



The College of Emergency Medicine

Patron: HRH The Princess Royal

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Human Swine Influenza

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Principles

1. Every Emergency Department should have a nominated lead to coordinate the ongoing response whilst remaining up to date with official guidance.
2. It is essential to work with Primary Care Trusts and healthcare partners to ensure a co-ordinated response. The ED must be strongly represented on local pandemic flu working groups and committees.
3. The current situation varies substantially across the UK, in terms of the number of patients infected, the configuration and availability of local services and therefore the response required. Each Emergency Department will need to agree a local plan, constantly updated, to address their unique situation.
4. Routine swabbing and prophylaxis of contacts is no longer recommended. Patients being admitted to hospital and those where there is significant diagnostic doubt should still be swabbed in order to establish a diagnosis. Advice regarding prophylaxis is given in link 10 below.
5. The College of Emergency Medicine continues to recommend that Emergency Departments do NOT prescribe or dispense antiviral drugs to patients who do not require hospital admission. The role of Emergency Departments, and acute hospitals in general, is to continue to provide the core emergency service whilst also treating the small proportion of flu patients who require hospital admission. This preserves vital emergency capacity for those patients who need it most. EDs cannot function effectively if they are overwhelmed by relatively well patients seeking antivirals, and the prescription and dispensing of antiviral medication must therefore occur in the community. The pandemic flu service allows patients to access advice and antivirals either on-line or by telephone (see link 2 below). This approach is supported by official advice from the Department of Health: please contact the College if you are experiencing local problems in this regard.
6. Antiviral stocks within hospitals should be reserved for patients requiring admission, and possibly NHS staff who develop symptoms whilst at work (local arrangements apply).
7. The College of Emergency Medicine recommends that all patients attending the ED should be seen and assessed by an appropriate clinician to ensure that they are suitable for discharge, and that a full differential diagnosis is considered. The College has become aware of a number of patients who have been erroneously assumed to have swine flu when they are in fact suffering from an alternative, and potentially life-threatening, disease. Patients diagnosed with likely swine flu who are fit for discharge

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from the ED should be directed to community-based services (e.g. the patient's usual GP, NHS Direct or the Pandemic Flu Service in England) for consideration of antiviral therapy.

8. Notwithstanding the above, individual EDs may agree to prescribe and/or dispense antivirals to small numbers of patients within specified groups. Such groups may include:

- Those referred by a GP for assessment, but deemed fit for discharge
- Those at particularly high risk of serious complications
- Those judged unable to access community-based services

However the over-arching principle in point 5 applies: EDs must not become the default service supplying antiviral drugs to the community as a whole, and local PCTs should have well established antiviral collection points (ACPs) in the community.

9. The DH "swine flu clinical package" was updated on 6th October 2009 (see link 3 below). It is important to emphasise that "these tools and pathways are for use only when high healthcare demand leads to the need for strict hospital admission triage in affected areas". In other words, the clinical package should only be applied, by agreement across a healthcare community, in a severe and exceptional situation.

10. It remains uncertain as to which patients are at high risk of developing complications. However, current guidance would suggest that the following groups are likely to be at significant risk:

- Pregnant women
- Children under 5 years, and particularly those under 1 year
- Children with neurodevelopmental delay
- Immunocompromised patients
- Patients with significant obesity or asthma

Antiviral therapy is most effective within 48 hours of symptom onset, and probably has limited value after this time.

11. The most successful approach to managing increasing numbers of patients appears to be the creation of an "influenza stream" in a clinical area that is separated from the ED. This allows dedicated staff to assess patients in order to identify those who need to be admitted and those who can be safely discharged. As patient numbers increase the establishment of this separate stream will have significant resource implications.

12. Staff morale is essential to maintaining a service (see link 11 and resource 1 below). The College recommends that all staff are regularly briefed and reassured regarding the generally benign nature of the disease. A vaccination programme is currently being rolled out across the UK, however the implications of running an effective service when staff may themselves be off sick needs to be considered and explained. It is also essential to ensure that all ED staff and patients attending the ED are as protected as possible, for example by ensuring suitable measures for physical separation and enforcing strict infection control procedures.

13. Current advice would suggest that staff should still come to work if they have had contact with a probable or confirmed case of swine flu but have no symptoms. On the other hand, staff should not come to work if they have flu-like symptoms. As a general guide, staff who are known to be pregnant or immunocompromised should not be exposed to potentially infected patients. Guidance on incidents where patients have been treated by a healthcare worker who is suspected to be infected with pandemic influenza has recently been issued by the HPA (see link 8 below).

14. Consideration should be given to compiling a list of reserve staff who can be called upon at times of increased demand. Those recently retired have the advantage that they often do not require a CRB check, and can rapidly return to work following completion of a skills matrix and induction programme.

15. Swine flu should be considered in all adults and children being admitted to hospital with any respiratory illness, in order to avoid overlooking cases that will then lead to widespread transmission on the wards.

16. The use of nebulisers, non-invasive ventilatory support (BiPAP or CPAP) and invasive ventilation (tracheal intubation) in swine flu patients all pose a significant risk of infection to healthcare staff due to aerosolisation of the virus. Maximal infection control procedures should be implemented where these treatments are required.