



Mountain-Valley

Emergency Medical Services Agency

April 28, 2009

To: All EMS Providers in MVEMSA region

Subject: Swine Flu Information and Update

Dear Providers,

I want to assure you that the EMS agency is hard at work coordinating with the public health offices and the state EMS authority regarding the swine flu outbreak. This situation is very fluid and could change at a moment's notice. Agency staff is monitoring the situation and will implement protocol and procedural changes if they become necessary to address patient care and provider safety.

Based upon what is known today, the following are the agency's recommendations for providers:

1. Assessment of "Influenza-Like Illness" (ILI): Begin the primary survey at 6 feet and ask if the patient has had a fever (greater than 100.0° F or 37.8 ° C), AND cough or sore throat. Ask if the patient has recently been to Mexico or with someone who has recently been to Mexico.
2. PPE:
 - a. Patient: If a patient does exhibit symptoms of respiratory illness, place a simple face mask on the patient, provided this action does not interfere with treatment.
 - b. Provider: A procedural mask for any provider caring for an individual exhibiting these symptoms is recommended. N95 masks are only required when treating patients with laboratory-confirmed cases of swine flu. Standard hand-washing and eye protection remains unchanged. Droplet precautions are the key!
3. Ambulance decontamination: A memo from the American Ambulance Association is available to you for decontaminating an ambulance in a pandemic flu situation. This document is posted on the EMS Agency website (www.MVEMSA.com).
4. Nebulized medications: The data about whether or not nebulized medications promote the spread of a virus is not reliable. However, if a provider wishes to replace nebulized Albuterol with meter dosed inhalers (MDIs), I will permit this practice **for adults only** under emergency authorization (MVEMSA Policy 131.00). The Albuterol dose is to be 2 puffs every 5 minutes titrated to relief or a heart rate of 150 beats per minute. A spacer

MUST BE USED with the MDI to promote adequate medication delivery. MDIs are for **SINGLE PATIENT USE**. Refer to the product documentation for additional specific information.

5. Intubation: Providers should consider the primary use of perilaryngeal airways, such as the King tube or Combitube, if an advanced airway is required. This is to limit close contact with the patient's airway.
6. Consider the use of HEPA filters on the exhaust ports of all BVMs if available.
7. Providers should present the "Swine Flu Training" module to all field personnel as soon as possible. This training is available to you from the EMS agency in PowerPoint and handout format and is posted on our website (www.MVEMSA.com). This training takes less than 15 minutes to complete, is fairly comprehensive, and clears up confusion.

If you have any questions, please don't hesitate to contact the EMS agency at 209-529-5085. There is a staff member on-call or available 24/7 at 800-945-2273. If you need to contact me, contact the agency and they will locate me immediately.

Stay calm, use proper precautions, and communicate with one another and the agency! We should approach this as a marathon, not a sprint.

Sincerely,


Medical Director