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Advisory

TO: All MA Ambulance Services
FROM: Jon Burstein, MD, State EMS Medical Director
Abdullah Rehayem, Director
DATE: April 30, 2009
RE: EMS Interaction with Suspected H1N1 Influenza Patients

The purpose of this Advisory is to facilitate containment of H1N1 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 H1N1 FLU PATIENTS

Dispatch/Triage:

Attempt to ascertain H1N1 flu risk of EMS patient.

- a. Are there respiratory symptoms (cough, shortness of breath, difficulty breathing)?
- b. Has there been a fever?
- c. Has the patient traveled, within 10 days of symptom onset, to a named epicenter (Mexico City area, and others as per US CDC) or have they had close contact with a person with respiratory illness who has traveled to an epicenter or a person with known H1N1 flu?

If the answers to the above three 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.

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.

If H1N1 flu is suspected (or confirmed) based on the above factors or other information, the crew should upgrade to airborne precautions, using a fitted N95 respirator or similar protection.

In suspected cases of H1N1 flu, avoid the use of nebulizers and MDI, as they may induce coughing and increase risk of spread. (In concert with appropriate on-line medical direction, 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 H1N1 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 H1N1 flu patient. No food or drink is permitted in the ambulance while transporting a suspected H1N1 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 be in PPE)
 - a. Stretcher
 - b. Rails
 - c. Used medical equipment
 - d. Control panels
 - e. Flooring
 - f. Walls
 - g. Any other surfaces likely to have been contaminated

For up-to-date information, please be sure to check the Department's website for H1N1 flu, at <http://www.mass.gov/dph/swineflu>.