

## Preparation for the 2009 H1N1 Flu Pandemic

December 17, 2009

As we approach the end of the calendar year, I wanted to communicate a brief update to our EMS community as we continue to address the H1N1 influenza pandemic. From the reports that I have received from our local health districts, the participation of EMS in the mass immunization efforts has clearly been invaluable to them, and the training of EMS personnel in the administration of the H1N1 vaccine has been efficacious and implemented smoothly.

Effective on December 14, 2009, sufficient supplies of H1N1 influenza vaccines became available to permit the vaccination of all individuals who request the vaccine regardless of whether or not the individual was within the original designated target at-risk population. On December 15, 2009, the Centers for Disease Control and Prevention announced a non-safety-related voluntary recall of several lots of the 0.25 ml pre-filled syringes of the Sanofi Pasteur® H1N1 vaccine. It has been recognized that the potency of lots of this vaccine had dropped below pre-specified limits. There is no need to revaccinate children who received vaccine from one of these lots as the antigen level in the vaccine is still expected to stimulate a protective response.

Many EMS agencies have reported a shortage or impending shortage of respiratory personal protective equipment (PPE). I can assure you that the health departments and their partner agencies in EMS and emergency management within each state of our nation, including Ohio, are exploring avenues to identify an adequate solution to this dilemma. In the interim, all EMS agencies are being asked to implement the Ohio Department of Health's guidance for the utilization of N95 respirators. As a reminder, the following actions should be considered by all healthcare workers including EMS personnel:

- Restrict use of N95 respirators to direct airway manipulation procedures including, medications, ventilation with Ambu bags, use of non-invasive positive pressure airway devices for respiratory support, and suctioning.
- Implement N95 reuse policies, as suggested by the Centers for Disease Control and Prevention's (CDC) "*2009 Influenza: CDC Guidance on Infection Control in Healthcare Facilities*" rather than routinely disposing of respirators after each use. (This document can be accessed at [http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm))
- Assure that respirators are not commercially available prior to requesting assets from respirator caches purchased with ASPR (Office of Assistant Secretary for Preparedness and Response)/Healthcare Preparedness Program grant funds or supplied by the Strategic National Stockpile (SNS).

In addition, any respirator approved by NIOSH/FDA (National Institute for Occupational Health and Safety/Food and Drug Administration) with a filtering efficiency of at least 95% is appropriate for use in controlling the transmission of H1N1 and seasonal influenza (e.g., N100, P95, R100, PAPRs (powered air purifying respirators), etc.).

- Employees required to wear respirators must be medically cleared, fit-tested, and trained to wear the type(s) of respirators they anticipate using.
- When respiratory protection is not required by an employer, but the employee voluntarily chooses to wear a respirator, the employer must provide training as well as a copy of OSHA's (Occupational Health and Safety Administration) Respiratory Protection standard, Appendix D. Additionally, employees may be required to be medically cleared depending on the type of respirator. (For additional information, refer to OSHA's Small Entity Compliance Guide for the Revised Protection Standard, Section E; <http://www.osha.gov/Publications/secgrev-current.pdf>.)

Recently, the spread of the H1N1 virus has been downgraded from a global pandemic to a regional pandemic. Our emergency care system is currently experiencing a lull in the numbers of patients who have become critically ill due to the H1N1 influenza virus; however, a resurgence of H1N1 infections is expected this winter and in spring of 2010. We should continue to remain diligent about frequent hand washing and utilization of the appropriate levels of PPE. Of equal importance for preventing the spread of disease, we must continue to vaccinate as many people as possible, including ourselves, to minimize the morbidity and mortality from the anticipated H1N1 influenza resurgence.

Our daily interactions with our patients remind us that life is extremely fragile and can change in the blink of an eye. As we transport the sick and injured and return to quarters or to our homes, the treasured time spent with loved ones is a staunch reminder that health truly is wealth. I thank all of you for your continued contributions to Ohio's EMS and emergency care systems, and I am deeply honored to serve each and every one of you. I hope that you have a wonderful holiday season and a blessed 2010. Stay safe!

Carol A. Cunningham, M.D., FACEP, FAAEM  
State Medical Director  
Ohio Department of Public Safety, Division of EMS