Tilton-Northfield Fire & EMS

www.tnfd.org

Week of 5/1/2009

Phone: 286-4781

Vision

SAFETY

PROFESSIONALISM

CUSTOMER SERVICE

Mission

DELIVER:

EFFICIENT,

PROFESSIONAL,

HIGH QUALITY,

COST EFFECTIVE,

AND TIMELY

FIRE SUPPRESSION,

RESCUE,

EMERGENCY MEDICAL SERVICES,

FIRE PREVENTION,

PUBLIC SAFETY EDUCATION, AND

CODE ENFORCEMENT.

Chief Carrier's e-mail:
21C1@metrocast.net

Recommendations for EMS and Medical First Responder Personnel Including Firefighter and Law Enforcement First Responders

For purposes of this section, "EMS providers" means prehospital EMS, Law Enforcement and Fire Service First Responders." EMS providers' practice should be based on the most up-to-date swine-origin influenza clinical recommendations and information from appropriate public health authorities and EMS medical direction.

Patient assessment:
Interim recommendations:

If there HAS NOT been swine-origin influenza reported in the geographic area (http://www.cdc.gov/swineflu/), EMS providers should assess all patients as follows:

- Step 1: EMS personnel should stay more than 6 feet away from patients and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
- Step 2: Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
    - If no acute febrile respiratory illness, proceed with normal EMS care.
    - If symptoms of acute febrile respiratory illness, then assess all patients for travel to a geographic area with confirmed cases of swine-origin influenza within the last 7 days or close contact with someone with travel to these areas.
        - If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.
        - If no travel exposure, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of swine-origin influenza (as described in PPE

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Chief's Message

Swine Flu

Well, you can see what is on my mind, lately!

Absolutely, this is not the time to panic. But, for years now, we have been working on plans to handle major health emergencies. As a matter of fact, we have a Point of Dispensing (POD) drill coming up, in Tilton, on May 16. Ironically, we may need to actually open a POD before the drill even occurs!!

There has been a tremendous amount of communication with regard to this flu. Just trying to keep track of it is difficult, at best. The latest news, as of this writing, is that there is a suspected case in NH now, and regional Multi-Agency Coordinating Entities (MACEs) will be open. Our Regional MACE can be in one of 3 places: Bristol FD, Franklin FD, or the Center Street Station. A MACE would serve as a regional Emergency Operations Center (EOC) and would be staffed by the fire chiefs of those communities or their designees.

If a MACE were to open soon, I do not believe there would be a lot to command, other than to work with the local public health agency and the state to receive and disseminate information. Of course, if the flu spreads or worsens, PODs may have to open and local EOCs will be staffed.

In any case, I will serve in a role that best accommodates the needs of the District. If that is a regional role or at an EOC, I will be relying on our other officers to fill command roles at individual incidents.

The Swiftwater Team participated in their regularly scheduled quarterly training today. On hand were Dave Poole (Retired) and Rick Andrews from Gilford. They assisted with the technical rope aspects of the training. The training was conducted below the Clement Dam on Mill Street. And, I am here to tell you that the black flies are feeding—and they are pumped up (big)!!

A little rain last night and this weekend will lower fire danger. Already this morning there has been a steady stream of residents in for permits.

Ladder 1's steering box has been re-sealed. Engine 3's telelights and an outlet have been repaired. And, the Smokey sign at the Outlet Center and the TNFD sign at Park Street have both been re-installed after being spruced up.

Dave Rivers introduced a new EMT Recert process. It is an alternative refresher that he has gotten approved through the State. To be eligible to participate, you must be the primary care provider on at least 10 incidents in a year; attend at least 75% of EMS Continuing Eds; and have the approval of—ME! And, then pass a written test, administered by Dave. The test will be 100 to 150 questions and should be fairly demanding.

This process is being piloted by Dave in only 2 places; Tilton-Northfield and Lebanon. The intent is to eliminate the 24 hour refresher for people that are doing a reasonable number of calls, regularly attend EMS Continuing Ed, and can demonstrate their knowledge.

A regular (Fri, Sat, Sun) refresher has already been planned for September, here. That option has not been eliminated. In order for me to sign off, you must be able to consistently demonstrate to me your competency on calls and during training. I will also rely on the officer's to inform me of your actions. Certainly, this will not be a free pass for anybody.

Thanks to Dave for including us!!

Wash your hands and Cover you cough!!!

Chief Carrier

UPCOMING TRAINING OPPORTUNITIES

May 4, 2009	0900	Deal or No Deal Chief Carrier Center Street
May 4, 2009	1800	Scavenger Hunt / District Fam. Deputy Robinson Meet at Park Street
May 5, 2009	0900	Deal or No Deal Chief Carrier Center Street
May 6, 2009	0900	Deal or No Deal Chief Carrier Center Street
May 11, 2009	0900	Is Our BB Stuck? Chief Carrier Center Street
May 11, 2009	1800	Departmental Meeting Chief Carrier Center Street
May 11, 2009	1830	Company Training Company Officers Park Street
May 12, 2009	0900	Is Our BB Stuck? Chief Carrier Center Street
May 13, 2009	0900	Is Our BB Stuck? Chief Carrier Center Street
May 18, 2009	0900	Closing With The Enemy Chief Carrier Center Street

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section).

If the CDC confirmed swine-origin influenza in the geographic area (http://www.cdc.gov/swineflu/)

- Step 1: Address scene safety:
    - If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases of swine-origin influenza prior to entering scene.
    - If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on scene, EMS personnel should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
- Step 2: Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
    - If no symptoms of acute febrile respiratory illness, provide routine EMS care.
    - If symptoms of acute febrile respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.

Personal protective equipment (PPE):

Interim recommendations:

- When treating a patient with a suspected case of swine-origin influenza as defined above, the following PPE should be worn:
    - Fit-tested disposable N95 respirator and eye protection (e.g., goggles; eye shield), disposable non-sterile gloves, and gown, when coming into close contact with the patient.
- When treating a patient that is not a suspected case of swine-origin influenza but who has symptoms of acute febrile respiratory illness, the following precautions should be taken:
    - Place a standard surgical mask on the patient, if tolerated. If not tolerated, EMS personnel may wear a standard surgical mask.
    - Use good respiratory hygiene – use non-sterile gloves for contact with patient, patient secretions, or surfaces that may have been contaminated. Follow hand hygiene including hand washing or cleansing with alcohol based hand disinfectant after contact.
- Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

Infection Control:

EMS agencies should always practice basic infection control procedures including vehicle/ equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE).

Interim recommendations:

- Pending clarification of transmission patterns for this virus, EMS personnel who are in close contact with patients with suspected or confirmed swine-origin influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, when coming into close contact with the patient.
- All EMS personnel engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatment, and resuscitation involving emergency intubation or cardiac pulmonary

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resuscitation) should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, unless EMS personnel are able to rule out acute febrile respiratory illness or travel to an endemic area in the patient being treated.

- All patients with acute febrile respiratory illness should wear a surgical mask, if tolerated by the patient.

Interfacility Transport

EMS personnel involved in the interfacility transfer of patients with suspected or confirmed swine-origin influenza should use standard, droplet and contact precautions for all patient care activities. This should include wearing a fit-tested disposable N95 respirator, wearing disposable non-sterile gloves, eye protection (e.g., goggles, eyeshield), and gown, to prevent conjunctival exposure. If the transported patient can tolerate a facemask (e.g., a surgical mask), its use can help to minimize the spread of infectious droplets in the patient care compartment. Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

Interim Guidance for Cleaning EMS Transport Vehicles After Transporting a Suspected or Confirmed Swine-origin Influenza Patient

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a suspected or confirmed swine-origin influenza patient. This guidance may be modified or additional procedures may be recommended by the Centers for Disease Control and Prevention (CDC) as new information becomes available.

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.

For additional detailed guidance on ambulance decontamination EMS personnel may refer to "Interim Guidance for Cleaning Emergency Medical Service Transport Vehicles during an Influenza Pandemic" available at: http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html .

EMS Transfer of Patient Care to a Healthcare Facility

When transporting a patient with symptoms of acute febrile respiratory illness, EMS personnel should notify the receiving healthcare facility so that appropriate infection control precautions may be taken prior to patient arrival. Patients with acute febrile respiratory illness should wear a surgical mask, if tolerated. Small facemasks are available that can be worn by children, but it may be problematic for children to wear them correctly and consistently. Moreover, no facemasks (or respirators) have been cleared by the FDA specifically for use by children.

AS YOU CAN SEE, THIS IS PRETTY SERIOUS STUFF. WE NEED TO BE CAREFUL!