



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
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**Memorandum**

To: John Auerbach, Commissioner of the Department of Public Health  
From: Dr. Alfred DeMaria, Jr., State Epidemiologist Department of Public Health  
Date: April 28, 2009 at 1200 hrs  
Re: Interim Guidance for First Responder Agencies during Swine Flu Event

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Initial guidance from the Centers for Disease Control and Prevention (CDC) and the National Institute of Occupational Safety and Health (NIOSH) which will detail precautions, including the appropriate levels of respiratory protection is expected shortly. Until that guidance is released, the Department of Public Health interim guidance for first responder agencies follows.

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First responders are frequently exposed to respiratory infections in the course of their work and should always take precautions to protect themselves from infection. Swine influenza, like seasonal influenza, is transmitted primarily by wet, respiratory droplets, and standard, plus droplet and contact precautions, are recommended. Currently, there have been a limited number of swine flu cases confirmed in the United States. Thus far, all of them have been relatively mild disease and, to the best of our knowledge, none of the confirmed cases have required emergency transport.

CDC, in conjunction with NIOSH, will provide guidelines for the protection of first responders based upon the best-available and most current scientific evidence. The CDC swine flu web site<sup>1</sup> should be checked, and re-checked frequently, because guidelines are being posted and revised as more is learned about the current swine flu strain. In the interim, standard precautions with droplet and contact precautions, should be used when in contact with anyone who has flu-like respiratory illness. Patients with such respiratory illness should be masked with a surgical mask whenever possible to reduce droplet production. Responders should don a surgical mask, and always use gloves and hand hygiene. Surgical type masks and hand hygiene are key components of both droplet and contact precautions. Eye protection should be added if there is a risk of

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<sup>1</sup> Please see <http://www.cdc.gov/swineflu/> for more information.

respiratory droplets getting into the eyes. Influenza viruses, including swine flu viruses, may remain infectious while in a wet condition on surfaces and hands may get contaminated.

Standard cleaning and disinfection procedures, when applied effectively, in conjunction with hand hygiene, remove the risk of infection. Care should be taken with all potentially contaminated surfaces, including the exterior of masks, and hand hygiene should always follow potential contamination before there is any chance of touching face, nose, eyes or mouth. When performing procedures that generate aerosols of respiratory droplets, respiratory protection with a fit-tested N-95 respirator or higher would be indicated in addition to the above. But the most important component of protection is eliminating the chances of wet droplets getting to the airway directly or through contaminated hands. Under the current circumstance of a novel influenza virus, any response to, or transport of, a patient who turns out to have probable or confirmed swine flu will be treated as if it is a disease currently covered under 105 CMR 172.000 and follow-up of contacts will include notification and advice. Again, more is being learned every day and specific recommendations may be subject to change. DPH will re-visit these guidelines once additional information and further guidance is provided by CDC and by NIOSH.

Sincerely,



Alfred DeMaria, Jr., MD  
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State Epidemiologist  
Massachusetts Department of Public Health