



To: EHS Registered Medical First Responders

From: Office of the Provincial Medical Director

Date: 2009 October 16th

Re: H1N1

In the event of a declared full pandemic response within Department of Health, the EHS Communications Centre will notify EHS registered MFRs for Level I and Level II Precaution Patients as defined by the Public Health Association of Canada. In the event an EHS registered MFR is exposed to a Level III or IV patient during out-of-hospital care, EHS will ensure all attempts are made by ground ambulance personnel to reduce the risk to the patient, public and the MFR.

I am writing to you to facilitate what we can do in the face of the evolving H1N1 2009. Please be aware that this applies only to Medical First Responders that are both registered EHS MFRs and notified to respond to medical related calls by the EHS Medical Communications Centre.

I hope this letter provides some clarity and assurance to the EHS MFR community as to what steps we are taking to ensure patient and MFR safety. It is important that infection control and prevention is an ongoing practice with a wide variety of diseases – not limited to just H1N1 2009 – but also those other infectious diseases that we see such as MRSA (Methicillin Resistant Staphylococcus Aureus), VRE (Vancomycin Resistant Enterococcus), Influenza, etc.

The recommendations from the Public Health Association of Canada are openly available (<http://www.phac-aspc.gc.ca/>, Infection Prevention and Control Measures for Prehospital Care). These guidelines are extremely broad and what we have done have titrated them to the unique community that is EHS MFR.

The foundation of these recommendations is based on evaluating risk. Evaluating risk uses judgment, information, common sense, and the use of various infection control and prevention practices. This process is formally called Point of Care Risk Assessment (PCRA) and is an activity performed by everyone before every patient interaction.

It essentially compares the specific interaction the responder is doing, with the specific patient, in a specific environment, under available conditions and blends this with the appropriate use of Personal Protective Equipment (PPE). PCRA is not a new concept, but one that is already performed regularly by healthcare workers many times a day for their safety and the safety of patients and others.

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In EHS the PCRA is spread across several systems and really begins with the 911 call. For example, the Communications Officer at the EHS Medical Communications Centre can ascertain certain information to paint a clinical picture, which is expanded by ground ambulance and MFR personnel and thereby informs what is required in terms of precautions.

Based on published evidence there are four levels of precautions with corresponding recommended PPE. Level I and II would entail simple 'Hand Hygiene' and 'Respiratory Hygiene Precautions' with no need for mask (either simple mask or N95 respirators), gowns, or goggles. These type of calls would not change the current dispatch, nor on scene choreography that exists between MFR and paramedics.


In the event of an H1N1 2009 Pandemic, the EHS MFR community will not be notified of any Level III and IV type calls. This is obviously a change in practice, but is focused on patient, public and MFR safety.

If an MFR becomes exposed to a Level III/IV call during the evolving PCRA process, EHS will ensure coordination with ground ambulance to ensure that the MFR is removed from the risk. For example, the MFR may be asked to remain six (6) feet away from the patient for uncertain cases, and/or to remove themselves completely from the environment for any potential situations where the patient/paramedic may be producing 'aerosols' either through medical and/or transport procedures.

I would invite you to contact us if there are any questions, and in the interim would recommend reviewing the EHS MFR website (www.ehsmfr.ca) for regular updates and information.

Thanks for the care that you provide to your communities. I am looking forward to working alongside with you as we face the care needs of Nova Scotians.

With best regards,



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Provincial Medical Director
EHS Emergency Health Services