

Whatcom County  
EMS Response Guidelines  
To  
Swine-Origin Influenza Virus (S-OIV)

April 30, 2009

## Background

1. This is an interim guide to be used by EMS personnel. Updates may be provided as more information is learned about the disease.
2. This is a new virus that is a combination of swine, human and bird genetic components.
3. The virus is spread the same way as seasonal flu via respiratory droplets and surfaces contaminated with flu virus.
4. Symptoms of S-OIV infections may include fever, cough, headache, muscle aches, fatigue, chills, respiratory difficulty, altered level of consciousness, and gastrointestinal complaints such as nausea, vomiting and diarrhea.
5. Persons are considered potentially infectious from 1 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. Young children may also be contagious for longer periods of time.
6. Those with suspected influenza should remain home under voluntary isolation for at least 7 days.
7. Patients who are pregnant or have health conditions such as diabetes, heart disease, asthma, or other lung disease should contact their physician for healthcare direction.

## Operations

1. Prospect Dispatch will screen callers regarding possible influenza and report on dispatch if the patient is experiencing symptoms associated with influenza.
2. Avoid droplet-producing procedures whenever possible, including use of nebulizers and bag-valve masks, as well as suctioning or intubation.
3. Recommended PPE for taking care of ill or potentially infected patients includes: gloves, N-95 disposable or fit tested masks, gowns and eye protection.
4. Limit the number of personnel with the patient to just those that are necessary.

5. Alert the receiving hospital personnel of the possibility of an infectious patient and hold suspected infectious patients in the ambulance until their destination in the hospital is known.
6. At the end of the call, place all PPE in a biohazard bag for appropriate disposal.
7. If Swine-Origin Influenza has NOT been reported in your area:
  - a. 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.
  - b. 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).
    - i. If no acute febrile respiratory illness, proceed with normal EMS care.
    - ii. 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.
      1. If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.
      2. 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).
8. If the CDC has confirmed Swine-Origin Influenza in the geographic area.
  - a. Address scene safety:
    - i. If dispatch 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.
    - ii. If dispatch 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.
  - b. 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).
    - i. If no symptoms of acute febrile respiratory illness, provide routine EMS care.
    - ii. If symptoms of acute febrile respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.
9. Once appropriate PPE measures have been met, care for the patient providing support as needed.

10. Perhaps the best way of limiting droplet transmission of virus is to place a mask on the patient. Ask the patient to place a mask over their mouth and nose before approaching them if they have suspected influenza symptoms. Use a surgical mask or non-rebreather mask (when oxygen is required).
11. During transport of potentially infected patients, turn the cab ventilation system on high and activate the exhaust fan in the patient compartment area.

## Cleaning and Disinfection

1. Clean and disinfect non-patient-care areas of the vehicle according to current SOP's.
2. Following transport of a potentially influenza patient, leave ambulance doors open for several minutes before entering without respiratory protection.
3. Non-patient-care areas of the vehicle, such as the driver's compartment, may become indirectly contaminated, such as by touching the steering wheel with a contaminated glove. Personnel should be particularly vigilant to avoid contaminating environmental surfaces that are not directly related to patient care (e.g., steering wheels, light switches). If the surfaces in the driver's compartment become contaminated, they should be cleaned and disinfected according to the recommendations in item 5 below.
4. Wear non-sterile, disposable gloves while cleaning the patient-care compartment and when handling cleaning and disinfecting solutions. Dispose of gloves if they become damaged or soiled or when cleaning is completed, in a sturdy leakproof (e.g., plastic) bag that is tied shut and not reopened.
5. Frequently touched surfaces in patient-care compartments (including stretchers, railings, medical equipment control panels, adjacent flooring, walls, ceilings and work surfaces, door handles, radios, keyboards and cell phones) that become directly contaminated with respiratory secretions and other bodily fluids during patient care, or indirectly by touching the surfaces with gloved hands, should be cleaned and then disinfected using an EPA-registered hospital disinfectant in accordance with the manufacturer's instructions. Ensure that the surface is kept wet with the disinfectant for the full contact time specified by the manufacturer (in most cases 10 min).
6. Clean any small spills of bodily fluids (e.g., vomit from an ill patient) by cleaning first with cleaning agent, then followed by disinfection using an EPA-registered hospital disinfectant from EPA List D or E (effective against HIV, Hepatitis, TB) in accordance with the manufacturer's use instructions and safety precautions.
7. Large spills of bodily fluids (e.g., vomit) should first be managed by removing visible organic matter with absorbent material (e.g., disposable paper towels discarded into a leak-proof properly labeled container). The spill should then be cleaned and disinfected as above.

8. Place contaminated reusable patient care devices and equipment in biohazard bags clearly marked for cleaning and disinfection or sterilization as appropriate.
9. Clean, disinfect or sterilize reusable devices and equipment according to the manufacturer's recommendations.
10. After cleaning, remove and dispose of gloves as instructed in a leakproof bag or waste container. State and local governments should be consulted for appropriate disposal decisions. Barring specific state solid or medical waste regulations to the contrary, these wastes are considered routine solid wastes that can be sent to municipal solid waste landfills without treatment.
11. Immediately clean hands with soap and water or a waterless hand sanitizer such as an alcohol-based hand gel. Avoid touching the eyes, nose and mouth with gloved or unwashed hands.

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*Information from:*

*Centers for Disease Control*

*Washington State Department of Health*

*International Association of Emergency Medical Services Chiefs*

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**Additional Resources and Information**

<http://www.who.int/en/>

<http://www.cdc.gov/swineflu>

<http://www.cob.org/issues/swine-flu.aspx>

<http://www.co.whatcom.wa.us/dem/events/20090428/index.jsp>

<http://www.doh.wa.gov/swineflu/default.htm>