

## **LONG TERM 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 the management of influenza-like illness (ILI) including novel H1N1 influenza virus. At the present time, novel A/H1N1 influenza 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 providers and/or home support 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 will usually 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**

- HCWs should perform hand hygiene appropriately using either 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 frequently.
- Suspect ILI cases should also be taught to follow cough etiquette practices (coughing into sleeve, using tissues, wearing a surgical or procedure mask).

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

##### **Accommodation**

- Residents should ideally be separated by at least two metres; a minimum of one metre is recommended.
- Select roommates for their ability to comply with Droplet/Contact Precautions. Roommates should not be at high risk for acquiring infections or having more severe illness with infection e.g. chronic lung disease.
- During an influenza outbreak in a facility, consider restricting social activities or other communal activities.
- Residents with symptoms of ILI illness should not participate in group social activities or common dining areas until they are asymptomatic.
- 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**

For 7 days after onset of symptoms or until asymptomatic (no fever, myalgia, arthralgia, sore throat, productive cough), or returned to pre-infection baseline, whichever is longer. Discontinuation of precautions should be in consultation with the Infection Prevention and Control Practitioner.

#### **II. Aerosol Generating Medical Procedures for Residents with ILI**

- HCWs require a fit-tested N95 respirator.
- Administrative, engineering and environmental controls should 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