

Law Enforcement Guidance for H1N1

As law enforcement officers you have frequent contact with the public and should take these steps to avoiding the contagious H1N1 influenza virus. The symptoms include fever of 100 degrees F or higher, cough, nasal congestion and sore throat. Individuals can be contagious from 1 day before to 7 days following illness onset.

Definitions

Confirmed case is a person with an acute febrile respiratory illness with laboratory confirmed H1N1.

Probable case is a person with an acute febrile respiratory illness who is positive for influenza A, but negative for standard human influenza strains (H1 and H3).

Suspected case is a person with acute febrile respiratory illness with onset within 7 days of close contact with a person who is a confirmed case or within 7 days of travel to an area with a confirmed case.

Personal protective equipment (PPE):

- When in contact with or transporting a person with a suspected case of H1N1, 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 in contact with or transporting a person that is not a suspected case but who has symptoms of H1N1 (as described above) the following precautions should be taken:
 - Place a standard surgical mask on the person, if tolerated. If not tolerated, law enforcement personnel may wear a standard surgical mask.
 - Use good respiratory hygiene – use non-sterile gloves for contact with person, 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 compartment vehicle airflow/ventilation to reduce the concentration of aerosol accumulation when possible.

Recommendations if there is a confirmed H1N1 case in the geographic area:

- Step 1: Address scene safety:
 - If PSAP advises potential for H1N1 symptoms on scene, law enforcement personnel should don PPE for suspected cases prior to entering the scene.
 - If PSAP has not identified individuals with symptoms of H1N1 on scene, law enforcement personnel should stay more than 6 feet away from person and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all individuals.
- Step 2: Assess all individuals for symptoms of H1N1:
 - If no symptoms, exercise routine law enforcement protocols.
 - If symptoms are present, don appropriate PPE for suspected cases.

Recommendations if there HAS NOT been a confirmed H1N1 case in the geographic area:

- Step 1: Law enforcement personnel should stay more than 6 feet away from individual and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all individuals for suspected cases of H1N1.
- Step 2: Assess all individuals for symptoms of H1N1.
 - If no H1N1, proceed with normal law enforcement procedures.
 - If symptoms of H1N1, then assess all patients for travel to a geographic area with a confirmed case of H1N1 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 H1N1.
 - If no travel exposure, place a standard surgical mask on the person (if tolerated) and use appropriate PPE for cases of respiratory illness without suspicion of H1N1.

Interfacility Transport:

Law enforcement personnel involved in the interfacility transfer of persons with suspected or confirmed H1N1 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, eyeshield), 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.

Infection Control:

- All law enforcement 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 H1N1 or travel to an endemic area in the patient being treated.
- All persons with H1N1 should wear a surgical mask, if tolerated.

Cleaning law enforcement vehicles after transporting a suspected or confirmed H1N1 case:

- 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 individual 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.

Law enforcement transfer of individuals:

When transporting a person with symptoms of H1N1, law enforcement personnel should notify the receiving facility so that appropriate infection control precautions may be taken prior to arrival. Individuals with H1N1 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.



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