Oklahoma State Department of Health
Creating a State of Health

Swine-Origin Influenza A
EMS Provider and First Responder Guidelines

As you are aware, multiple human infections with a new strain of influenza virus called swine-origin influenza A (H1N1) virus (S-OIV), or "swine flu", are being identified in the United States and other countries. Symptoms include fever greater than 100ºF, cough and/or a sore throat in the absence of a known cause other than influenza.

Oklahoma Emergency Medical Service (EMS) Providers should be aware of the following points and take the appropriate actions to protect themselves, patients and staff:

- Influenza is principally spread by ***respiratory droplet exposure.***
- Hand transfer of the virus to mucous membranes (eyes, nose, mouth) is the principle route of infection.
- Good hand hygiene, including hand washing and use of hand sanitizers, use of disposable gloves with every patient, cough etiquette and respiratory hygiene, are the principle methods to prevent transmission.
- EMS providers with symptoms of respiratory infection should not report for duty.

When Responding to a Call:

- Request supplemental information from dispatchers when sent to calls on respiratory issues, "sick person" and fever-related calls if initial information is sparse.
- Ask initial questions of the patient from at least 2 meters (6.5 feet) away, to determine if personal protective equipment (PPE) precautions for respiratory droplets are necessary.

During Transport and Care:

- When transporting patients with flu-like symptoms, Oklahoma EMS Agencies should practice basic infection control procedures to include vehicle/equipment decontamination and proper use of standard PPE already required for Oklahoma EMS providers.
- EMTs and Emergency Medical Responders (EMRs) may re-use their personal masks while caring for multiple patients, unless they have participated in aerosol droplet-generating treatment such as intubation or administration of nebulized medication.

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- EMS providers should wear eye protection when performing aerosol droplet-generating treatments, or if there is a risk for respiratory droplet exposure from the patient. Adults with persistent coughs and babies with runny noses are examples of patients posing such a risk.
- N-95 masks are preferred for use by EMS providers. EMTs, EMRs and other responders, including police and fire, should have a fit test and be issued N-95s. If an N-95 mask is unavailable, a surgical mask may be used by providers, but will have slightly less effectiveness than the N-95.
- The patient with ILI (influenza-like illness) who does not have respiratory difficulty should be transported with a surgical mask. A surgical mask can be very effective at decreasing the risk and may not be re-used.
- If the patient requires oxygen, it should be administered using a facemask at an appropriate flow rate to decrease the risk of respiratory droplet exposure.
- Friends or family members who accompany the patient in either the front or the back of the ambulance should wear a surgical mask and practice good hand hygiene.

After Transport:

- ***The cot and vehicle must be thoroughly cleaned after every patient transport.*** Surfaces should be wiped down with appropriate cleansers and then disinfected with EPA-registered disinfectant.
- For further details, consult the provider flu management links at the Oklahoma State Health Department website www.health.ok.us, or the CDC EMS recommendations at http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html
- This is a rapidly evolving situation. This guidance should be considered interim.

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