



Safety and Health Advisory for 2016/2017 Influenza Season

As the transition to the fall provides the potential for more typical temperature levels, it is important to begin our Influenza awareness. **Seasonal influenza for Texas is October 1st until the beginning of May.**

There is nothing that indicates a more severe influenza season than usual. However, it is extremely difficult to predict the severity and scope of the flu season.

Last year's influenza activity revealed a below normal impact on individual and community health. Activity began slowly with increased activity later in the winter and peaking in March. Further the vaccine was much more protective than the formulation for the 2014-15 influenza season.

Even a "normal" flu season can be quite significant. Therefore, it is important to remain vigilant to potential changes in the virulence, spread, and impact of the various influenza viruses.

The first and best line of defense is obtaining an annual seasonal influenza immunization. CDC recommends individuals be immunized for influenza by the end of October. CDC recommends use of the flu shot (inactivated influenza vaccine or IIV) or the recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2016-2017.

The primary vaccine for this season will be the quadrivalent inactivated formulation that will protect against two types of A Influenza and the two potential lineages of the B Influenza. Providers with special medical needs, or those that have experienced significant side effects, should consult with their healthcare provider to determine what other options may be the best for their situation.

Second, it is important to utilize the concept of "respiratory etiquette" and the use of Personal Protection Equipment (PPE) recommendations for preventive measures for EMS providers.

Providers are reminded to review Clinical Procedure CP56, Respiratory Precautions within the COGs.

Transmission of seasonal flu occurs mainly by person-to-person transmission through coughing or sneezing of people infected with the influenza virus and contact with environmental surfaces contaminated with secretions from infected persons.

It is important to ensure that the appropriate levels of PPE are available for both providers and patients. Now is the time to review stocking levels within each

medical response vehicle and make certain the necessary items are available. **All medical response vehicles should have an adequate supply of surgical face masks for both PATIENTS AND PROVIDERS. Such supplies are available through the normal supply stream.**

Providers should implement the 3 C's

Consider a Surgical Face Mask

When confronted by any patient presenting with an acute febrile respiratory illness, which may **include fever plus one or more** of the following:
nasal congestion/ rhinorrhea, sore throat or cough.

With Influenza, we are concerned about large droplet contact. These droplets do not stay airborne and fall to the ground shortly after leaving the source patient.

Contain the Spread of Respiratory Secretions

PPE: Requires the use of **Droplet Precautions** If you will be within 6 feet of the patient:

A **Surgical Mask** should be worn by the **provider**

A **Surgical Mask** should be placed on the **patient**

The purpose of the surgical mask is to reduce the ejection of respiratory secretions into the air, thus reducing the spread of infectious material onto providers and environmental surfaces.

For patients who cannot tolerate a surgical mask, in addition to any medical treatment being provided, consider application of oxygen via non-rebreather face mask to limit dissemination of droplet particles.

Providers should don the surgical mask and eye protection so as to prevent inadvertent inoculation of the mucous membranes of the nose, eyes, and mouth.

N-95 masks should **NOT** be placed **on patients**. N-95 masks are for providers **only**. These masks are fit tested for providers to assure adequate filtration on inhalation. In addition the N-95 mask can increase the work of breathing for those with respiratory conditions and may be poorly tolerated by patients.

Communicate to the Continuum of Patient Care

Continue to use precautions to manage patients **until it is determined the cause of symptoms is not an infectious agent that requires precautions beyond standard precautions.**

All providers should be attentive to; **minimizing the transfer of any potentially infectious materials acquired during patient contact to medical equipment, stretchers, and other ancillary tools so as to lessen the chances of cross contamination and infection.**

Additionally, exercise caution in the removal of your PPE to prevent inadvertent self-inoculation in the event the PPE has been contaminated with potentially infectious materials. Initiate hand hygiene as soon as feasible after doffing your PPE.

It is vitally important that the EMS community get in the habit of using Standard Precautions, such as donning Personal Protective Equipment and placing a surgical mask on the patient when appropriate, while treating all patients with a suspected infectious respiratory disease. Changing routine habits to include these measures will allow EMS providers to protect themselves and their patients against known infectious diseases such as seasonal influenza as well other new emerging diseases.

Your continued vigilance during the influenza season should ensure a more safe and healthful period.

Should you have any questions or require additional information, please do not hesitate to contact me.

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