



SAN MATEO COUNTY HEALTH SYSTEM

TO: SAN MATEO COUNTY EMT'S AND PARAMEDICS
FROM: GREGORY GILBERT, MD, EMS MEDICAL DIRECTOR *GG*
DATE: JULY 23, 2014
SUBJECT: COMMUNICABLE DISEASES WITH RASH AND FEVER

There are multiple disease entities that may result in fever and rash including measles, varicella (chicken pox), and meningitis. This is a reminder that when treating any patient with a rash and fever the prehospital provider should maintain universal precautions as well as respiratory isolation precautions, which include masking the patient and using an N-95 mask or higher if providing patient care. This should be done regardless of your known immunity status.

Clearly document all isolation precautions taken in the patient care record. Once a reportable communicable disease has been confirmed and reported, the San Mateo County Health Department's Communicable Disease Control Program (CDCP) is required to investigate exposures per California Department of Public Health Guidelines. Management of all exposed healthcare workers may include one or more of the following: work exclusion, self-isolation, symptom watch, post-exposure prophylaxis i.e. medication, vaccine, and verification of immunity status.

The following are recommendations for EMS personnel safety:

- 1) Know and report your immunity status.** Having this information on file with your employer will facilitate CDCP investigations and may save you from having to have a titer drawn and/or vaccination given
- 2) Personal Protective Equipment:** It is imperative that you continue with meticulous Body Substance Isolation (BSI) precautions with any suspected or known communicable disease,
- 3) Suspect contagious disease in all patients with fever and a rash.** Ask about measles, varicella, history or recent exposures, immunization status, international travel, or exposure to international travelers (including transit through an international airport or other international tourist attractions) in the 3 weeks prior to illness. Consider the diagnosis regardless of travel history.
- 4) Take respiratory precautions using an N-95 or higher filtration mask.**
 - P-100 mask should be used when treatments are performed that result in aerosolized secretions such as intubation, administration of aerosolized medications, suction or CPAP.
 - If possible limit the number of EMS providers in contact with the patient and ventilate the patient compartment unit during transportation to the hospital.

- 5) **Mask all patients with suspected contagious disease spread by respiratory or droplet contamination.** Implement airborne precautions for the patient immediately using a simple face mask. If a simple mask cannot be tolerated, other practical means of source containment should be implemented (e.g., place a blanket loosely over the face of infants and young children with suspected communicable disease).
- 6) **Early Notification to Receiving Hospital.** Instruct receiving hospital of suspected communicable disease prior to entering a healthcare facility so that appropriate infection control precautions can be implemented.
- 7) **Decontaminate Vehicle:** Wipe down all surfaces and open all windows and doors for one hour before going back into service.
- 8) **Potential Exposures:** For unprotected potential exposures contact your agency's designated infection control officer (DICO)

CC: Brad White, General Manager AMR
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