

DEPARTMENT OF FIRE AND RESCUE SERVICES



MEMORANDUM

2009.009



Originating From	Issue Date	Expiration Date	Attachments
Emergency Medical Services	5/5/2009		A

**SUBJECT: CDC Information Update**

**APPLICABILITY: All Personnel**

1. Review the attached information from the CDC on "Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection."
2. With any public health issue, it is important to understand the impact of the prevalence of the disease (Influenza A) on our decisions. Howard County is using a unified command structure for this outbreak with the Howard County Health Department (HCHD) providing the lead with respect to information, guidance and reporting of confirmed cases.
3. As of 11: 00 am on May 5, 2009 there are no confirmed cases of Swine-Origin Influenza A (H1N1) in Howard County. When you read and use the CDC guidance, use the section describing, "If there HAS NOT been swine-origin influenza reported in the geographic area ..." Notification to change approach, will be provided officially upon notification of the Howard County Health Department.
4. Recent guidance from the HCHD describes that infections with this strain in the U. S. have been mostly mild to moderate at most, describing this as our typical flu in a non-flu season. This information is reassuring. Look for official notification before concluding that the infection has become serious enough to change our approach.

Approved:

William F. Goddard, III  
Chief

# MEMORANDUM 2009.009 – CDC Information Update (Attachment A)

**From the Centers for Disease Control (CDC):**

## **Recommendations for EMS and Medical First Responder Personnel Including Firefighter and Law Enforcement First Responders**

The following websites may be used to gather information:

<http://www.howardcountymd.gov/health/healthmain/infectioncontrol/infectioncntrl-flu-forpublic.htm>

[http://www.cdc.gov/swineflu/guidance\\_ems.htm](http://www.cdc.gov/swineflu/guidance_ems.htm)

For purposes of this section, “EMS providers” means prehospital EMS, Law Enforcement and Fire Service First Responders.” EMS providers' practice should be based on the most up-to-date swine-origin influenza clinical recommendations and information from appropriate public health authorities and EMS medical direction.

### **Patient Assessment Interim Recommendations:**

If there HAS NOT been swine-origin influenza reported in the geographic area (<http://www.cdc.gov/swineflu/>), EMS providers should assess all patients as follows:

- Step 1: EMS personnel should stay more than 6 feet away from patients and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
- Step 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 acute febrile respiratory illness, proceed with normal EMS care.
  - If symptoms of acute febrile respiratory illness, then assess all patients for travel to a geographic area with confirmed cases of swine-origin influenza within the last 7 days or close contact with someone with travel to these areas.
    - If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.
    - If no travel exposure, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of swine-origin influenza (as described in PPE section).

If the CDC confirmed swine-origin influenza in the geographic area (<http://www.cdc.gov/swineflu/>)

- Step 1: Address scene safety:
  - If Public Safety Answering Point (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.
- Step 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 that 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.

### **Interfacility Transport**

EMS personnel involved in the interfacility transfer of patients with suspected or confirmed swine-origin influenza should use standard, droplet and contact precautions for all patient care activities. This should include wearing a fit-tested disposable N95 respirator, wearing disposable non-sterile gloves, eye protection (e.g., goggles, eye shield), and gown, to prevent conjunctival exposure. If the transported patient can tolerate a facemask (e.g., a surgical mask), its use can help to minimize the spread of infectious droplets in the patient care compartment. Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

### **Interim Guidance for Cleaning EMS Transport Vehicles After Transporting a Suspected or Confirmed Swine-origin Influenza Patient**

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a suspected or confirmed swine-origin influenza patient. This guidance may be modified or additional procedures may be recommended by the Centers for Disease Control and Prevention (CDC) as new information becomes available.

Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources.

After the patient has been removed and prior to cleaning, the air within the vehicle may be exhausted by opening the doors and windows of the vehicle while the ventilation system is running. This should be done outdoors and away from pedestrian traffic. Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment.

For additional detailed guidance on ambulance decontamination EMS personnel may refer to "Interim Guidance for Cleaning Emergency Medical Service Transport Vehicles during an Influenza Pandemic" available at: [http://www.pandemicflu.gov/plan/healthcare/cleaning\\_ems.html](http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html) .

### **EMS Transfer of Patient Care to a Healthcare Facility**

When transporting a patient with symptoms of acute febrile respiratory illness, EMS personnel should notify the receiving healthcare facility so that appropriate infection control precautions may be taken prior to patient arrival. Patients with acute febrile respiratory illness should wear a surgical mask, if tolerated. Small facemasks are available that can be worn by children, but it may be problematic for children to wear them correctly and consistently. Moreover, no facemasks (or respirators) have been cleared by the FDA specifically for use by children.