



Health and Community Services

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**Pandemic Influenza Precautions  
for  
Infection Prevention and Control–Occupational Health Hygiene  
Emergency Medical Services and Early Responders**

These precautions are for Pre-hospital Emergency Medical Services (EMS) staff and Early Responders responding to calls for clients with influenza-like-illness (ILI) suspected to be due to the H1N1 Influenza A virus (formerly Swine Flu). The goal of this quick reference document is to provide information and guidelines that will help to prevent the transmission of the virus and to protect the patients, EMS staff, and others from getting infected. For detail on the items discussed here please see Guidelines for Routine Practices and Additional Precautions:

[http://www.health.gov.nl.ca/health/hsi/Routine\\_Practices\\_and\\_Additional\\_Precautions.pdf](http://www.health.gov.nl.ca/health/hsi/Routine_Practices_and_Additional_Precautions.pdf)

**1. Influenza-like-illness (ILI) screening criteria**

Assess each client to determine if they have ILI symptoms, which are:

- Acute onset of respiratory illness with fever and cough AND one of the following:
  - sore throat, aches, pains or prostration which could be due to influenza virus .

**2. Triage Client**

- At the time of the call for ambulance or emergency service determine if the client has influenza-like-illness by asking the following question:
  - Does the client have an acute onset of respiratory illness with fever and cough?
  - **if No, no need to initiate the Droplet/Contact Precautions**
  - **if Yes, continue with this protocol**

**3. Infection Prevention and Control-Occupational Health Hygiene Measures**

- i. **Hand Hygiene** – This is the single most important way to prevent the spread of infection
  - EMS staff must perform hand hygiene frequently using either alcohol-based hand rubs (60-90%) or with soap and water
  - Hand hygiene must be performed before and after contact with the client and with contact with the client's environment
- ii. **Respiratory Hygiene (Respiratory Cough Etiquette)**
  - Prior to transport ask the client to wear a surgical mask or place a surgical mask on the client if the individual is able to tolerate wearing a mask. Masks are replaced once wet or every few hours to provide protection.
  - If possible the suspect ILI case should be given advice about respiratory hygiene including:
    - Clean the hands frequently especially after coughing
    - Cover the cough with a tissue or cough into the crook of the arm

- Contain the cough by staying a 2 meter distance from others

### **iii. Droplet/Contact Precautions**

- Wear a surgical mask when providing care within 2 metres (6 feet) of the client
- Wear gloves when providing direct client attention and when contamination of the hands is likely
- Remove gloves after providing client attention and dispose of the contaminated gloves in the garbage and perform hand hygiene
- Gowns are required if soiling with the secretions or excretions of the client is anticipated
- Perform hand hygiene after removing the gown

### **iv. Environmental Control**

- Ambulances – caring for clients with ILI:
- Open the doors and windows of the vehicle prior to the cleaning
- Clean all environmental surfaces according to normal cleaning practice after the care of the client.

### **v. Respiratory Protection**

EMS staff must wear respiratory protection when within 2 meters of a suspect ILI case. The choice of a surgical mask or an N95 respirator is as follows:

- Wear a surgical mask
  - If providing direct patient care with a patient with ILI
- Wear an N95 respirator:
  - If providing care to a patient with ILI who requires an aerosol-generating medical procedure (AGMP<sup>1</sup>)
  - If conducting AGMP on a suspect ILI case, all individuals in the room should wear an N95 respirator
- Whenever respiratory protection is required, the EMS staff should also wear eye or face protection (goggles or face shield)
- The eye or face protection should be removed after the client care
- After providing direct care remove the respiratory protection by the straps, being careful not to touch the mask or respirator itself, and dispose of in the garbage
- EMS staff should perform hand hygiene after removing the respiratory protection

<sup>1</sup>Aerosol-generating Medical Procedures (AGMPs): any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include: non-invasive positive pressure ventilation (BIPAP, CPAP); endotracheal intubation; respiratory/airway suctioning; high-frequency oscillatory ventilation; tracheostomy care; chest physiotherapy; aerosolized or nebulized medication administration; diagnostic sputum induction; bronchoscopy procedure; autopsy of lung tissue.

### **vi. Reporting**

- Notify the receiving health care facility that the client has ILI so that appropriate infection control precautions may be taken upon patient arrival

### **vii. Additional Information Sites**

- Government of Newfoundland and Labrador: <http://www.gov.nl.ca>

- PHAC: [http://www.phac-aspc.gc.ca/alert-alerte/swine\\_200904-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php)