

## **COMMUNITY 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 illness (ILI) including novel A/N1H1 influenza in community Settings. This includes home care, mental health and public health offices, physicians' offices, primary care centres, community health centres, ambulatory care settings and care in the home.

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 ILI suspected or confirmed to be due to the novel H1N1 influenza virus.

#### **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 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; health care workers (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.

In community settings where a client either presents for scheduled appointments (e.g. physiotherapy clinics, Well Baby visit) or where a health care provider or home support worker visits the client's home for a scheduled visit, clients with ILI symptoms

should be advised to:

- Call their care provider in advance of a scheduled visit to advise them of any respiratory illness. If a patient has symptoms and the visit can be deferred this should be considered; if not, health care workers should be prepared to use appropriate respiratory precautions.
- Reschedule appointments not connected to their symptoms by reminder calls or by signage at the entrance to the building/clinic area.
- Tell the nurse or receptionist of their symptoms prior to or upon arrival if coming for medical assessment of their symptoms or other necessary medical purposes.

#### **I. A. Routine Practices**

##### **Hand Hygiene**

- HCWs should perform hand hygiene using either alcohol-based hand rubs (60 to 90 per cent) or soap and water both before and after all client contact.
- Clients should be encouraged and taught to perform hand hygiene.

##### **Point of Entry Screening/Signage**

Refer to attached algorithm.

##### **Cough Etiquette**

- Suspect ILI cases should be taught to perform hand hygiene.
- Suspect ILI cases should also be taught how to perform cough etiquette practices (coughing into sleeve, using tissues, wearing a surgical or procedure mask).
- Suspect ILI cases who are coughing should wear a surgical or procedure mask (if tolerated).

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

##### **Accommodation**

- Clients should be separated ideally by at least two metres; a minimum of one metre is recommended.

#### **Respiratory Precautions**

- HCWs should wear a surgical or procedure mask when entering a room, bed space, or providing direct care to clients with ILI symptoms.

#### **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 seven days after onset of symptoms or until asymptomatic (no fever, myalgia, arthralgia, sore throat, productive cough) whichever is longer.

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

Definition:

Any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei

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

#### **Procedures**

- 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 Algorithm for Community Health and Health Care Settings<sup>1</sup>:

- **Perform point of care risk assessment**
- **Notification of clients prior to presentation if ill with fever and new or worsening cough in the last seven days**



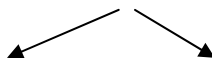
Signage for Community Health and Health Care Settings should:

- Advise clients to report to reception if fever and new or worsening cough in the last seven days.
  - Advise client to perform hand hygiene and cough etiquette.

Reception asks client to put on a surgical mask and to sit ideally at least two metres; a minimum of one metre is recommended, away from others in waiting room. If this is not possible, a minimum one metre spatial separation is recommended, or move client into separate room if available.

Reception gets nurse.

Nurse brings client to separate room and assesses client to see if they meet ILI case definition: self-reported fever (greater than 38°C if thermometer used) AND one or more of sore throat, joint pain, muscle pain and physical exhaustion.



**No.** Routine Practices as per usual. Client to sit in waiting room for appointment.

**Yes**



Client 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, use Droplet/Contact Precautions:

- Health care worker to wear procedure or surgical mask entering the waiting room, bed space or provide direct client care.
- Health care worker to wear gloves, gowns and eye/face protection as per routine practices.

<sup>1</sup> Community health and health care settings include primary care centres, physician offices, community health centres and other ambulatory care settings, also public health offices and the home setting (home care, visiting public health nurses).