

**SUSPECTED INFLUENZA-LIKE ILLNESS (ILI)
STATEWIDE BLS PROTOCOL**

Criteria:

- A. This protocol applies to all patients encountered by EMS during an epidemic/ pandemic of influenza. [Note: Infectious diseases are dynamic and EMS providers should frequently check the EMS Protocols Link on the Pennsylvania Department of Health Bureau of EMS's webpage at <http://www.health.state.pa.us/ems> for the most current version of this protocol]
- B. The Centers for Disease Control and Prevention (CDC) has declared an epidemic of a viral illness like H1N1 influenza A, SARS or avian influenza.

Exclusion Criteria:

- A. None

System Requirements:

- A. All levels of responders should have fit-tested disposable N95 respirator, eye protection, and disposable non-sterile gloves and gown.
- B. EMS agencies in geographic areas with confirmed cases of ILI should screen their EMS providers for fever or symptoms of acute respiratory illness before each shift, and EMS providers should immediately report symptoms that develop during or after a shift. EMS agencies should work with their occupational health programs, EMS agency medical director, and EMS regional councils to make sure that long-term PPE needs and prophylactic antiviral needs (as directed by the PaDOH) are addressed.
- C. Dispatch/ PSAP Issues:
 1. PSAP call takers should screen callers to determine if the patient, or someone at the incident location, has symptoms of "influenza-like illness" (ILI - which include nasal congestion/ runny nose, sore throat, cough, fever, or other flu-like symptoms), and symptoms of "influenza-like illness" should be communicated to responders prior to arrival at the scene. Ask patient to meet EMS at the door, if the patient condition permits.
 2. EMS agencies should collaborate with their PSAP, regional EMS council, and medical director/ PSAP medical director/ regional EMS medical director to review resources dispatched to calls. For some categories of calls, it may be reasonable to send only an ambulance (BLS when appropriate) to avoid exposure to first responders (including QRS, firefighters, law enforcement). If a community becomes inundated with calls for possible ILI, it may be appropriate to send only a QRS/first responder or to direct the caller to other community resources established for individuals with symptoms of ILI.

Procedure:**A. All Patients:**

1. If symptoms of ILI are suspected based upon dispatch information, consider limiting the number of initial providers that approach the patient or enter a residence.

B. Patients with medical condition that requires immediate care and EMS providers suspect possible influenza-like illness (ILI) but cannot complete assessment for suspected case of ILI (for example a cardiac arrest with preceding respiratory illness):

1. EMS providers should don PPE for suspected case of ILI before proceeding with patient care/ resuscitation.¹

C. If there HAS NOT been ILI reported in the geographic area:

1. Assess patient while staying at least 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions (cough etiquette, hand hygiene, and spatial separation) while assessing all patients for suspected cases of ILI.
2. Assess all patients for "influenza-like illness" (ILI = nasal congestion/ runny nose, sore throat, or cough with or without fever ($\geq 100^{\circ}\text{F}$ or 37.8°C if measured)).
 - a. If no ILI, proceed to protocol #201 and other appropriate protocols.
3. If ILI, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for ILI.^{1,2,3}

D. If the CDC HAS reported cases of confirmed ILI in the geographic area:

1. Address scene safety:
 - a. If EMS providers have been advised by PSAP that there is potential “influenza-like illness” (ILI) on scene, EMS providers should don PPE for suspected case of ILI prior to entering scene.¹
 - b. If PSAP has not identified individuals with symptoms of ILI on scene, EMS providers should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions (cough etiquette, hand hygiene, and spatial separation) while assessing all patients for suspected cases of ILI.
2. Assess all patients for “influenza-like illness” (ILI = nasal congestion/ runny nose, sore throat, or cough with or without fever ($\geq 100^{\circ}\text{F}$ or 37.8°C if measured)).
 - a. If ILI, don appropriate PPE for suspected case of ILI before proceeding with care.^{1,2,3}
 - b. If no ILI, proceed to protocol #201 and other appropriate protocols.

E. All patients:

1. Proceed to protocol #201 and other appropriate protocols
 - a. Assess pulse oximetry, if available. See protocol #226.
 - b. Apply oxygen, if appropriate. See protocol #202.²
2. If patient has symptoms of ILI or is a case of suspected ILI:
 - a. Contact the receiving facility prior to arrival and advise of “influenza-like illness”.
3. Contact Medical Command, if indicated/ required.
 - a. For isolated ILI or suspected case of ILI in otherwise stable patients, regional protocol may require contact with medical command prior to transport for possible integration or care with local pandemic plan.
4. Before returning to service, clean/ decontaminate the vehicle following “Interim Guidance for Cleaning Emergency Medical Service Transport Vehicles during an Influenza Pandemic” available at http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html.⁴

Possible MC Orders:

- A. If traditional medical systems become overwhelmed by the numbers of suspected ILI patients, the Department of Health may establish alternatives to traditional care that may be ordered by medical command or by regional EMS protocol. These alternatives may include assessment without transport, delivery of antivirals to the patient’s residence, referral or diversion to somewhere other than an emergency department, etc.

Notes:

1. Personal Protective Equipment (PPE)
 - a. **For case of suspected ILI**– don fit-tested disposable N95 respirator and eye protection (e.g., goggles; eye shield), disposable non-sterile gloves, and gown, when coming into close contact with the patient.
 - i. EMS providers should wear this PPE when in close contact with patient (within 6 feet of patient), when in the patient compartment of the ambulance with the patient, and when in the front passenger compartment of the ambulance (unless the patient compartment and passenger compartments of the ambulance are physically separate).
 - ii. All EMS providers engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatments, BVM ventilation, or CPR) should wear PPE for suspected ILI unless EMS providers are able to rule out ILI.
 - iii. EMS providers who cannot wear a fit-tested N95 respirator (e.g. due to beard or unavailability of supplies) should wear a standard surgical mask and avoid engaging in aerosol generating activities if possible.
 - iv. Use good respiratory hygiene – use non-sterile gloves for contact with patient, patient secretions, or surfaces that may have been contaminated. Follow hand hygiene, including hand washing or cleansing with alcohol-based hand disinfectant after contact.
2. Use of standard surgical masks on patients:

- a. Patients with ILI should wear a standard surgical mask, if tolerated, during patient assessment, care, transport, and transportation in public areas of receiving facility.
 - b. Small facemasks are available that can be worn by children, but it may be problematic for children to wear them correctly and consistently. Moreover, no facemasks (or respirators) have been cleared by the FDA specifically for use by children.
 - c. Oxygen can be applied by nasal cannula under a standard surgical mask, if tolerated. Oxygen applied by NRB mask can reduce spread of droplets by cough, and this can be further reduced by covering the NRB with a standard surgical mask if tolerated.
3. Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.
 4. Cleaning the EMS vehicle after transporting a suspected or confirmed case of ILI:
 - a. The following are general guidelines for cleaning or maintaining EMS vehicles and equipment. This guidance may be modified or additional procedures may be recommended by the CDC as new information becomes available.
 - b. EMS providers should wear appropriate PPE when cleaning vehicle and equipment.
 - c. Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of the virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources.
 - d. After the patient has been removed and prior to cleaning, the air within the vehicle may be exhausted by opening the doors and windows of the vehicle while the ventilation system is running. This should be done outdoors and away from pedestrian traffic. Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment.
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Performance Parameters:

- A. Review cases of ILI where patient was not transported.
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Additional Resources:

www.health.state.pa.us Pennsylvania Department of Health

www.cdc.gov Centers for Disease Control

www.pandemicflu.gov U.S. Health and Human Services pandemic flu information