

ACUTE 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 for the management of influenza-like illnesses (ILI) including novel A/N1H1 influenza. At the present time, the novel H1N1 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 influenza like illness. In this document, cases mean patient/resident/client. HCW means health care workers.

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 patients 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 HCWs have a responsibility to assess the infectious risk posed to themselves and to other patients, visitors and HCWs. Refer to the Point of Care Risk Assessment.

I. A. Routine Practices

Hand Hygiene

- Health care workers (HCWs) should perform hand hygiene appropriately either using alcohol-based hand rubs (60 to 90 per cent) or soap and water.

Cough Etiquette

- Suspect ILI cases should be instructed to perform hand hygiene.
- Suspect ILI cases should be taught to follow cough etiquette practices (coughing into sleeve, using tissues, wearing a surgical or procedure mask).
- Suspect ILI cases should wear a surgical or procedure mask when HCWs, other staff or visitors are present. If the patient cannot tolerate a mask, the patient should be placed in a separate room.
- Refer to Algorithm for Acute Care Point of Entry Screening.

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

Accommodation

- In outpatient care clinics, patients should be separated ideally by at least two metres; a minimum of one metre is recommended.
- Admitted patients should be cared for in a single room or cohorted with cases with the same exposure history.
- Infection prevention and control signage should be placed on the room door indicating the precautions required.
- Suspect or confirmed ILI cases should only leave their rooms for medically necessary procedures.
- Restricting visitors may be advisable during a community outbreak of influenza.
- Visitors with ILI symptoms should be advised to defer any visits. If the visit cannot be deferred, the visitor should wear a surgical or procedure mask, perform hand hygiene and practice cough etiquette.

Respiratory Precautions

- HCWs should wear a surgical or procedure mask when entering a room, bed space or when providing direct patient care for suspect or known ILI cases.

Other personal protective equipment

- Gloves should be worn when entering the room or designated bed space of a suspect ILI case.

- Gowns are required as per Routine Practices.
- Eye or face protection may be considered during procedures and patient care activities likely to generate droplets.
- Eye or face protection should be considered whenever an N95 respirator is required.

Duration of Precautions

- Admitted Patients: For seven days after onset of symptoms or until asymptomatic (no fever, myalgia, arthralgia, sore throat, productive cough) whichever is longer. Discontinuation of precautions should be in consultation with the Infection Prevention and Control Practitioner.
- Patients seven days post-symptoms no longer require droplet/contact precautions. Routine Precautions would apply.

II. Aerosol Generating Medical Procedures for Patients with ILI

- HCWs require a fit-tested N95 respirator.
- Administrative, engineering and environmental controls must be in place.

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; High-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.

Point of Entry Respiratory Infection Screening for Acute Care Settings

Health care worker (HCW) to maintain ideally at least a two metre distance from patients with respiratory symptoms. If this is not possible, a minimum spatial separation of one metre is recommended until the Point of Care Risk Assessment is completed. If this is not possible, HCW to wear a surgical or procedure mask.

