case or exposure to immediate supervisor, facility infection control, Office of Medical Examiner and Trauma Services - Trauma Section, and public health officials.
  9. Notify and/or seek evaluation by occupational health following an unprotected exposure (i.e., not wearing recommended PPE) to a suspected or confirmed MERS-CoV patient/passenger.

In addition, it is recommended that each agency ensure employees are offered the seasonal influenza vaccine and actively encourage vaccination. Unvaccinated, even asymptomatic carriers pose a risk to patients/passengers and other employees. Therefore, the vaccine not only protects the employee but patients/passengers he/she is assisting.

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