

Infection Prevention and Control Measures for Emergency Medical Services (EMS) staff and Early Responders

This infection prevention and control (IPAC) guidance is for Prehospital Emergency Medical Services (EMS) staff and Early Responders responding to calls for clients with influenza-like-illness (ILI) suspected to be due to the novel Influenza A H1N1 virus. The goal of the guide 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.

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 AND one or more of the following:
- Travel/contact exposure
 - Traveller returned from or resident of currently affected area (e.g. Mexico) within 7 days of onset of symptoms
 - Contact with a traveller/person with ILI from a currently affected area within 7 days of onset of symptoms

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 questions:
 - Is the person ill (**if No, no need to initiate the guidelines – STOP here for infection control**)
 - Questions to ask patient or client's family:
 - Does the client have acute onset of respiratory illness with fever and cough?
 - Has the person traveled to an affected area within 7 days of the onset of symptoms?
 - If yes to both questions advise EMS to follow Droplet/Contact Precautions
 - If no treat the client with Routine Practices

3. Infection Prevention and Control 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
 - 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 care 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. Respiratory Protection

- EMS staff must wear respiratory protection when within 2 meters of a suspect ILI case
- A surgical mask is required for providing care of clients with ILI
- An N95 respirator is required for providing care for clients with ILI who required Aerosol-generating medical procedures (AGMP¹)
- 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 a garbage
- EMS staff should perform hand hygiene after removing the respiratory protection
- There is no indication for use of personal air-purifying respirators (PAPRs) in the care of a suspect ILI case

v. 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.

¹Aerosol-generating medical procedures (AGMPs)- includes any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include: endotracheal intubation; respiratory/airway suctioning; tracheotomy care;

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