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Updated Advisory

TO: All Massachusetts Ambulance Services
FROM: Jon Burstein, MD, State EMS Medical Director
Abdullah Rehayem, Director
DATE: September 25, 2009
RE: EMS Interaction with Suspected Influenza Patients

The purpose of this Advisory is to facilitate containment of pandemic H1N1 and seasonal influenza infection, minimize the infection risk to EMS personnel, and provide timely information to receiving health care institutions to ensure their readiness to receive such a patient. This policy will include specific treatment information and supersedes current Statewide Treatment Protocols with regard to those specific areas. Due to the seriousness of this disease and the manner in which it may be spread, all EMS personnel are required to implement necessary precautions. This policy will become effective immediately, although it may be subject to revision pending additional guidance from CDC and NIOSH.

POLICY REGARDING SUSPECTED FLU PATIENTS

Dispatch/Triage:

Attempt to ascertain flu risk of EMS patient.

- a. Are there respiratory symptoms (cough, shortness of breath, difficulty breathing, sore throat)?
- b. Has there been a fever?

If the answers to the above questions are yes, the field crew must be immediately alerted to take appropriate precautions.

Field Treatment and Transport:

For all febrile respiratory illness, the responding crew should apply personal protective equipment (PPE) appropriate for standard, contact and droplet precautions. This includes a surgical mask, non-sterile gloves, and eye protection. Hand hygiene, such as frequent hand washing, is of primary importance in this setting. Hands should be disinfected with a waterless hand sanitizer immediately after removal of gloves.

Aerosol-generating procedures should be avoided during transport, unless medically essential. Put

on a particulate respirator (e.g., U.S. NIOSH-certified N95) for aerosol-generating procedures like intubation, nebulizer treatment, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation.

Place a surgical mask or an oxygen mask on the patient to reduce droplet spread at the source. If this cannot be tolerated, the patient should be provided facial tissues to use when coughing or sneezing. Keep only essential personnel in the potential exposure area.

In suspected cases of flu, avoid the use of nebulizers and metered-dose inhalers (MDI), as they may induce coughing and increase risk of spread. (In concert with appropriate on-line medical direction, we suggest preferential use of parenteral therapies, e.g., subcutaneous epinephrine for patients with evidence of moderate to severe obstructive airway disease. It should be recognized that there is some evidence that use of parenteral epinephrine may be associated with dysrhythmia. It is felt, however, that this risk is not as serious as potential spread of flu and exposure of health care workers. For lesser disease, it is reasonable to consider withholding definitive treatment until arrival in ED.)

Passenger compartment should be closed off from remainder of ambulance using door and/or window separators. Driver compartment outside air-vents should remain open. No passengers are permitted to travel in the ambulance with the suspected flu patient. No food or drink is permitted in the ambulance while transporting a suspected flu patient.

As soon as clinically appropriate an entry notification to the receiving facility must be made to ensure their readiness to receive the patient (receiving personnel in PPE and availability of appropriate isolation room.)

Post-Transport:

1. Waste generated during patient care, such as facial tissues or surgical masks, sheets and gowns soiled with body fluids, should be discarded in biohazard bags. Reusable devices should be placed in a sealed biohazard bag and disinfected as per manufacturer's specifications.
2. Wash hands with waterless hand sanitizer, as indicated above.
3. Use EPA-registered hospital disinfectant for the following: (disinfecting personnel must use PPE): stretcher; rails; used medical equipment; control panels; flooring; walls; and any other surfaces likely to have been contaminated

For up-to-date information, please be sure to check the Department's website for flu, at www.mass.gov/flu. See also *First Responder Interaction with Suspected Influenza Patients*.

Note: CDC recommends that healthcare workers, including those in non-hospital settings, who are in close contact with individuals with ILI, should use fit-tested N95 respirators. The optimal use of respirators requires fit testing, training and medical clearance. Proper and consistent use is necessary to maximize effectiveness.

The use of facemasks may be considered as an alternative to respirators, although they are not as effective as respirators in preventing inhalation of small particles, which is one potential route of influenza transmission. Because infection control precautions, including respiratory protection, are imperfect, personnel who are at increased risk of severe illness from influenza, and who are caring for a patient with suspected influenza, may consider temporary reassignment to avoid exposure.