

## **RESIDENTIAL CARE SETTINGS**

### **Summary of Infection Prevention and Control Guidelines for Influenza Like Illness (ILI) including NOVEL A/H1N1 INFLUENZA**

These Infection Prevention and Control Guidelines are intended to guide workers and care givers in residential care facilities. At the present time, novel A/H1N1 influenza virus appears to be transmitted in the same manner as other influenza strains.

Influenza spreads easily from person to person by coughing or sneezing, by hand-to-hand contact with an infected person, or after handling objects contaminated by infected people. The virus can survive on hard surfaces for up to 48 hours, on cloth, paper or tissue for up to 12 hours and on hands for about five minutes, long enough for you to inadvertently touch your mouth, nose or eyes and transfer the virus to your body. People can spread influenza up to 24 hours before symptoms appear and up to seven days after. Not everyone who gets influenza develops symptoms but they still may be able to spread it to others, especially if they cough or sneeze. Individuals with symptoms of influenza may be contagious for up to a week.

#### **Definition of Influenza-like Illness (ILI)**

A person with:

- Fever\* greater than 38°C AND cough AND one or more of sore throat, joint/muscle aches, or weakness / severe fatigue\*\*

\*In individuals age less than 5 or 65 years and older on acetaminophen or corticosteroids, fever may not be prominent.

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

#### **Risk Assessment**

All workers and care givers should follow routine measures to prevent spread of infection as outlined in section A below, when interacting with residents. In addition, prior to any interaction with residents, workers should assess their risk by noting whether the resident has symptom(s) of ILI as described above. If so, the worker should also follow the precautions outlined in section B below.

#### **A. Routine measures to prevent spread of infection**

- Avoid touching your eyes, nose or mouth to reduce the spread of germs.
- Staff with ILI should be advised to stay home from work and limit contact with others to reduce the chance of infecting them.

##### **Hand Hygiene**

- Workers should perform hand hygiene regularly. For non-health care settings, soap and water is sufficient. Where soap and water are not available, there is a wide variety of different hand hygiene products which may be considered depending on the needs of the particular setting.
- Individuals with ILI symptoms should be instructed to perform hand hygiene frequently and after touching objects handled by someone who has influenza.

##### **Cough Etiquette**

- Individuals with ILI symptoms should also be taught to follow cough etiquette practices (coughing into sleeve, using tissues, wearing a surgical mask).

#### **B. Precautions for those with ILI symptoms**

##### **Accommodation**

- Ideally, residents with ILI should be accommodated in a separate room, or if not possible, separated from others by at least 2 metres. A minimum of one metre is recommended.
- Select roommates for their ability, and that of their visitors, to comply with hand hygiene and cough etiquette practices. Roommates of residents with ILI should not be persons with immune deficiencies or who have other chronic conditions.
- Visitors with ILI should be advised to defer their visit, depending on individual circumstances or wear a mask and perform hand hygiene.
- If not possible to wear a mask, ideally at least a two metre spatial separation should be maintained between residents and visitors if either has ILI. A minimum of 1 metre is recommended.

- Restricting visitors may be advisable during a community outbreak of influenza.
- During an influenza outbreak in a facility, consider restricting social activities or other group activities.
- Residents with symptoms of ILI illness should not participate in group social activities or common dining areas until they no longer have symptoms.

##### **Respiratory Precautions**

- Workers should wear a surgical or procedure mask when entering a room or providing direct care to residents with ILI.
- For emergency resuscitation using a bag-valve-mask and for medications given by aerosolization or nebulizer, a fit-tested N95 respirator (specialty mask) is recommended. Eye/facial protection may then be worn.

##### **Duration of Precautions**

- The precautions outlined in section B above should be continued by workers interacting closely (within 2m) with individuals with ILI, from 7 days after onset of symptoms and until symptoms are no longer present. (No fever, no productive cough, sore throat or joint/muscles aches).

##### **Other personal protective equipment**

- Gloves should be worn when providing personal care to individuals with ILI, if there is a risk of coming in contact with nasal or other respiratory fluids.

##### **Cleaning:**

- Frequently touched surfaces (such as bathroom taps and doorknobs) should be cleaned with household cleaners.

##### **Teaching:**

- Teach the routine measures to prevent infection as described above to staff, residents, their family and visitors.

##### **Where can I get more information?**

- For additional information on H1N1 Influenza, please see: [www.manitoba.ca](http://www.manitoba.ca)
- For more information on influenza and self care, contact Health Links-Info Santé at 788-8200 or 1-888-315-9257 or your primary health care provider.