

Vermont Emergency Medical Services Guidelines for Response to Swine Influenza A (H1N1) [Swine Flu]

Updated April 27, 2009 at 1600

Although the risk of swine influenza A currently appears low in Vermont, the Vermont Department of Health is issuing these guidelines as a precaution for EMS personnel. The Centers for Disease Control (CDC) and the World Health Organization have issued information on, and guidance for, swine influenza A. The CDC website is <http://www.cdc.gov/swineflu>. The following information is based on recommendations from the CDC as of 4/26/09. Since this is an evolving situation, the Vermont Department of Health (VDH) has opened its Health Operations Center (HOC) and is monitoring developments closely through Operation Swine Flu. These recommendations will be updated as more information becomes available. The date and time of any changes will be clearly indicated.

Cases in Vermont	last updated 4/27/09 @ 1600
Case definitions	last updated 4/27/09 @ 1600
Areas with Documented or Suspected Community Transmission of Swine Influenza A	last updated 4/27/09 @ 1600
Treatment	last updated 4/27/09 @ 1600
Infection control guidelines for EMS personnel	last updated 4/27/09 @ 1600
Other swine flu hygiene and clean-up considerations	last updated 4/27/09 @ 1600
Management of Unprotected Exposures in EMS Personnel	last updated 4/27/09 @ 1600

Cases in Vermont

Confirmed cases of swine influenza A in Vermont as of 4/27/09 @1600	0
Suspected cases of swine influenza A in Vermont as of 4/27/09 @1600	0

Case definitions

A *confirmed case* of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at CDC by one or more of the following tests:

1. real-time RT-PCR
2. viral culture

Infectious period

The *infectious period* for a confirmed case of swine influenza A (H1N1) virus infection is defined as 1 day prior to the case's illness onset to 7 days after onset.

A *suspected case* of swine influenza A (H1N1) virus infection is defined as:

- 1) A person with acute respiratory illness who was a close contact of a confirmed case of swine influenza A (H1N1) virus infection during the case's infectious period, OR
- 2) A person with an acute respiratory illness who traveled to or resides in an area where there are confirmed cases of swine influenza A (H1N1) virus infection.

For further definitions of pertinent terms, go to www.cdc.gov/swineflu/recommendations.htm.

Areas with Documented or Suspected Community Transmission of Swine Influenza A

Mexico

San Diego County, California

Imperial County, California

Guadalupe County, Texas

Treatment

Swine influenza A (H1N1) virus is sensitive (susceptible) to the neuraminidase inhibitor antiviral medications zanamivir and oseltamivir. The Vermont Department of Health has requested

permission from the federal government to deliver caches of in-state antiviral medications to Vermont hospitals.

Infection Control Guidelines for EMS Personnel Responding to Suspected Swine Flu Calls

If EMS personnel encounter an acute respiratory illness call with at least two of the following:

- rhinorrhea or nasal congestion
- sore throat
- cough (with or without fever)

they should follow these infection control measures:

- EMS personnel should employ standard contact precautions including gloves, eye protection, and other standard barrier precautions. The use of disposable non-sterile gowns is also desirable.
- The EMS provider should wear an N-95 disposable respirator. If your agency has not begun fit testing and medical clearance for use of N-95 masks, this is the appropriate time to do so. The Vermont Department of Health is prepared to assist in this effort. For assistance with medical clearance and fit testing, please contact the VDH Health Operations Center (HOC) Safety Officer during regular business hours (0800 - 1630) at 802-951-1262 or hocsafety@vdh.state.vt.us. There is no voicemail on this line, so be sure to call between 0800 and 1630. Until fit testing and medical clearance have occurred, the EMS provider should wear a surgical mask.
- Follow all routine Vermont EMS protocols for care of the patient's chief complaint and presenting symptoms.
- Include questions concerning fever, respiratory symptoms, recent travel and exposure to a swine flu case as part of the focused history and physical exam or as soon as possible after EMS arrival at a scene.
- Patients presenting with respiratory distress should receive high concentration oxygen through a nonrebreather mask.
- If a suspected swine flu patient's clinical presentation does not suggest the need for oxygen, place a surgical mask on the patient, if tolerated.
- When transporting a suspected swine flu patient in an ambulance, set the ventilation controls to "non-recirculating." If the ambulance is equipped with HEPA filtration, this should be used.
- Additional guidance regarding swine flu infection control is available at <http://www.cdc.gov/swineflu/recommendations.htm>.

Other Swine Influenza Hygiene and Clean-Up Considerations

- Use standard precautions. For all contact with suspected swine flu patients, pay special attention to careful hand hygiene, including use of an alcohol-based handrub; if hands are visibly soiled, wash hands with soap and water.
- Each patient with suspected swine flu should be advised to cover his or her mouth and nose with a facial tissue when coughing or sneezing. Have a suspected swine flu patient wear a nonrebreather mask with oxygen or, if this is not possible, a surgical mask to prevent the spread of infectious droplets.
- EMS personnel who are ill with respiratory signs or symptoms should **NOT** report for EMS duty.
- EMS personnel and EMS agencies should have enough food, water and other supplies on hand to last at least three days. For more information, go to www.fema.gov/areyouready/assemble_disaster_supplies_kit.shtm.

- EMS personnel who have not been medically screened and fit tested for N-95 respirator use should contact the HOC Safety Officer at 802-951-1262 or hocsafety@vdh.state.vt.us during regular business hours (0800 - 1630). The Safety Officer will provide information about medical clearance and fit testing during Operation Swine Flu.
- Refer to the infection control protocol in the Vermont EMS protocols for additional guidance on vehicle and equipment clean up.

Management of Unprotected Exposures among EMS Personnel

Given the currently available information on the epidemiology of swine flu in the United States, the following outlines interim guidance for the management of exposures to swine flu.

- *Exclusion from duty is **NOT** recommended for an exposed healthcare worker who is asymptomatic (has no symptoms).*
- Antiviral medication treatment may be appropriate under certain circumstances for EMS personnel with unprotected exposures. Contact the HOC Safety Officer at 802-951-1262 or hocsafety@vdh.state.vt.us between 0800 and 1630 for more information.

For more information, you may:

- refer community members to Vermont's assistance and information line at 2-1-1
- go to the CDC web site www.cdc.gov/swineflu
- go to the Vermont Department of Health web site healthvermont.gov.