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Advisory

TO: All MA Ambulance Services
FROM: Jon Burstein, MD, State EMS Medical Director
Iyah K. Romm, Director of Policy, Bureau of Health Care Safety and Quality
DATE: January 14, 2013
RE: EMS Interaction with Suspected Influenza Patients

The purpose of this Advisory is to facilitate containment of flu infection, minimize the infection risk to EMS personnel, and provide timely information to receiving health care institutions to ensure their readiness to receive such a patient. It is recommended that all health care workers including emergency medical service personnel receive annual influenza vaccination¹

This policy will include specific treatment information and supersedes current Statewide Treatment Protocols with regard to those specific areas. Due to the potential seriousness of this disease and the manner in which it may be spread, all EMS personnel are required to implement necessary precautions. This policy will become effective immediately.

POLICY REGARDING SUSPECTED FLU PATIENTS

Dispatch/Triage:

Attempt to ascertain flu risk of EMS patient.

- a. Are there respiratory symptoms (cough, shortness of breath, difficulty breathing)?
- b. Has there been a fever?

If the answers to the above two questions are yes, the field crew must be immediately alerted to take appropriate precautions.

Field Treatment and Transport:

For all febrile respiratory illness, the responding crew should apply personal protective equipment (PPE) appropriate for standard, contact and droplet precautions. This includes a

¹ <http://www.cdc.gov/flu/healthcareworkers.htm>

surgical or oxygen mask for patient or crew, non-sterile gloves, and eye protection. Hand hygiene, such as frequent hand washing, is of primary importance in this setting. Wash hands with soap and water (or alcohol-based hand sanitizer) before and after touching the patient and after touching the patient's environment or respiratory secretions. When visibly soiled, hands should be washed with soap and water. Hands should be cleaned with soap and water or alcohol-based hand sanitizer immediately after removal of gloves.

Place a surgical mask or an oxygen mask on the patient to reduce droplet spread at the source. If this cannot be tolerated, the patient should be provided facial tissues to use when coughing or sneezing. Keep only essential personnel in the potential exposure area.

Passenger compartments should be closed off from remainder of ambulance using door and/or window separators. Driver compartment outside air-vents should remain open. No food or drink is permitted in the ambulance while transporting a suspected flu patient.

As soon as clinically appropriate an entry notification to the receiving facility must be made to ensure their readiness to receive the patient.

Post-Transport:

1. Waste generated during patient care, such as facial tissues or surgical masks, sheets and gowns soiled with body fluids, should be discarded in biohazard bags. Reusable devices should be placed in a sealed biohazard bag and disinfected as per manufacturer's specifications.
2. Wash hands with soap and water or alcohol-based hand sanitizer, as indicated above.
3. Use EPA-registered hospital disinfectant for the following: (disinfecting personnel must be in PPE)
 - a. Stretcher
 - b. Rails
 - c. Used medical equipment
 - d. Control panels
 - e. Flooring
 - f. Walls
 - g. Any other surfaces likely to have been contaminated

CC: Lauren A. Smith, MD, MPH
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