

PPE Resources

Personal Protective Equipment is the responsibility of the agency to provide and the responder to utilize properly.

Agencies should consider the purchase of surgical masks and respirators to protect their responders.

National, State, Regional and county level supply caches exist to supplement supplies when local supplies have been exhausted. DO NOT PLAN to access these caches as your primary source of PPE.

Distribution will be coordinated on the county level through local public health and emergency management.

Staying Connected!

Health Alert Network (HAN)

Ensure your agency receives and distributes information from HAN Alerts. Contact your local public health agency to sign up for this program

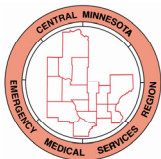
Emergency Management

Make certain your agency stays in touch with emergency management for important updates.

For more information:

Centers for Disease Control: www.cdc.gov/h1n1flu/guidance_ems.htm
Minnesota Department of Health: www.health.state.mn.us/index.html
www.pandemic.gov www.flu.gov

Great webcast with general influenza information
www.jems.com/webcast



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H1N1 Novel Influenza

What is H1N1 novel influenza (formerly known as swine flu)?

H1N1 novel influenza is a respiratory illness caused by a virus. H1N1 is a certain type of influenza that can cause infection in humans.

What are the signs and symptoms of H1N1 novel influenza?

The symptoms are similar to seasonal flu:

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|---|--|
| <input checked="" type="checkbox"/> fever (above 100°F) | <input checked="" type="checkbox"/> stuffy nose |
| <input checked="" type="checkbox"/> fast onset | <input checked="" type="checkbox"/> body aches |
| <input checked="" type="checkbox"/> cough | <input checked="" type="checkbox"/> in some cases, diarrhea and vomiting |
| <input checked="" type="checkbox"/> sore throat | |

How does H1N1 influenza spread?

Influenza is spread when droplets from a person with flu coughs or sneezes are inhaled by another person or by touching something with flu viruses on it and then touching your eyes, nose, or mouth. Viruses can live outside the body from a few seconds to 48 hours depending on the surface, temperature and amount of sunlight.

What can I do to protect myself from getting sick?

- Cover your nose and mouth with a tissue every time you cough or sneeze.
- If you don't have a tissue, sneeze or cough into your sleeve.
- Clean your hands often with soap and water or an alcohol-based hand cleaner.
- Avoid touching your eyes, nose or mouth.
- Get a seasonal flu shot
- When possible, avoid close contact with people who are sick.

What should I do if I get sick?

If you become ill with influenza-like symptoms, including fever, cough, sore throat, and stuffy nose, you should:

- **Call** your healthcare provider to determine if you need to be evaluated.
- Stay home and avoid contact with other people as much as possible to keep from spreading your illness to others, at least 24 hours after fever symptoms have gone away.

Personal Protection Equipment

“Universal Precautions” and PPE are not new topics to EMS providers, but we seldom think beyond blood and blood borne pathogens.

A **surgical mask** is intended to be worn by health professionals during surgery and at other times to catch the pathogens shed in liquid droplets and aerosols from the wearer’s mouth and nose. Surgical Masks primarily provide protection to the patient but also protect the health care professional from inhaling droplets, splash and inadvertent hand-mouth contact. In some cases patients are given surgical masks to wear to limit the amount of droplets released into the air through coughing or sneezing.



Respirators are designed to protect the wearer from small particles in specific environments. The proper respirator is chosen after reviewing the work environment, particle or pathogen hazard and length of exposure. **Respirators require the wearer to complete a health screening, respirator training and fit testing for OSHA compliance.**

Respirators come in many shapes and varieties. Health care respirators typically refer to disposable “mask style” N-95 respirators. Standards related to health care respirators primarily are based on risks associated with tuberculosis. **Respirators are not intended to be worn by patients.**

N-95 Respirator Jargon: There are many brands and styles of respirators available to first responders. Respirators labeled “NIOSH certified N-95” are considered medically appropriate.



“1870” - 3M model number for their “fold flat” respirator. One size fits most.

“1860” - 3M cone style respirator- comes in regular and small sizes.

The ‘95’ refers to the ability to filter 95% of particles greater than 0.3 microns in diameter.



The other common health care respirator is the powered air purifying respirator (a.k.a. PAPR). This is a battery operated unit that draws air through a high efficiency particulate filter and blows clean air into a hood worn by the health care provider. The wearer is protected by positive pressure inside the hood similar to a SCBA.

Self contained breathing apparatus (SCBA) can be used to provide protection as an alternative to N-95 respirators.

Infection in the Community

If signs or symptoms of acute febrile respiratory illness are not present, proceed with normal patient care.

Threat based assessment and actions

Mild illness in community

Currently, novel H1N1 influenza illness severity is low to mild for most of the population. EMS Providers should employ standard precautions as determined by patient condition and care to be given. Providers should consider adding a surgical mask and eye protection if aerosolizing procedures are to be administered.

In general, EMS providers can limit their exposure and risk by limiting how many responders are providing close care (i.e. within 6 feet of patient). Providers should conduct a “doorway assessment”- before entering a room the patient is asked if they have or think they have a fever and if they have a cough or have been sneezing. This allows the responder to take proper PPE actions

Patients with fever and respiratory symptoms should be instructed in “cough etiquette” and given a surgical mask or other barrier. Oxygen masks provide a level of protection from droplets. Cough etiquette includes coughing into a tissue, a sleeve or other manner to contain droplets.

Personal Protective Equipment should be disposed as contaminated waste. As always, any contaminated or potentially contaminated equipment should be cleaned and disinfected. Viruses are fragile, most commercial surface disinfectants will kill flu virus on surfaces. As always, follow the manufacturer’s directions for use. Minimizing equipment that is brought to the patient’s side can help limit the spread of infection as well.

Providers should make efforts to wash their hands frequently, especially after contact with ill patients. Alcohol based hand sanitizers have been prove effective against H1N1 influenza.

Moderate illness in community

If influenza illness severity should increase, EMS Providers should limit patient contact as above. Additionally providers should wear a surgical mask and eye protection. Providers may consider utilizing respirators when performing aerosolizing procedures such as nebulizer treatments or when performing intubation, ventilation or if close patient contact is required.

PPE should be disposed of as contaminated waste.

Severe illness in community

In addition to the actions above, EMS providers should consider adding a respirator and gown to their standard PPE. PPE should be disposed of as contaminated waste.