

# FactSheet

Para Su Información

## 2009 H1N1 Flu

### An Informational Guide for Emergency Medical Services

Updated Sept. 30, 2009 (Updates will be featured in blue type.)

2009 H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread.

As of the week ending Sept. 25, 2009, the Southern Nevada Health District reports 54 new cases and 447 cumulative cases of 2009 H1N1 in Clark County, with 11 deaths.

The following information is provided as an interim guideline for EMS personnel.

#### **Why is 2009 H1N1 virus sometimes called “swine flu”?**

This virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs (swine) in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia, bird (avian) genes and human genes. Scientists call this a “quadruple reassortant” virus.

#### **Symptoms**

The symptoms of 2009 H1N1 flu in people are expected to be similar to the symptoms of regular human seasonal influenza and include fever, lethargy, lack of appetite and coughing. Some people with 2009 H1N1 flu also have reported runny nose, sore throat, nausea, vomiting and diarrhea.

#### **Infectious Period**

People with 2009 H1N1 influenza virus infection should be considered potentially contagious for up to seven days following illness onset. Anyone displaying symptoms of 2009 H1N1 flu as described above should be considered potentially contagious until symptoms have resolved.

#### **Impact on EMS**

It is recommended that PSAP’s query callers that enter MPD cards number 6 (breathing problems), 10 (chest pain), 18 (headache) and 26 (sick person) regarding the presence of symptoms of acute febrile respiratory illness. Callers should be asked if the patient has had nasal congestion, cough, fever or other flu-like symptoms. A positive response should be relayed to the responding personnel.

EMS personnel should suspect 2009 H1N1 flu in any patient that demonstrates the symptoms listed above OR if notified by dispatch of a potential 2009 H1N1 flu patient.

If 2009 H1N1 flu is suspected, EMS personnel should:

- Don appropriate personal protective equipment to include disposable gloves, gowns, and a surgical mask. For high risk procedures with an increased likelihood of aerosolization (endotracheal intubation, suctioning, etc.) Personnel should also don goggles or face-shields (corrective eyeglasses alone are not appropriate protection), and a fit-tested N-95 respirator in lieu of the surgical mask. The driver

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should wear a simple surgical mask if the driver's compartment is open to the patient care compartment.

- Personal protective equipment should be removed upon completion of all patient care activities and disposed of in a biohazard bag.
- Hands must be washed or disinfected with a waterless hand sanitizer immediately after removal of gloves.

The patient may wear a paper surgical mask to reduce droplet production, if tolerated. This does not negate the need for personnel to wear personal respirators.

- Disposable patient care items should be collected and disposed of as regulated medical waste.
- Durable patient care equipment should be placed in biohazard bags and labeled for cleaning and disinfection.
- Transport the patient using the minimum number of EMS personnel necessary to provide the required level of care.
- Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources.
- After the patient has been removed and prior to cleaning, the air within the vehicle may be exhausted by opening the doors and windows of the vehicle while the ventilation system is running. This should be done outdoors and away from pedestrian traffic. Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment.

## Follow-up of EMS Personnel

After transportation, EMS personnel should provide the following information to their infection control officer, medical director, or other individual designated by their agency:

- Names, contact information, specific patient contact activities
- Date and duration of transport

EMS agencies should designate an individual(s) to closely monitor personnel who have transported a suspected 2009 H1N1 flu patient for evidence of a fever or respiratory illness. EMS personnel should be assessed (directly or by telephone) at least daily for 10 days after transport.

- Personnel may continue to work during the 10-day period if they have no symptoms of fever or respiratory illness.
- Personnel who become symptomatic within the 10-day period should be directed to seek medical evaluation and be reported to the health district.

## Additional Information

If you want to learn more about 2009 H1N1 flu, additional information is available from the CDC at [www.cdc.gov/h1n1flu/](http://www.cdc.gov/h1n1flu/), the World Health Organization at [www.who.int](http://www.who.int), and the health district at [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org).

*Primary source: Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection*

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