Manitoba

PRE-HOSPITAL CARE SETTINGS
Summary of Infection Prevention and Control Guidelines for Influenza Like Illness (ILI) including Pandemic H1N1 INFLUENZA

These infection prevention and control guidelines are intended for the management of influenza-like illness (ILI) including pandemic H1N1 influenza virus for pre-hospital care providers including paramedics, fire fighters, police, and other emergency first responders.

Some individuals may react to pandemic H1N1 influenza with fear and anxiety. In order to assist people in coping, please ensure that these guidelines are shared and supported, and provide staff with access to available support services such as help line phone numbers, Employee Assistance Programs, peer support, and other resources. Organizations are encouraged to involve staff, clients, family members, and volunteers in the pandemic planning process.

At the present time, the pandemic H1N1 influenza virus appears to be transmitted in the same manner as other influenza strains. Therefore, in addition to Routine Practices, Droplet and Contact Precautions are appropriate for care of individuals with suspected or confirmed ILI.

Definition of Influenza-like Illness (ILI)
A person presenting with:
- Fever* > 38°C AND cough AND one or more of sore throat, arthralgia, myalgia or prostration**

*In individuals age < 5 or ≥ 65 years, or in those receiving acetaminophen or corticosteroids, fever may not be prominent. Although clients who have taken anti-pyretics may be afebrile when assessed, they may have a history of fever.

**In children < 5 years of age, gastrointestinal symptoms may also be present. Cough may not be prominent in young children.

Risk Assessment
Prior to any patient interaction, pre-hospital personnel have a responsibility to assess the infectious risk posed to themselves, other personnel, and to those in the immediate vicinity of the response. Refer to Point of Care Risk Assessment at:
http://www.gov.mb.ca/health/publichealth/sri/docs/pointofcare_tool.pdf

A. Routine Practices
Pre-hospital care providers should perform hand hygiene either using alcohol-based hand rubs (60-90%) or soap and water.

Source Control
- Emergent or urgent care is likely to require PPE to be applied prior to assessment.
- A complete assessment should be done for every emergency call in regard to physical setting and location.
- Personnel should be limited to those necessary for patient assessment and care.
- Personnel should remain ideally 2 metres, a minimum of 1 metre is recommended, from the patient during assessment if the patient's condition allows.

B. Droplet/Contact Precautions (for those meeting the definition of ILI)

Contact Precautions
- Personnel should wear gloves
- Gloves should be removed following direct contact with the suspect ILI patient and hand hygiene should be performed.
- Gowns are recommended if blood or body fluid splashes are anticipated (Routine Practices).

Respiratory Hygiene (Respiratory Cough Etiquette)
- Individuals with influenza symptoms should be asked to wear a surgical or procedure mask (if tolerated). If a mask is not tolerated, the individual with influenza symptoms should be asked to perform respiratory hygiene (coughing/sneezing into sleeve, using tissues).
- A surgical or procedure mask should be worn within 2 metres of an individual with influenza symptoms.
- An N95 respirator should be worn for individuals with forceful cough/non-compliant with respiratory hygiene or when performing aerosol-generating procedures.
- Eye or face protection should be worn whenever a surgical or procedure mask or an N95 is required.
- Eye or face protection should be removed after leaving the patient's location and/or area.

Transportation
- The attending crew member(s) should leave PPE on for transport (with the exception of the driver).
- Patients with suspected ILI should be transported separately. If multi-transport is necessary, only patients with similar exposure and symptoms should be transported together.
- The driver should remove all PPE after completing the suspected ILI patient's care and perform hand hygiene prior to entering driver cab.
- Patients with suspected ILI should wear a surgical or procedure mask, if tolerated, during transport.
- Patients should be transported with full ventilation as available. Full ventilation may include, but not be limited to, all windows closed, and interior ventilation system and exhaust fan on.
- If high concentration oxygen and/or positive pressure ventilation are required, appropriate oxygen delivery system should be filtered with an antimicrobial, hydrophobic filter.
- When suctioning of intubated patients with suspected ILI is required, closed suctioning should be used when possible.
- The receiving facility should be notified that a patient with suspected ILI is being transported to the facility.
- The patient should remain in the vehicle with attending crew member until disposition of the patient is determined and the area is ready. Pre-hospital care personnel should not wait in the hall/triage area with the patient.
- At the hospital, the ambulance should be parked outside the hospital bay until a room is available for the patient. One crew member should remove his/her PPE, perform hand hygiene, and report to triage.

Cleaning and Disinfecting of Vehicle and Equipment
- After the call, routine vehicle cleaning/disinfection should be performed as per organizational policy. Reusable equipment should be cleaned and disinfected before use on another patient as per organizational policy.

Requirements for N95 Respirators
- HCWs require a fit-tested N95 respirator.
- Administrative, engineering and environmental controls must be in place.
- **Aerosol-Generating Medical Procedures**
  Definition: Any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei.
- In circumstances where emergent resuscitation efforts are anticipated.
- Non-invasive positive pressure ventilation (BIPAP); Continuous positive pressure airways pressure (CPAP); endotracheal intubation, including during cardiopulmonary resuscitation; respiratory/airway suctioning; open airway suctioning; Hhgh-frequency oscillatory ventilation (HFOV); tracheostomy procedure and care; chest physiotherapy; aerosolized or nebulized medication administration; diagnostic sputum induction; bronchoscopy or other upper airway endoscopy; autopsy of lung tissue; sputum induction; tube or needle thoracostomy.