April 28, 2009

It is important that you know that we are working with the Hopewell Township Health Department, Hopewell Valley OEM, Mercer County OEM. Through discussion with these agencies, the regional hospitals, and with our Medical Control Physician the following guidance has been provided.

These guidelines are continually evolving as does our understanding of swine influenza and this health emergency. Updates to this document along and additional information will be distributed through email and/or posted to your services EMSCharts.com home page news.

The following recommendations are conservative and designed to reduce the likelihood of influenza transmission to EMS workers. Current information indicates that transmission of the Swine Influenza Virus is similar to traditional influenza.

The symptoms of swine flu in people are similar to the symptoms of seasonal flu in humans and may include:

- Fever (greater than 100°F or 37.8°C)
- Sore throat
- Cough
- Stuffy nose
- Chills
- Headache and body aches
- Fatigue
- Diarrhea and vomiting

Like seasonal flu, swine flu may cause a worsening of underlying chronic medical conditions. Severe illness (pneumonia and respiratory failure) and deaths have been reported with swine flu infection in people.

The following steps should be taken if Influenza like illness is suspected:

- Initial interrogation of the patient from at least 6 feet away to determine if personal protective equipment precautions are necessary
Recommended PPE for providing basic care to a person with flu-like illness is gloves and a surgical mask or non-rebreather for the patient. Examples of basic care include; basic assessment, transport, and passive oxygen therapy.

Recommended PPE for providing invasive care that may result in contact with sputum or droplets from ill/potentially infected patients includes: disposable gowns, gloves, goggles/face shields and N95 or better respirators. The state of New Jersey has waived the requirement for fit testing of N95 respirators for the duration of this health emergency. PPE should be donned and doffed according to published guidelines to prevent cross contamination, including eye and gown protection when splash or airborne contamination is possible. Examples of invasive care include, Ventilations with a bag-valve mask, intubation, suctioning, or other procedures that place the provider in close proximity to the patient’s mouth or nose.

When assessing patients with cold or flu-like complaints ask the following questions:

1. Do you have a fever (T° > 100.4°F) or feel feverish?
2. Do you have a cough?
3. Do you have a sore throat?
4. Do you have a runny nose or nasal congestion?

If a patient answers “yes” to any 2 of these questions provide the patient with Non-rebreather mask and Oxygen if respiratory distress is present or a surgical mask if no respiratory distress is evident and ask the additional questions:

1. Have you had close contact with a person with confirmed swine influenza A infection?
2. Have you had contact with an animal with confirmed or suspected swine influenza A infection?
3. Have you recently traveled to San Diego or Imperial Counties in California, Guadalupe County in Texas or Mexico?
4. Are you a student or employee of St. Francis Preparatory School in Queens NY or have you had contact with an ill student or employee of St. Francis Preparatory School?

If the patient with influenza like illness answers “yes” to any of the above exposure-related questions the patient is to be considered a suspected case of swine influenza.

• Notify the receiving ED & your agency supervisor
  o Notification to the receiving ED should take place prior to arrival via HEAR or cell phone. The notification should include the factors you have identified that
SWINE INFLUENZA (H1N1) PREHOSPITAL SCREENING AND SUSPECTED CASE MANAGEMENT
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place this patient at risk. Such a report may include that your patient has a low grade fever, stuffy nose, sore throat and reports that the/she just returned from San Diego.

• When normal procedures involve a second EMS unit assisting on scene (the simultaneous dispatch of the career and volunteer ambulance) the first arriving unit shall cancel the second incoming unit unless that unit is specifically required. The first unit on scene will transport the patient in these cases. This exception from normal procedure is only applicable to patients that have positive screening results noted above. The purpose of this exception is to reduce the number of potential exposures.

• Once a positive screening has been identified additional required units (MICU, first arriving ambulance if PD performs the screening) should be advised prior to arrival so they can utilize appropriate PPE.

• Complete a special report in EMSCharts.com in the public health referral as the type of report.

• Implement Contact and Airborne Precautions plus the use of eye protection. All staff caring for the patient should wear gown, gloves, face mask or N95-mask, and eye protection.

• Decontaminate all equipment that has come in contact with the patient using the department approved cleaning supplies. This should include all personal equipment such as stethoscopes and all patient care equipment including items such as blood pressure cuffs. The passenger compartment of the ambulance should also be decontaminated; areas such as the steering wheel and door handles should not be overlooked. This especially important if an unaffected family member is riding along with a patient to the hospital in the front of the ambulance. The infectious period for confirmed cases is 1 day before onset to 7 days after the onset of illness. Be sure to remove your gloves prior to entering the front of the ambulance to avoid accidental contamination of the steering wheel.

If you have questions of concerns please contact your agency supervisor, the Hopewell Township Health Department (609-730-0120) or the 24 hour hotline established by the NJ Department of Health and Senior Services at 1-866-321-9571.

Sincerely,
The Hopewell Valley EMS Chiefs