



## **Safety and Health Advisory Respiratory Etiquette and Protection January 4, 2018**

As the country continues to deal with an unusually aggressive respiratory season of not only seasonal influenza but several other respiratory syndromes, information from the CDC and local surveillance data indicates this activity will continue and may intensify as the winter progresses. Area Emergency Departments have reported increased cases of respiratory symptoms since Christmas Day.

Providers should continue to be vigilant to patients who exhibit an acute febrile respiratory illness, which may **include fever plus one or more** of the following: **nasal congestion/ rhinorrhea, sore throat or cough.**

Additionally, while information indicates a poor match of the seasonal influenza vaccine to the most virulent and predominant A strain, it is important to remember the vaccine contains protection against three other strains and lineages of the virus.

Swab samples from several of the area outbreaks have identified these other strains and lineages among patients. Hence, it is still strongly recommended that providers receive a 2017-18 Seasonal Influenza immunization.

To assist in decreasing the number of cases, it is important to utilize the concept of "respiratory etiquette" and the use of Personal Protection Equipment (PPE) recommendations for preventive measures for EMS providers.

**Providers are reminded to review Clinical Procedure CP56, Respiratory Precautions** within the COGs.

Transmission of seasonal flu occurs mainly by person-to-person transmission through coughing or sneezing of people infected with the influenza virus and contact with environmental surfaces contaminated with secretions from infected persons.

It is important to ensure that the appropriate levels of PPE are available for both providers and patients. Providers should review stocking levels within each medical response vehicle and make certain the necessary items are available. **All medical response vehicles should have an adequate supply of surgical face masks for both PATIENTS AND PROVIDERS. Such supplies are available through the normal supply stream.**

### **Consider a Surgical Face Mask**

**To Contain Large droplets:** The most common form of respiratory discharge that do not stay airborne and fall to the ground shortly after leaving the source patient. Diseases that produce large droplets include:

- Meningitis
- Pneumonia

- Pertussis
- **Seasonal Influenza**
- **Common respiratory viruses**

PPE: Requires the use of **Droplet Precautions** which includes: If you will be within 6 feet of the patient:

A **Surgical Mask** should be worn by the **provider**

A **Surgical Mask** should be placed on the **patient**

The purpose of the surgical mask is to reduce the ejection of respiratory secretions into the air, thus reducing the spread of infectious material onto providers and environmental surfaces. Providers should don the surgical mask so as to prevent inadvertent inoculation of the mucous membranes of the nose, eyes, and mouth.

For patients who cannot tolerate a surgical mask, in addition to any medical treatment being provided, consider application of oxygen via non-rebreather face mask to limit dissemination of droplet particles.

Providers should don the surgical mask and eye protection so as to prevent inadvertent inoculation of the mucous membranes of the nose, eyes, and mouth.

**N-95** masks should **NOT** be placed **on patients**. N-95 masks are for providers **only**. These masks are fit tested for providers to assure adequate filtration on inhalation. In addition the N-95 mask can increase the work of breathing for those with respiratory conditions and may be poorly tolerated by patients.

### **Communicate to the Continuum of Patient Care**

**Continue to use precautions** to manage patients **until it is determined the cause of symptoms is not an infectious agent that requires precautions beyond standard precautions.**

All providers should be attentive to; **minimizing the transfer of any potentially infectious materials acquired during patient contact to medical equipment, stretchers, and other ancillary tools so as to lessen the chances of cross contamination and infection.**

Additionally, exercise caution in the removal of your PPE to prevent inadvertent self-inoculation in the event the PPE has been contaminated with potentially infectious materials. Initiate hand hygiene as soon as feasible after doffing your PPE.

Your continued vigilance during the influenza season should ensure a more safe and healthful period.

Bill Coll

Program Manager, Infection Preventionist  
Office of the Medical Director Austin/Travis County EMS  
System

512.978.0030

[bill.coll@austintexas.gov](mailto:bill.coll@austintexas.gov)

Issued: 01/04/18