

# EMS Guidance for H1N1

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As EMS workers 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 treating or transporting a patient 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 treating a patient that is not a suspected case 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.

## **Patient assessment recommendations if there is a confirmed H1N1 case in the geographic area:**

- Step 1: Address scene safety:
  - If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases prior to entering the 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.
- Step 2: Assess all patients for symptoms of acute febrile respiratory illness:
  - If no symptoms, provide routine EMS care.
  - If symptoms are present, don appropriate PPE for suspected cases.

## **Patient assessment recommendations if there HAS NOT been a confirmed H1N1 case in the geographic area:**

- 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 H1N1.
- Step 2: Assess all patients for symptoms of acute febrile respiratory illness.
  - 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 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 patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of H1N1.

**Interfacility Transport:**

EMS personnel involved in the interfacility transfer of patients 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 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.

**Cleaning EMS transport vehicles after transporting a suspected or confirmed H1N1 patient:**

- 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.

**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.



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