



Central Shenandoah Emergency Medical Services Council

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BEST PRACTICE

H1N1 Flu Response

This “Best Practice” guideline applies to personnel dispatched to incidents involving patients with flu-like symptoms (FLS) including fever and respiratory symptoms. This guideline should also be followed with patients found to have flu-like symptoms (FLS) including fever and respiratory symptoms during assessment.

I PATIENT PRESENTATION

Generally, the patient presentation includes the following:

- Respiratory illness of unknown etiology with onset since April 2009
- Measured temperature greater than 100.4^oF (greater than 37.8^oC) **AND**
- One or more clinical findings of respiratory illness (cough, shortness of breath, difficulty breathing, or hypoxia) **AND**
- Close contact (cared for, lived with, or had direct contact with respiratory secretions and/or body fluids of, a patient confirmed positive for 2009 H1N1 influenza or in which FLS are present) within 10-days of onset of symptoms

II SCENE SAFETY/BODY SUBSTANCE ISOLATION

- **Crew Personal Protective Equipment:** Personal protective equipment (PPE) should be worn prior to contacting a patient dispatched as having FLS. If during evaluation, it is determined a patient has FLS -- PPE should be immediately donned.
 - Personal Protective Equipment includes:
 - Surgical Mask or N-95 respiratory mask if particulate matter contact is likely such as during mechanical airway care (NPA/OPA), intubation, suctioning, and nebulizer treatments
 - Eye Protection, corrective lenses/glasses are not adequate
 - Gloves
 - Gown - Necessary if bodily fluid contact is likely such as during mechanical airway care (NPA/OPA), intubation, suctioning, and nebulizer treatments
- **Patient Personal Protective Equipment:**
 - Place a surgical mask on the patient (patients may need to be coached to tolerate); do not apply N-95 Respiratory mask to any patient
 - If patient is in respiratory distress, place patient on oxygen using a non-rebreather mask, BVM, CPAP, or ventilator per EMS protocols.
- Consider “6-Foot Rule” when assessing patient with flu-like symptoms (**FLS**) including fever and respiratory symptoms
- PPE equipment should be worn for the duration of the call.
 - If a first response unit should arrive on scene first, only two (2) crewmembers should make initial entry; one of these should be an ALS provider, if available
 - Only the minimum number of crewmembers capable of handling the situation should be used to treat and transport patients with FLS
 - Do not compromise patient assessment or treatment

III TRANSPORT

- Ambulance transport of patient with FLS
 - Unless no alternative exists, do not transport family with patients presenting with FLS; make every effort to arrange other transportation for family members
 - Unless no alternative exists, do not transport patient having FLS with patients not exhibiting FLS
 - The door/window between driver and patient compartments should be closed before the patient is loaded into the ambulance
 - Outside air vents in the driver compartment should be open, the windows in the patient compartment that can be opened should be opened, and the rear exhaust ventilation fans should be turned on at the highest setting during transport

IV TRANSPORT COMPLETE

- The receiving hospital should be notified of the patient's condition and that respiratory precautions are in place.
 - If a nebulized treatment is in process, it is **strongly recommended** the treatment be discontinued in the "public areas" of the ED (hallways, nurses stations, etc.) and resumed once the patient has been moved to the assigned treatment area
 - Providers should wear an N-95 respiratory mask if particulate matter contact is likely, such as during mechanical airway care (NPA/OPA), intubation, suctioning, and nebulizer treatments

V AFTER THE CALL

- Termination of the call should include a thorough cleaning of the medic unit and all equipment that may have come in physical contact with the patient's bodily fluids **or** the exposed glove hand of the provider.
 - Avoid touching the face with gloved or unwashed hands
 - Cleaning needs to include the areas on the vehicle such as the portable radio, radio microphone, door handles, stretcher, BP equipment, monitor, etc
 - An approved cleaning product capable of destroying the H1N1 virus must be used; SaniZide® is commonly recommended for all non-porous surfaces; follow label directions
 - **DO NOT** use commercial cleaning preparations on computer screens; use only **MILD, non-antibacterial** soaps and dry with a soft dry cloth; other products may damage screens and void warranties
- Immediately after cleaning non-disposable equipment and the vehicle, clean hands with
 - 1) Soap (not necessarily antibacterial) and water or,
 - 2) Alcohol-based hand gel

It is important to remember that being in the presence of a potentially infectious patient while wearing appropriate PPE does not constitute an exposure. No exposure report is need but appropriate documentation of the patient assessment of the incident on a Prehospital Patient Care Report should be completed.