

**COMMUNITY HEALTH AND HEALTH CARE OFFICE  
SETTINGS: Summary of Infection Prevention and  
Control Guidelines for Influenza including  
Pandemic H1N1 INFLUENZA**

These infection prevention and control guidelines are intended to assist health care providers in community health and health care office settings by providing guidance on routine infection prevention and control practices that are applicable to all influenzas, including pandemic H1N1. This includes mental health, public health offices and physicians' offices, primary care centres, community health centres, and ambulatory care settings.

Some individuals may react to pandemic H1N1 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.

The pandemic H1N1 influenza virus appears to be transmitted in the same manner as other influenza strains. Routine practices, droplet and contact precautions are recommended.

**Exclusion from work**

Health care workers (HCWs) with influenza symptoms are advised to stay home from work until they are feeling well enough to do their job adequately and safely.

**Risk Assessment**

All HCWs should follow routine measures to prevent spread of infection as per routine practices, whenever they are interacting with clients/patients or other staff members. Routine practices to prevent infection are designed to limit the spread of any communicable disease, including but not limited to influenza. In addition, prior to any interaction with clients/patients, HCWs should assess their risk by noting whether the client/patient has symptoms of influenza.

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**Refer to the Point of Care Risk Assessment.**

<http://www.gov.mb.ca/health/publichealth/sri/docs/pcra.pdf>

**Point of Entry Screening/Signage**

In community settings where a client/patient is scheduled for an appointment (e.g., physiotherapy clinics, Well Baby visit), clients/patients with influenza symptoms should be advised to:

Call their health care provider in advance of a scheduled visit or advise them upon arrival of any respiratory illness. If they have symptoms and the visit cannot be deferred, health care workers should be prepared to use appropriate infection prevention and control precautions. Ideally be separated by at least one metre and if feasible, two metres between other clients/patients

Refer to the accompanying document: **Point of Entry Respiratory Infection Screening Algorithm.**

**Routine Practices**

**Hand Hygiene**

HCWs should perform hand hygiene using soap and water or alcohol-based hand rubs (60 – 90 per cent) both before and after all client/patient contact.

**Cough/Sneeze Etiquette**

- Individuals with influenza symptoms should be taught to perform hand hygiene
- Individuals with influenza symptoms should also be taught how to perform cough/sneeze etiquette practices (coughing into sleeve, using tissues).
- Individuals who are coughing should wear a surgical or procedure mask (if tolerated).

**Personal Protection Equipment for HCWs**

Gloves:

An additional measure to, not a substitute for hand hygiene.

For contact with blood, body fluids, secretions or excretions and for handling items visibly soiled with blood or body fluids.

Hand hygiene should be performed after removal of gloves.

Surgical/procedure masks and eye protection or face shields should be worn:

When interacting within 2 meters of patients/clients with symptoms of respiratory infection.

Where appropriate to protect membranes of the eyes, nose and mouth while giving direct care that is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

Gowns:

Recommended if blood or body fluid splashes are anticipated.

Aerosol Generating Medical Procedures (AGMP) for Patients/Clients with influenza symptoms--any procedure or event carried out on a patient/client that can induce the production of aerosols of various sizes, including droplet nuclei.

- The general use of N95 respirators is not recommended for health care providers in community health settings who would be infrequently exposed to an aerosol generating medical procedure. However, an N95 respirator may be considered if the health care provider believes that this level of protection is required.
- Fit-testing is required if N95 respiratory use is considered.
- Eye or face protection should be worn whenever an N95 respirator is used

**Cleaning**

Frequently touched surfaces including public areas (such as bathroom taps and doorknobs) should be cleaned with household cleaners on a regular basis. Toys should be wipeable, kept to a minimum, and cleaned on a regular basis. Magazines and newspapers should be kept to a minimum and discarded based on frequency of use.

**Point of Entry Respiratory Infection Screening Algorithm  
for Community Health and Health Care Settings<sup>1</sup>:**

**Perform point of care risk assessment**

<http://www.gov.mb.ca/health/publichealth/sri/docs/pcra.pdf>

**Notification by clients/patients prior to presentation if ill with history of fever and new or worsening cough in the last 7 days**



Signage for Community Health and Health Care Settings should:

- Advise clients/patients to report to reception if history of fever and new or worsening cough in the last 7 days.
- Advise client/patient to perform hand hygiene and cough etiquette.

Reception asks client/patient to put on a surgical mask and to sit at least one metre and if feasible, two metres away from others in waiting room. If this is not possible, move client into separate room if available.

Reception notifies nurse.

Nurse brings client/patient to separate room and assesses client/patient to see if they have any of the following influenza symptoms: Acute onset of respiratory illness with cough and history of fever, and one or more of the following:  
sore throat, arthralgia, myalgia or prostration.

**No.** Routine Practices.  
Sit in waiting room for appointment.

**Yes**



Client/patient asked to perform hand hygiene and to put on a surgical or procedure mask if not already done.

Nurse determines if appointment can be rescheduled—if yes, reschedule and provide self care information for influenza. If no, Droplet/Contact Precautions:

- Health care worker to wear procedure or surgical mask entering the waiting room, bed space, or provide direct client/patient care.
- Health care worker to wear gloves, gowns and face protection only if there is a risk of exposure to respiratory secretions (direct client/patient contact).

<sup>1</sup> Community health and health care settings include primary care centres, physician offices, public health offices, community health centres and other ambulatory care settings).