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TO: First Responder and Ambulance Service Providers
Service Medical Directors
9-1-1 Dispatch Centers
EMS Training Centers
Hospitals

FROM: Brian Litza, Chief.
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RE: **Guidelines for EMS operations, 9-1-1 dispatch support and personal protection during respiratory related and infectious transports.**

***** Please Distribute Widely *****

The following information has been developed from the CDC website for EMS providers located at http://www.cdc.gov/swineflu/guidance_ems.htm These are quick reference guides for all providers. All services are encouraged to continue to monitor this website for updates and watch for e-mail and message alerts from the Department of Health Services. This information is being sent to help protect EMS members, provide excellent patient care, and be a good public health partner.

Infectious Period

Persons with swine-origin influenza A (H1N1) virus infection should be considered potentially infectious from one day before to 7 days following illness onset. Persons who continue to be ill longer than 7 days after illness onset should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might potentially be contagious for longer periods.

Symptoms of influenza include:

- (a) fever greater than 100 degrees.
- (b) Body aches.

- (c) Coughing.
- (d) Sore throat.
- (e) Respiratory congestion.
- (f) In some cases, diarrhea and vomiting.

Remember that this is a continually evolving situation. The most severe flu cases so far have been mostly adults from ages 25 to 45, but patients of all ages have been infected, so the same precautions should be used for all patients. We need to stay on heightened alert until this threat has been controlled. *As with all infectious diseases, always remember that hand washing is the number one way to decrease transmission!*

EMS PROVIDERS

GENERAL GUIDELINES

- Request additional information from dispatch when sent to respiratory, sick person and fever related calls if limited initial dispatch information is provided.
- Perform initial interview of all patients from at least 2 meters (6.5 feet) away to determine if personal protective equipment precautions are necessary.
- Place a mask on all patients with suspected influenza symptoms before approach. Use a surgical mask or non-rebreather mask (when oxygen is required).
- Avoid droplet producing procedures whenever possible including nebulizers, bag-valve-mask, suctioning or intubation. If bag-valve-masks are needed, use BVMs with HEPA filters whenever possible.
- Recommended PPE for taking care of ill/potentially infected patients in unaffected areas but meeting criteria for suspect, probable, or confirmed cases includes: gloves and N95 or better respirators. Surgical masks can be used for those patients not meeting criteria. N95 masks should always be used in affected areas. PPE should be donned and doffed according to published guidelines to prevent cross contamination, including faceshield/eye and gown protection when splash or airborne contamination is possible.
- Alert receiving hospital personnel of the possibility of an infectious patient as soon as possible and hold suspected infectious patients in the ambulance until their destination in the hospital is known, rather than immediately moving them into the emergency department.
- Perform a thorough cleaning of the stretcher and all equipment that has come in contact with or been within 2 meters (6.5 feet) with an approved disinfectant, upon completion of the call following CDC interim guidelines for cleaning EMS transport vehicles:
http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html.

Patient assessment- Interim recommendations:

If there HAS NOT been swine-origin influenza reported in the geographic area (<http://www.cdc.gov/swineflu/>), EMS providers should assess all patients as follows:

- 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 swine-origin influenza.
- Step 2: Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
 - 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 confirmed cases of swine-origin influenza 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 swine-origin influenza.
 - 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 swine-origin influenza (as described in PPE section).

If the CDC confirmed swine-origin influenza in the geographic area (<http://www.cdc.gov/swineflu/>)

- 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 of swine-origin influenza prior to entering 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 for suspected cases of swine-origin influenza.
- Step 2: Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
 - If no symptoms of acute febrile respiratory illness, provide routine EMS care.
 - If symptoms of acute febrile respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.

Service Directors

- Immediately notify all members and staff of the emerging problem.
- Review your plans using the CDC EMS Pandemic Preparedness checklist <http://www.pandemicflu.gov/plan/healthcare/emgncymedical.html>.
- Set up an email list and web site to provide continual updates and info for your members.
- Monitor news reports and government resources. Communicate with your local public health officials. Use the CDC minute-to-minute swine flu update site: http://www.cdc.gov/swineflu/whatsnew.htm?s_cid=tw_epr_68.

Communications Center/Dispatch Leaders

- Implement severe respiratory infection (SRI) screening for all callers with chest pain, difficulty breathing, headache, or general illness (sick person).
- Interrogate the caller to obtain the following information:
 - (a) Has the patient recently been in Mexico (or other outbreak location) or exposed to anyone who has (paying particular attention to those who stayed for 7 days or longer)?
 - (b) Are they febrile or have a fever and, if so, is it higher than 101 F (38 C)
 - (c) Does the patient have a cough or other respiratory illness symptoms?
- Relay responses to these questions to EMS units **BEFORE** they arrive on scene.

Please Monitor:

<http://www.pandemic.wisconsin.gov>

http://www.cdc.gov/swineflu/guidance_ems.htm

See guidelines for exposed healthcare workers

Related Resource: [Read full coverage of swine flu pandemic concerns](http://www.ems1.com/special-reports/484330-Swine-flu-outbreak-raises-public-health-concern-for-world-officials/)
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