

Recommended Guidance for EMS Providers for H1N1 Influenza

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Signs and Symptoms:

- Fever (>100 degrees F)
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue
- Vomiting
- Diarrhea

Patient Assessment:

1. Address scene safety:

- If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases of swine-origin influenza prior to entering scene.
- If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on scene, EMS personnel should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.

2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/rhinorrhea, sore throat, or cough).

- If no symptoms of acute febrile respiratory illness, provide routine EMS care.
- If symptoms of acute febrile respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.

Personal protective equipment (PPE): Interim recommendations:

When treating a patient with a suspected case of swine-origin influenza as defined above, the following PPE should be worn:

- Fit-tested disposable N95 respirator and eye protection (e.g., goggles; eye shield), disposable non-sterile gloves, and gown, when coming into close contact with the patient.

When treating a patient who is not a suspected case of swine-origin influenza but who has symptoms of acute febrile respiratory illness, the following precautions should be taken:

- Place a standard surgical mask on the patient, if tolerated. If not tolerated, EMS personnel may wear a standard surgical mask.
- Use good respiratory hygiene – use non-sterile gloves for contact with patient, patient secretions, or surfaces that may have been contaminated.
- Follow hand hygiene including hand washing or cleansing with alcohol based hand disinfectant after contact.
- Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

Infection Control:

EMS agencies should always practice basic infection control procedures including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE). Interim recommendations:

- Pending clarification of transmission patterns for this virus, EMS personnel who are in close contact with patients with suspected or confirmed swine origin influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, when coming into close contact with the patient.
- All EMS personnel engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatment, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation) should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, unless EMS personnel are able to rule out acute febrile respiratory illness or travel to an endemic area in the patient being treated.
- All patients with acute febrile respiratory illness should wear a surgical mask, if tolerated by the patient.

Vehicle Cleaning and Disinfecting:

EMS agencies should consistently practice basic infection control procedures including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of Food and Drug Administration (FDA)-regulated medical personal protective equipment (PPE) regardless of the likelihood of an influenza pandemic. EMS agencies should adopt day-to-day infection control and decontamination procedures consistent with the most recent CDC and Occupational Safety and Health Administration (OSHA) guidance.

Routine cleaning methods should be employed throughout the vehicle with special attention in certain areas as specified below:

1. Clean and disinfect non-patient-care areas of the vehicle.
2. Non-patient-care areas of the vehicle, such as the driver's compartment, may become indirectly contaminated. Personnel should be particularly vigilant to avoid contaminating environmental surfaces that are not directly related to patient care. If the surfaces in the driver's compartment become contaminated, they should be cleaned and disinfected according to the recommendations in item 4 below.
3. Wear non-sterile, disposable gloves while cleaning the patient-care compartment and when handling cleaning and disinfecting solutions. Dispose of gloves if they become damaged or soiled. Never wash or reuse disposable gloves. Avoid activities that may generate infectious aerosols. Eye protection, such as a face shield or goggles, may be required if splashing is expected.
4. Frequently touched surfaces in patient-care compartments (including stretchers, railings, medical equipment control panels, adjacent flooring, walls, ceilings and work surfaces, door handles, radios, keyboards and cell phones) that become directly contaminated with respiratory secretions and other bodily fluids during patient care, or indirectly by touching the surfaces with gloved hands, should be cleaned first with detergent and water and then disinfected.
5. Non-porous surfaces in patient-care compartments that are not frequently touched can be cleaned with detergent and water. Avoid large-surface cleaning methods that produce mists or aerosols or disperse dust in patient-care areas (e.g., use wet dusting techniques, wipe application of cleaning and/or disinfectant solutions).
6. Clean any small spills of bodily fluids (e.g., vomit from an ill patient) by cleaning first with detergent and water followed by disinfection using an EPA-registered hospital disinfectant.
7. Large spills of bodily fluids (e.g., vomit) should first be managed by removing visible organic matter with absorbent material (e.g., disposable paper towels discarded into a leak-proof properly labeled container). The spill should then be cleaned and disinfected as above.
8. Place contaminated reusable patient care devices and equipment in biohazard bags clearly marked for cleaning and disinfection or sterilization as appropriate.
9. Clean and disinfect or sterilize reusable devices and equipment according to the manufacturer's recommendations.
10. After cleaning, remove and dispose of gloves as instructed in a leak proof bag or waste container.
11. Immediately clean hands with soap and water or an alcohol-based hand gel. Avoid touching the face with gloved or unwashed hands.

This document prepared using guidance material from the Centers for Disease Control and Prevention and adapted from materials developed by the Atlantic County of Emergency Preparedness.

Additional resources for EMS:

<http://pandemicflu.gov/index.html>
<http://pandemicflu.gov/plan/healthcare/emgncymedical.html>
<http://pandemicflu.gov/plan/healthcare/>

