

Suspected Influenza (H1N1 Flu)



A suspected influenza patient = Any patient with Fever and 1 or more of the listed signs or symptoms

Local implementation of this protocol should be coordinated with your local health department. Implementation is recommended if a case of H1N1 Influenza has been confirmed in the community.

History

- **Fever and 1 or more of the listed Signs and Symptoms**
- **Exposure to sick contact in a community with known H1N1 influenza**

Signs and Symptoms

Acute Febrile Respiratory Illness

- **Fever**
- Breathing Problems
 - Cough
 - Runny Nose or Congestion
- Sore Throat

Differential

- Influenza A (H1N1 and Non-H1N1)
- Influenza B
- Non Influenza Viral Infections
- Respiratory Bacterial Infections

Dispatch Center Staff

Follow existing EMD Protocols and Guidelines (Implement Priority Dispatch Protocol 36: Pandemic Flu if possible)

Ask the following Question

Listen carefully and tell me if you have any of the following symptoms?

- Fever or Chills
- Upper Respiratory Infection with a runny nose nasal congestion, or a cough
- Sore Throat
- Vomiting or Diarrhea
- Body Aches or Weakness
- Contact with someone with the Flu
- Travel to an area with a known Flu outbreak

If any symptom is Positive (Yes) Notify Responding EMS Units of Potential Influenza Patient.

Use Normal Treatment Protocols with the following exceptions

No Nebulized Medications should be given.

- Multi-Dose Inhalers (if possible with spacers) or IM Epinephrine should be used instead
- IV epinephrine should be reserved for pre-arrest patients only.
- **Only use CPAP devices if they have disposable filters.**
- **If an Invasive Airway is required, any BIAD (King LT or Combitube) is preferable to endotracheal intubation.**

Initial EMS Contact of Suspected Influenza Patient

- ✓ Bring Surgical Mask and personal protective equipment with you into the home or patient area.
- ✓ Stay a minimum of 2 meters (6 feet) from the patient until the patient history has been completed and no identified influenza symptoms have been identified.
- ✓ If the patient history is positive for Fever and 1 or more listed signs and symptoms, all EMS personnel should put on a N-95 mask if in the patient treatment area
- ✓ If the patient history is positive, place a surgical mask on the patient (Use a Non-Rebreathing mask if Oxygen is clinically indicated).
- ✓ Follow strict hand-washing procedures and disposal of all PPE if not transporting the patient. Disposal should be in EMS biohazard waste containers.

EMS Transport of Suspected Influenza Patient

- ✓ Confirm surgical mask is in place on patient
- ✓ Use PPE including gloves and surgical mask if in the patient compartment. When performing any direct patient care (any airway procedure) that could result in droplet or aerosol exposure a gown, N-95 mask, and eye protection must also be used.
- ✓ Driver must wear surgical mask if drivers cab is open to the patient compartment
- ✓ Create negative pressure in the unit by having an open window
- ✓ Notify the receiving facility early of the patients impending arrival so they may prepare an appropriate room to receive the patient
- ✓ Carefully clean the unit after the call using approved infection control practices

Suspected Influenza (Flu)

The purpose of this protocol is to provide direction to communication center and EMS professionals on the safe identification, treatment, and transport of any patient with suspected influenza. By identifying any potential influenza patient, EMS professionals can more effectively reduce their exposure risk through the utilization of appropriate personal protection equipment (PPE).

Pearls

- Document Primary Symptom and all Associated Symptoms in the Patient Care Report for influenza surveillance.
- Patients with Swine Flu (H1N1) are infectious/contagious for up to 7 days after the onset of symptoms. If symptoms last longer than 7 days, the patient is considered contagious until the symptoms resolve.
- If you develop influenza like symptoms, notify your health care provider, your EMS Agency, and avoid contact with others to limit the spread of the illness.
- This protocol is consistent with CDC droplet based precautions as of August 2009 and may not be consistent with federal or state OSHA workplace guidelines. **NC public health information can be found at www.epi.state.nc.us/epi/gcdc/H1N1flu.html**