Purpose: To provide guidance to practitioners caring for pediatric patients during a disaster.

Disclaimer: This guideline are not meant to be all inclusive, replace an existing policy and procedure at a hospital or substitute for clinical judgment. These guidelines may be modified at the discretion of the healthcare provider.

Initial Management of All Pediatric Patients with Influenza Like Illness (ILI)

- Stabilize ABCs (Airway, Breathing, and Circulation)
- Obtain weight (actual or use of weight/length based tool)
- Monitor
  - Heart Rate (HR), Blood pressure (BP), Oxygen Saturation (SpO₂), mental status, temperature, perfusion, urine output, bedside glucose
- Perform history & physical exam
- Provide oxygen if patient is hypoxic or in acute distress (goal is SpO₂ >95%),
  - O₂ blow-by or NC if in mild distress
  - O₂ 15L NRB or partial rebreather for moderate to severe distress
  - O₂ 15L BVM for severe distress/arrest
- Consult Pediatric Care Medical Specialist for assistance with care of the acutely and critically ill patient, to individualize the care of patient, if patient does not improve and needs to be transferred and as needed for further support and consult.

Management for All Pediatric Patients with ILI

TREATMENT

See Pediatric Respiratory Care Guideline for airway/respiratory management of children

Strategic National Stockpile (SNS):

During a Class 2 or Class 1 Health and Medical Emergency Event (multiple regions or entire state is affected by Pandemic and state disaster declaration has been issued), IDPH may deploy federally supplied medication, medical supplies and medical equipment from the CDC SNS to assist hospitals with the care and treatment of ILI of all patients, including children and newborns. Request for such resources should occur through the Request for Medical Resources process indicated in the Illinois Health and Medical Care Response Plan (ESF-8).

Immunization:

Annual vaccination is the most important method to prevent seasonal influenza infection. All people > 6 months old should receive the vaccination. Children, their caregivers and other members of their household should be screened for the need to receive the vaccination during a pandemic.

Antivirals:

Each pandemic may differ in the recommended medication for treatment and prophylaxis. Consult the Local Health Department, Pediatric Care Medical Specialist and/or the Centers for Disease Control and Prevention (CDC) for medication and pediatric dosing recommendations.

Hydration:

Ensure children maintain adequate hydration when experiencing ILI.

Monitor urine output:

- Normal urine output: at least 1mL/kg/hr

IV/IO Fluids: replacement

- Birth -28 days:
  - Bolus 0.9%NS at 10mL/kg
- 28 days:
  - Bolus 0.9% NS at 20mL/kg
### Infectious Control Measures

**Droplet isolation**
- Maintained on hospital patients with suspected or confirmed influenza for 7 days after the onset of symptoms or for 24 hours after resolution of fever and respiratory symptoms, whichever is longer
  - Children may have prolonged viral shedding and may need isolation longer

**Facemasks and Children:**
- Helps provide a physical barrier and blocks large particle droplets when coughing/sneezing
- Should be used on children with:
  1. ILI symptoms
  2. Immuno-suppression or chronic illnesses
  3. ILI symptoms who have to leave hospital/exam room
  4. Asymptomatic children in crowded health care settings (i.e. ED waiting room)
- Considerations:
  1. Masks should not be placed on infants or any pediatric patient who is anxious, restless, vomiting, lethargic or in respiratory distress
  2. Use pediatric sized/child friendly masks if available. Adult sized masks can be folded in half to fit children’s smaller faces.

See EMSC’s *Children and Facemask.... To Mask or Not to Mask..... for more information.*

### Triaging upon entry to hospital

All patients and visitors should be screened upon entry to building for ILI and the need for PPE

Promptly separate out unexposed and exposed asymptomatic children from symptomatic children and adults (see cohorting)

For the wellbeing of the child (asymptomatic or symptomatic), it is best to keep caregiver (asymptomatic or symptomatic) with child

Provide facemasks to all who have signs/symptoms of respiratory infection/ILI

### Visitor restrictions

Primary caregivers should not be restricted to visit their child regardless if they are potentially infectious.

Mask and other appropriate barrier methods should be implemented.

### Testing

Surveillance and testing: frequency of reporting and testing will be determined by state and federal recommendations and reflect the pandemic severity index level
- Need to have in place ways to monitor community acquired and health care-associated transmissions

### Special considerations

Psychosocial needs of Children: experience from isolation/disease containment may be traumatic for children and families and have similar effects as natural disasters. It is important to implement strategies during a pandemic to help build the resiliency of children and parents.

### Resource Allocation

For information on resource allocation, see: EMSC’s *Resource Allocation Strategies for the Pediatric Population*
Consider cohorting children by age group as well as the groups listed below. If separating those who are suspected/exposed/symptomatic from those who are non-ILI/exposed and asymptomatic into separate areas is not possible, cohorting in same area can be accomplished by maintaining a distance of 6 feet between these two groups.

Consider the following opportunities to separate/cohort groups:

1. Upon entry to hospital (ED)
   a. ILI Assessment/Triage Area and waiting room
   b. Non-ILI Assessment/Triage Area and waiting room
2. In ED
   a. Suspected/Exposed and Symptomatic Treatment Areas
   b. Non ILI/Exposed and Asymptomatic Treatment Areas
3. Inpatient units/rooms
   a. Confirmed Influenza
   b. Suspected/Exposed to ILI (may be merged with Confirmed Influenza as pandemic progresses and resources are limited)
   c. Not exposed/Immune and Asymptomatic

Perinatal and Newborn Considerations:
1. Whenever possible, keep health mothers and newborns together. Consider alternate sites of care for mothers and newborns who are Not exposed/Asymptomatic.
2. Hospitalized pregnant labor with either suspected or confirmed influenza should be placed on droplet precautions and adhere to respiratory hygiene, cough etiquette, hand hygiene and PPE
3. During delivery, droplet precautions should be maintained
4. After delivery:
   a. CDC recommends hospitals consider temporarily separating newborns from the mother in cases of suspected or confirmed influenza during hospital stay
      i. Length of separation has not been established but recommendations based on H1N1 virus:
         1. Mother received antivirals for > 48 hours
         2. Mother afebrile without antipyretics for > 48 hours
         3. Mother able to control her cough and respiratory secretions
   b. If separation not possible/accepted, allow newborn to room-in with mother but create physical barriers (i.e. curtains between mother and newborn), keeping newborn > 6 feet away from ill mother and ensure a health adult is present to care for newborn. If/when mother has direct contact with newborn, mother should wear a facemask and practice hand hygiene.
   c. Newborns of mothers with suspected or confirmed influenza can be cared for in the newborn nursery as long as no symptoms are present and should be cared for by non-ill staff. If the newborn develops symptoms, they should be placed on droplet precautions
5. Discharge home:
   a. Encourage immediate family who will have contact with newborn to receive influenza vaccination
   b. Encourage a vaccinated, non-ill family member to provide care to newborn at home until mother’s symptoms resolve
General Influenza Concepts for All Patients

Infectivity of the Influenza Virus:
- Incubation period = 1-3 days
- Period of Communicability = Infectious 1 day before onset of symptoms and may be longer than 7 days after onset of symptoms

Influenza virus is inactivated by hospital germicides, household cleaning products, soap, hand wash or hand hygiene products.

It is critical that infection prevention and control policies/procedures are maintained to decrease the transmission of influenza in the hospital setting.
- Hand Hygiene for staff, patients and visitors
- Hygiene measures to minimize influenza transmission
- PPE (mask use, gloves)
- Cleaning, disinfecting and sterilizing patient care equipment
- Environmental control (i.e. housekeeping)

Pandemic Severity Index: CDC uses fatality ratio as the critical driver for forecasting a pandemic’s severity. This can help forecast the impact of a pandemic and enable recommendations to be made for mitigation strategies.