

Preparation for the 2009 H1N1 Flu Pandemic

August 21, 2009

The Centers for Disease Control and Prevention (CDC), in preparation for the 2009 H1N1 flu pandemic, has identified at-risk populations for whom they recommend to receive the H1N1 vaccine when it becomes available. The H1N1 vaccine is estimated to be released to state health departments in October 2009. Recently, the at-risk population has been modified from the original target populations. For the public safety and health care communities, the CDC has narrowed the target population for immunization within this group to health care and emergency medical services personnel, i.e. individuals who are engaged in direct patient care. The other at-risk populations that are currently recommended to receive the H1N1 vaccine are pregnant women, household contacts and caregivers for children younger than 6 months of age, all people from 6 months through 24 years of age, and persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

As stated in the Ohio Administrative Code (OAC) 4765-6-03, the administration of immunizations lies outside of the Ohio EMS scope of practice unless an emergency that affects the public health is declared by the governor and the first responder or EMT is under physician medical direction and has received the appropriate training for administration of the immunizations. During the past 48 hours, Executive Director Richard Rucker of the Ohio Department of Public Safety, Division of EMS, Heather Frient (legal counsel for the Ohio Department of Public Safety, Division of EMS), Steve Wagner of the Ohio Department of Health, Mel House of the Ohio Emergency Management Agency, and I, along with several members of the EMS/Homeland Security Committee met to discuss the current ongoing federal and state actions regarding mass immunization of the at-risk populations against the H1N1 virus and its impact upon EMS. This meeting, which I felt was quite productive, will be the first of many over the upcoming weeks as Ohio prepares for this pandemic.

In the event that Governor Strickland declares an emergency that affects the public health in the near future, OAC 4765-6-03, will be enacted and, as such, will expand the Ohio EMS scope of practice to permit EMS providers to participate in the administration of the H1N1 immunization to the at-risk populations identified by the CDC and the Ohio Department of Health. We also anticipate that the governor's declaration will be specifically directed toward the H1N1 virus only, and that the administration of immunizations against other disease processes, i.e. tetanus, hepatitis, influenza, smallpox, etc., will remain outside of the Ohio EMS scope of practice. The funding for EMS training and staffing costs for this project will be provided and overseen by the Ohio Department of Health. The impending enactment of OAC 4765-6-03 as it relates to the 2009 H1N1 flu pandemic was discussed at the EMS Board meeting on August 19, 2009. During this meeting, the EMS Board made the following recommendations:

1. Although OAC 4765-6-03 addresses the EMS scope of practice of all provider levels within the state of Ohio, the EMS Board recommends that participation in the administration of the H1N1 immunization to at-risk populations prior to the actual local onset of a pandemic be limited to EMT-Intermediates and EMT-Paramedics due to the extremely brief period of time available for training of personnel in the skill of intramuscular injections.
2. Ohio EMS providers participating in the administration of the H1N1 immunization of at-risk populations will complete the training that is provided by the CDC.
3. The protocols for administration of the H1N1 immunizations by Ohio EMS providers will be provided and overseen by the local public health agencies.

In addition to funding, liability protection is obviously an additional concern. Participants in this mass immunization project who are members of the Medical Reserve Corps (MRC) and are responding as such are provided liability protection by the federal Volunteer Protection Act. Those who are not responding as a member of an MRC may be provided liability protection under the United States Department of Health and Human Services Public Readiness and Emergency Preparedness (PREP) Act.

Although the EMS Board will not meet again until October 21, 2009, I, along with the Ohio Department of Public Safety, Division of EMS, are committed to make every effort to provide our EMS agencies, EMS providers, and colleagues in prehospital and emergency care with prompt updates on the progress of this project. As always, please feel free to contact me or the Ohio Department of Public Safety, Division of EMS for any questions, concerns, or input as we prepare Ohio for the 2009 H1N1 flu pandemic.

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