



**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT
EMERGENCY MEDICAL SERVICES**

- PROVIDER ACTION NOTICE -

REVISED OCTOBER 23, 2009

**NOVEL H1N1 INFLUENZA A
PROVIDER INFORMATION AND GUIDANCE**

APPLIES TO			
			
BASIC LIFE SUPPORT		ADVANCED LIFE SUPPORT	

PURPOSE

This Provider Action Notice provides information from several sources to guide the actions of all certified or licensed emergency medical service providers.

The information changes frequently as the scientific understanding of this disease continues to develop. As improved information is available, it will be distributed by way of this Provider Action Notice. All providers, supervisors, and managers must seek these updates and ensure all concerned are aware.

BACKGROUND

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) has declared a novel H1N1 Influenza A virus pandemic, or global disease outbreak. Human cases of influenza have been confirmed in all 50 states and around the world. Influenza activity in the State of Maryland and National Capital Region are abnormally high for this time period.

INFECTION CONTROL PRACTICES

This Provider Action Notice is a supplement to General Order 08-07 - Infection Control Program. The General Order should be reviewed with all personnel for further guidance.

EMS providers should always practice infection control procedures including distancing, hand hygiene, respiratory hygiene, vehicle/equipment decontamination, and proper use of personal protective equipment (PPE).

PROVIDER ACTIONS

Preparedness

- Review e-mail and other Departmental communications for updated information.
- Develop personal and family preparedness plans to ensure employees and members are available to provide service if physically able.
- DO NOT report to duty at any Fire/EMS Department location if suffering from symptoms of influenza-like illness.
 - Report symptoms immediately to the Fire/EMS Department Call Center.
 - Stay at home (voluntary isolation) until 24 hours after all symptoms have resolved without the use of over-the-counter medications.
 - Contact your physician for guidance if you are pregnant or have health conditions such as diabetes, heart disease, asthma, or emphysema.
 - Avoid contact with healthy persons from one day prior to one day after all symptoms have resolved.
- Practice hand hygiene and proper hand washing techniques.
 - Cover all open wounds with appropriate dressings
 - Refrain from touching face, eyes, nose or mouth.
- Practice respiratory hygiene techniques
 - Use your elbows or tissues to cover coughs
 - Discard contaminated materials in a lined waste can or flush down the toilet.
- Perform DAILY unit hygiene and preparedness checks
 - Disinfect contaminated equipment, hard surfaces, and inside EMS units and fire apparatus using a registered disinfectant cleaner or diluted (1:10) bleach solution
 - Ensure units are equipped with proper infection control equipment and supplies
- Perform DAILY environmental hygiene
 - Disinfect all hard surfaces using a registered disinfectant cleaner or diluted (1:10) bleach solution
 - Concentrate on commonly touched areas, such as door knobs, railings, phone receivers, computer keyboards, etc.
 - As weather allows, open the station and dormitory windows to encourage fresh air exchange.
- Maintain Personal Hygiene
 - Shower daily. Consider showering before leaving the station.
 - Keep a change of clothes and shoes at the station.
 - DO NOT wear dirty uniform or work shoes home.
 - DO NOT share personal items or utensils
- Seek Vaccination
 - Seasonal Influenza vaccination is **STRONGLY RECOMMENDED**
 - H1N1 Influenza vaccination is **STRONGLY RECOMMENDED**

Pre-Arrival Indicators

Certain incident types provide a higher probability that influenza-like illness may be encountered. Providers should maintain a high index of suspicion for any patient encounter on incidents with the following EMD determinant codes:

Determinant	Breathing Problems	Sick Person
ECHO	6-E-1	
DELTA	6-D-1 6-D-2 6-D-3	26-D-1
CHARLIE	6-C-1	
BRAVO		26-B-1
ALPHA		26-A-1

Scene and Patient Assessment

STEP 1: Approach the scene safely

Practice standard precautions on every EMS response. Influenza can be transmitted PRIOR to the onset of symptoms. Therefore, it is imperative that EMS providers take proper precautions for ALL patient encounters when influenza-like illness may be present.

Assess the risk by questioning the patient or family members about influenza-like illness from a distance greater than 6 feet.

Reduce the risk by limiting the number of providers within 6 feet of the patient to only those necessary.

Minimize the number of providers in close contact to patients with influenza-like illness. The highest risk of occupational exposure to illness is seen anytime providers are required to be in close proximity (within 3 feet) of sick people or they are required to have repeated or extended contact with known or suspected sources.

If there is potential for a patient with influenza-like illness, EMS personnel should exercise appropriate **droplet precautions**. In addition to standard precaution practices, EMS providers should cover their eyes, nose, and mouth by using a simple surgical mask and eye protection.

Step 2: Assess all patients for symptoms of influenza-like illness:

**ANY PATIENT WITH
 A FEVER AND ANY COMBINATION OF THE SYMPTOMS BELOW IS
 A SUSPECTED CASE OF NOVEL H1N1 INFLUENZA**

SECTION 1: Fever			
Fever above 100° F	Temperature:	°F	
			YES NO
SECTION 2: Influenza Symptoms			
Cough/sore throat			YES NO
Runny nose/nasal congestion			YES NO
Body aches/headache			YES NO
Fatigue/malaise			YES NO
Nausea/diarrhea/vomiting			YES NO
Pneumonia or respiratory failure			YES NO
Worsening of underlying chronic medical condition			YES NO

STEP 3: Patient Care

If no symptoms of acute febrile respiratory illness are present, utilize appropriate precautions, and provide routine patient care consistent with Maryland Protocol.

If symptoms of influenza-like illness are suspected:

1. In addition to standard precaution practices, exercise droplet precautions by EMS providers should cover their eyes, nose, and mouth by using a simple surgical mask and eye protection.
 - a. This level of protection should be upgraded to a N99 respirator when working within 3 feet of the suspected patient when performing suctioning, intubation, or assisting with aerosolizing procedures such as CPAP or nebulizer treatments.
2. Provide the patient a surgical mask to cover their mouth and nose.
 - a. Proper oxygen delivery devices should be applied in addition to the surgical mask, not in place of it.
 - b. Instruct all patients about respiratory hygiene practices.
3. Provide routine patient care consistent with Maryland Protocol
4. While the patient is in the patient compartment, open all windows and maximize air flow using the HVAC system. Do not use re-circulating modes on HVAC systems.

STEP 4: Suspected exposures

If a provider sustains a “direct” cough, splash, or spit to their face unprotected face (no mask, no safety glasses) and/or transferred blood/body fluid from a patient to non-intact and unprotected skin IMMEDIATELY:

- Wash contaminated skin with soap and water (if available or use hand sanitizer as soon as possible)

- Flush eyes with sterile water or saline
- Blow nose
- Gargle your mouth out.
- Contact your supervisor and the Fire/EMS Call Center for an Infection Control referral as soon as possible.

STEP 5: EMS Transfer of Patient Care to a Healthcare Facility

When transporting a patient with symptoms of influenza-like illness, EMS personnel should notify the receiving facility through EMRC so that appropriate infection control precautions may be taken prior to patient arrival.

STEP 6: Return to service

Complete hand hygiene by hand washing or cleansing with alcohol based disinfectant after any patient contact.

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 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.

Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment. Clean all non-disposable equipment or hard surfaces using registered disinfectant cleaner or 1:10 bleach while wearing gloves. Please refer to and review General Order 08-07 – Infection Control Program for further information.

Restock the unit with all necessary infection control supplies

FURTHER AND/OR DEVELOPING INFORMATION

CDC - <http://www.cdc.gov/h1n1flu/>

Maryland DHMH - <http://www.dhmh.maryland.gov/swineflu/>

REFERENCES

1. [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 Influenza A \(H1N1\) Virus Infection](#)
2. [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)
3. [Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection and Close Contacts](#)
4. [Interim Guidance for Cleaning Emergency Medical Service \(EMS\) Transport Vehicles during an Influenza Pandemic](#)
5. [Prince George's County Fire/EMS Department, General Order – Division 8, Chapter 7 – Infection Control Program](#)

*Please note this link can only be accessed through a computer on the County Network

ATTACHMENTS

Attachment 1 – Definitions

ATTACHMENT 1 - DEFINITIONS

Close Contact – any encounter within 6 feet or transport involving a person with Influenza like illness with acute febrile respiratory illness.

Confirmed Case – person with an acute febrile respiratory illness with laboratory confirmed novel H1N1 Influenza A virus infection at CDC.

Contact Precautions - Contact Precautions are intended to prevent transmission of infectious agents, which are spread by direct or indirect contact with the patient or the patient's environment. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission. Healthcare personnel caring for patients on Contact Precautions should wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning PPE before room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination.

Droplet Precautions - Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances in a healthcare facility, special air handling and ventilation are not required to prevent droplet transmission. Patients on Droplet Precautions should wear a surgical mask if tolerated and follow Respiratory Hygiene/Cough Etiquette practices.

Hand Hygiene – Washing with soap and water or using hand sanitizer immediately after removing gloves and other equipment and after any contact with respiratory secretions. Indications for hand washing and hand disinfection:

- When hands are visibly dirty or contaminated with biological material or are visibly soiled with blood or other body fluids, wash hands with either a nonantimicrobial soap and water or an antimicrobial soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described below. Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described below.
- Decontaminate hands before having direct contact with patients.
- Decontaminate hands before inserting peripheral vascular catheters or other invasive devices that do not require a surgical procedure.
- Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
- Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
- Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.

- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- Decontaminate hands after removing gloves.
- Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- Antimicrobial-impregnated wipes (i.e., Vionex towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. However, they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water, so they are not a substitute for using an alcohol-based hand rub or antimicrobial soap.

Incubation Period – The reported incubation period for this influenza virus is estimated as 48 hours from exposure to development of symptoms.

Respiratory Hygiene/Cough Etiquette –

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

Standard Precautions - Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

Suspected Case – a person with acute febrile respiratory illness with onset within 7 days of close contact with a person who is a confirmed case of novel H1N1 Influenza A (H1N1) virus infection, or within 7 days of travel to community either within the United States or internationally where there are one or more confirmed novel H1N1 Influenza A cases, or resides in a community where there are one or more confirmed H1N1 Influenza A cases.

Voluntary Isolation – Non-hospitalized ill persons who are a confirmed or suspected case of novel H1N1 Influenza A virus infection are recommended to stay at home (voluntary isolation) for at least the first 7 days after illness onset except to seek medical care.