

EMS, MFR and PSA Fact Sheet and Guidelines

The information provided in this document has been gathered from the interim guidelines posted at WWW.CDC.Gov/swineflu under guidance for professionals

A. CDC definition of the an acute febrile illness (posted April 30, 10am)

Acute febrile respiratory illness is defined as a measured temperature 100 degrees Fahrenheit and recent onset of at least one of the following: rhinorrhea (runny nose) or nasal congestion, sore throat, or cough.

B.

Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection

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This document provides interim guidance for 9-1-1 Public Safety Answering Points (PSAPs), the EMS system and medical first-responders and will be updated as needed at <http://www.cdc.gov/h1n1flu/guidance/>. The information contained in this document is intended to complement existing guidance for healthcare personnel, "Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting" at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

Interim Recommendations

Coordination among PSAPs, the EMS system, healthcare facilities (e.g. emergency departments), and the public health system is important for a coordinated response to swine-origin influenza A (H1N1). Each 9-1-1 and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. Given the uncertainty of the disease, its treatment, and its progression, the ongoing role of EMS medical directors is critically important. The guidance provided in this document is based on current knowledge of swine-origin influenza A (H1N1).

The U.S. Department of Transportation's *EMS Pandemic Influenza Guidelines for Statewide Adoption and Preparing for Pandemic Influenza: Recommendations for Protocol Development and 9-1-1 Personnel and Public Safety Answering Points (PSAPs)* are available online at www.ems.gov (Click on Pandemic News). State and local EMS agencies should review these documents for additional information. For instance, Guideline 6.1 addresses protection of the EMS and 9-1-1 workers and their families while Guideline 6.2 addresses vaccines and antiviral medications for EMS personnel. Also, EMS Agencies should work with their occupational health programs and/or local public health/public safety agencies to make sure that long term personal protective equipment (PPE) needs and antiviral medication needs are addressed.

C. Interim Guidelines for PSA Answering Points:

- All calls need to be queried for screening patients with possible HINI influenza
- These would include calls for sick person, difficulty breathing or cough

- Questions should include
 1. Do you have a fever?
 2. Do you have a runny nose, cough, sore throat or nasal congestion?
 3. All patients who have a fever plus 1 or more of the above criteria currently meet the inclusion criteria for HINI influenza and need to be treated as such till they have further screening at the hospital.

This information needs to be relayed to the EMS, police and Fire personnel who may come in contact with this patient.

D. Interim Recommendations for EMS and Medical First Responder Personnel Including Firefighter and Law Enforcement First Responders

- All personnel who may come in contact with a suspected patient as currently defined as above need to DON their N95 respirator before getting within 6 feet of the patient and practice droplet precautions (gowns, gloves if possible)
- Provide the patient with a surgical mask if available.
- If no masks available for the patient encourage the patient to cover their mouths when coughing and sneezing into their arm in a effort to limit respiratory spread of droplets.
- Additionally, if the patient was not provided with a mask once at the hospital obtain one from the emergency department triage area prior to bringing the patient into the facility.
- Treatment ,assessment and transport of the patient as normal