

## ***Suspected H1N1 Influenza***

Purpose: To have a standard approach to patients during a period of declared Pandemic Influenza, or state of public health emergency, that enhances awareness and protection of responders and prehospital care to patients and maximizing supplies that may become limited.

### **Criteria:**

1. This protocol will apply to patients encountered by all levels of EMS, during an epidemic/ pandemic of influenza. All agencies should frequently check the [CDC.gov/H1N1flu/guidance](http://CDC.gov/H1N1flu/guidance) website for the latest recommendations with Personal Protective Equipment (PPE) and treatment recommendations. These can change frequently in an evolving and ongoing epidemic/ pandemic.
2. The Center for Disease Control and Prevention (CDC) has declared that an epidemic of H1N1 influenza A or similar illness and / or the Michigan Department of Public Health has declared a statewide or local public health emergency.
3. “Acute Febrile Respiratory Illness” (AFRI) is defined as fever and at least one of the following; cough, nasal congestion/ runny nose or sore throat.

### **EMS System / Medical Control Authority (MCA) Recommendations:**

1. Encourage all EMS personnel to receive seasonal and H1N1 vaccinations.
2. Each life support agency shall maintain a supply of fit tested disposable N-95 respirators and eye protection (e.g., goggles, eye shield), disposable non-sterile gloves, and gowns.
3. Each life support agency shall provide hand sanitizer to staff.
4. In areas with confirmed cases of H1N1 influenza, each life support agency should instruct their personnel to stay home and not report for duty if they have signs or symptoms of AFRI. A staff member that develops these symptoms during a shift should inform the agency supervisor for appropriate follow up procedures.
5. Dispatch centers should be encouraged to screen callers to determine if the patient may have an AFRI. Information should be provided to EMS personnel prior to arriving on the scene if suspected AFRI.
6. If it is determined by EMS that the patient may have an AFRI, early notification to the receiving facility should be done so that appropriate infection control precautions may be taken prior to patient arrival.

### **Procedure and Patient Categorizations/Situations**

#### **1. Limiting Personnel Exposure:**

- a. If the patient has symptoms of an “AFRI” based upon the dispatch information the responding agency should consider limiting the initial number of personnel that approach or enter a residence.

2. **Patients with a medical condition that requires immediate care (e.g., cardiac arrest) and have a recent history of AFRI will be assessed and treated after:**
  - a. EMS Personnel don appropriate PPE for suspected case of H1N1 Influenza prior to proceeding with assessment and treatment.
  
3. **Patient Assessment:**
  - a. Begin patient assessment while maintaining a 6 foot distance from the patient exercising appropriate routine respiratory droplet precautions (hand hygiene, cough etiquette, and distance) while assessing patient for suspected case of H1N1 influenza.
  - b. Assess patient for “AFRI” which is fever and at least one of the following; cough, nasal congestion/ runny nose or sore throat.
  - c. If **patient does not have an AFRI** proceed to appropriate treatment protocol.
  
4. If **patient has an AFRI**, EMS personnel with direct patient care shall:
  - a. Don appropriate PPE.
  - b. Place a surgical mask on the patient if tolerated.
  - c. Treat patient according to appropriate protocol.
  - d. Notify Medical Control of assessment findings.
  - e. Encourage good patient compartment vehicle airflow/ventilation to reduce the concentration of aerosol accumulation when possible.
  
5. **Post Exposure**
  - a. Health care personnel, who have had a recognized unprotected close contact exposure to a person with AFRI, notify supervisor for consideration of treatment according to current post-exposure guidelines.
  
6. **Cleaning EMS Transport Vehicles after Transporting a Suspected AFRI.**

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a suspected or confirmed H1N1 patient.

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 and disinfection practices may play a role in minimizing the spread of influenza. 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.

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Routine cleaning methods should be employed throughout the vehicle with special attention in certain areas as specified below:

1. Clean and disinfect non-patient-care areas of the vehicle.
2. Wear non-sterile, disposable gloves while cleaning the patient-care compartment and when handling cleaning and disinfecting solutions. Dispose of gloves if they become damaged or soiled or when cleaning is completed, in a sturdy leak proof bag that is tied shut and not reopened.
3. Frequently touched surfaces in patient-care compartment that become directly contaminated with respiratory secretions and other bodily fluids during patient care, or indirectly by touching the surfaces with gloved hands, should be cleaned first with detergent and water and then disinfected.
4. Non-porous surfaces in patient-care compartment that are not frequently touched can be cleaned with detergent and water. Avoid large-surface cleaning methods that produce mists or aerosols or disperse dust in patient-care areas.
5. Clean any small spills of bodily fluids by cleaning first with detergent and water followed by disinfection.
6. Large spills of bodily fluids should first be managed by removing visible organic matter with absorbent material. The spills should then be cleaned and disinfected as above.
7. Place contaminated reusable patient care devices and equipment in biohazard bags clearly marked for cleaning and disinfection or sterilization as appropriate.
8. Clean and disinfect or sterilize reusable devices and equipment according to manufacturer's recommendations.
9. After cleaning, remove and dispose of gloves as instructed in a leak proof bag.
10. Immediately clean hands with soap and water or an alcohol-based hand gel. Avoid touching the face with gloved or unwashed hands.

**Note: For the most up-to-date information related to H1N1 and any changes or updates to guidance documents that may impact Emergency Medical Services, please periodically check the following website:**  
**<http://www.cdc.gov/h1n1flu/guidance>**

The following documents are the most current guidance that impact EMS (attached):

- October 14, 2009 – Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel
- October 14, 2009 – Questions and Answers Regarding Respiratory Protection for Preventing 2009 H1N1 Influenza Among Healthcare Personnel