



# VITALS

A Weekly Safety Newsletter For Medical Transport Professionals

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## CDC Interim Guidance for EMS Public Safety Answering Points



The CDC recognizes that in EMS patient care is "provided in an uncontrolled environment, often confined to a very small space, and frequently requires rapid medical decision-making, and intervention with limited information. EMS personnel are frequently unable to determine the patient history before having to administer emergency care." Whether you are a provider of emergency care, non-emergency transfers, paratransit or ambulatory care, this information is critical.

People with H1N1 are potentially infectious from one day before to seven days after the onset of illness. Folks who are sick for longer than a week should be considered contagious until symptoms are gone. Kids may be contagious for longer periods. Doesn't it make sense given the unpredictability of the presentation of H1N1 influenza and the instability of the out-of-hospital environment that we gather as much information as possible before we put our people in contact with other people? To this end the CDC has issued the following interim recommendations:

"PSAP call takers should screen all callers for any symptoms of acute febrile respiratory illness. Callers should be asked if they, or someone at the incident location has had nasal congestion, cough, fever or other flu-like symptoms. If the PSAP call taker suspects a caller is noting symptoms of acute febrile respiratory illness, they should make sure any first responders and EMS personnel are aware of the potential for "acute febrile respiratory illness" before the responders arrive on the scene." Figure out the best manner in which to obtain this information and how you'll respond to it NOW. If you wait until the flu season really gets here, it will be too late.

The CDC has also issued the following interim recommendations:

- " Pending the clarification of transmission patterns for this virus, EMS personnel who are in close contact with patients with suspected or confirmed swine-origin influenza (H1N1) cases should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g. goggle; 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 or cardiac pulmonary resuscitation) should wear 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."

More information is available at [www.cdc.gov/h1n1flu/guidance\\_ems.htm](http://www.cdc.gov/h1n1flu/guidance_ems.htm).

## ZOLL AED PLUS DEFIBRILLATOR RECALLED

According to the FDA Patient Safety News: Show # 87, June 2009, Zoll is recalling AED Plus Defibrillators that were made between May 2004 and February 2009. Some of the batteries in these devices may not work and the original self-test software cannot adequately detect that they are defective. This could cause failure to deliver a shock during cardiac arrest.

"The affected devices have serial numbers whose last six digits are below 200000. If you have a device with

such a serial number, you should upgrade the software to version 5.32. The company says the new software will allow the defibrillators to monitor performance of the batteries through periodic self-testing. If the software detects defective batteries, the device will prompt the user to install fresh batteries. The new software can be ordered or downloaded from the company". Contact Zoll at [www.ZOLLAEDPlusbatteryhelp.com](http://www.ZOLLAEDPlusbatteryhelp.com) or through your local salesperson. Don't call Mike Szczygiel to get the software or return the batteries.