Manitoba
Health and Healthy Living

INFECTION PREVENTION AND CONTROL GUIDELINES: Influenza-like illness including NOVEL A/H1N1 INFLUENZA: All health and health care settings

Preamble

These Infection Prevention and Control Guidelines are intended for health care workers (HCWs) in the management of influenza-like illness (ILI) including novel A/H1H1 influenza in all health and health care settings. This includes pre-hospital care, acute care, long-term care, ambulatory care, physician offices, community settings and care at 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.

For full details, please refer to the Public Health Agency of Canada document entitled Routine Practices and Additional Precautions:
http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/25s4/.

A summary of these guidelines is provided below.

In this document, cases mean patient, resident, client. HCW means health care providers and home support worker.

Definition of Influenza-like Illness (ILI)

Fever* > 38 ° C AND cough AND one or more of sore throat, arthralgia, myalgia or prostration**.

*In individuals < 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 patients, visitors and HCWs. Refer to Point of Care Risk Assessment.

I. A. Routine Practices

The purpose of Routine Practices is to prevent the transmission of microorganisms between patients or from patients to health care workers following direct contact with blood, body fluids or secretions, and moist body substances with non-intact skin or mucous membranes.

Specific practices include hand hygiene, use of personal protective equipment (PPE) and patient management issues.

Routine Practices when consistently adhered to, will optimize patient and health care worker safety by preventing the transmission of most infections.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

1. Hand Hygiene

Hand washing/hand hygiene reduces the number of microorganisms on the hands, and is the most important practice to prevent the spread of infection between clients / patients or from clients / patients to health care workers. HCWs should follow these practices and teach their clients to do the same (Refer to Teaching Tools).

- HCWs should perform hand hygiene using either alcohol-based hand rubs (60 to 90 per cent), or soap and water.
- Hand hygiene should be done after any direct contact with a patient, before contact with the next patient; after removing gloves and gowns; after handling body fluids substances, contaminated equipment, articles and surfaces, linen, garbage, and dishes; and before leaving a client's home.

1.1 Important Factors in Hand Hygiene:

- In community settings, paper towels or a clean towel must be used to dry hands and turn off faucets. Use only bar soap that is well drained or liquid soap.
- When hand washing facilities are inaccessible, use an alcohol-based hand rub (60 to 90 per cent).
- Hands must be washed with soap and water when hands are visibly soiled with blood, body fluids, secretions, excretions and exudates from wounds.
- When hands are not visibly soiled, an alcohol-based hand rub or washing with soap and water are both acceptable.
- Avoid touching your face with your hands, and avoid hand contact with mucous membranes, including the eyes.
- Frequently missed areas of the hand include the thumbs, under nails, backs of fingers and hands.
- Home health service workers, e.g. home care nurses, home support workers, visiting public health nurses, should carry alcohol based hand rubs with them.
- Fingernails:
  - Artificial fingernails, gel nails or extenders shall not be worn.
  - Natural nail tips should be no longer than 0.635 centimetres (¼ inch) long.
  - Nail polish can be worn but should be removed when chipped.
- Hand Jewellery:
  - Avoid wearing hand jewellery
- Hand Lotions:
  - HCWs should only use hand lotions that minimize skin irritation which may occur with frequent hand washing/hand hygiene that are compatible with hand hygiene products and the type of gloves being used.

- Liquid Soap Dispensers:
  - Do not add fresh soap, hand rub or lotions to a partially empty dispenser. The practice of "topping up" can lead to bacterial contamination of product.
  - Reusable dispensers must be emptied, washed and dried prior to refilling.
  - Hand lotion bottles should not be reused.
  - Patients in the home setting should be educated about these points.

1.2 When to Perform Hand Hygiene:

Before:
- Direct, hands-on care with a patient.
- Performing invasive procedures.
- Handling dressings or touching open wounds.
- Preparing and administering medications.
- Preparing, handling, serving or eating food.
- Feeding a patient.
- Beginning a shift or break.

After:
- Contact with blood, body fluids, non-intact skin and/or mucous membranes.
- Contact with items known or considered to be contaminated.
- Removal of gloves.
- Personal use of toilet or wiping of nose.
- At the end of each shift or break.

Between:
- Procedures on the same patient where soiling of hands is likely to avoid cross-contamination of body sites.

1.3 Agents Used for Hand Hygiene:

Alcohol-based hand rub:
- Must contain a minimum of 60 per cent alcohol.
- Use as an alternate to plain or antimicrobial soap except when hands are visibly soiled.

NOTE: Alcohol-based hand rubs do not inactivate the spores of *C. difficile*.

Plain soap:
- For routine hand washing.
- Acceptable in the home and other community settings for most purposes, except for specific procedures noted below which require antimicrobial soap.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

Antimicrobial soap:

- Before contact with invasive devices.
- Before performing any invasive procedures.
- Before contact with immunosuppressed patients.
- Before/after contact with patients on Additional Precautions.

NOTE: Use in critical care areas: ICU, OR, Burn Unit, Dialysis, Intensive Care Nurseries.

For non-health care settings, soap and water is sufficient. Where this cannot be readily accessed, there is a wide variety of different hand hygiene products which may be considered depending on the needs of the particular setting. While some of these products have in vitro microbiological data suggesting efficacy against some organisms, none have been shown to be superior in decreasing disease transmission in clinical trials or to have any increased efficacy against influenza.

2. Cough Etiquette

- Refers to simple measures both patients and HCWs can utilize to minimize spread of respiratory microorganisms in the health and health care settings, such as covering a cough and practicing hand hygiene.
- Patients with symptoms of ILI should be instructed in cough etiquette practices (coughing into sleeve, using tissues, wearing a surgical or procedure mask).
- Patients with symptoms of ILI who are coughing should be asked to wear a surgical or procedure mask in the presence of others in health and health care settings. If this is not possible, the HCW, family member or visitor should wear a surgical or procedure mask when providing direct care.

  A Manitoba Health and Healthy Living poster entitled “Cover your Cough” can be found at the following website:
  http://www.gov.mb.ca/health/flu/docs/cough.pdf

  A Manitoba Health and Healthy Living poster entitled “Hand Hygiene: can be found at the following website:
  http://www.gov.mb.ca/health/flu/docs/hand.pdf

In all health and health care settings where individuals might appear for appointments:

- Individuals with ILI symptoms may consider deferring appointments until they are well.
- Consider reminder calls to individuals to reschedule appointments if they have ILI.
- Consider signage at reception/entry area reminding individuals not to attend appointment and to reschedule for when symptoms have resolved.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

3. Personal Protective Equipment (PPE)

3.1 Gloves:

Gloves are used as an additional measure to, not as a substitute for, hand hygiene.

Clean, non-sterile gloves of appropriate size should be worn:

- For contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin.
- For handling items visibly soiled with blood, body fluids, secretions or excretions.
- When the HCW or other care provider has open lesions of his/her hands.
- When indicated, gloves should be put on directly before contact with patients or just before the task/procedure requiring gloves.
- Gloves should be changed between care activities and procedures with the same patient, and after contact with materials that may contain high concentrations of microorganisms, e.g. after open suctioning of an endotracheal tube.
- Gloves should be removed prior to leaving the patient's room and disposed of in a hands-free receptacle.
- Hand hygiene should be performed immediately after removing gloves and after leaving room.
- Single-use, disposable gloves should not be reused or washed.
- Gloves should be selected based on the task and personal comfort and fit.

NOTE: HCWs with open skin lesions, dermatitis, wrist splints or casts must be assessed by Occupational Health to determine fitness for work.

3.2 Gowns:

- Routine use of gowns for patient care is not recommended.
- Gowns should be used to protect uncovered skin and prevent soiling of clothing during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
- Gowns should be large enough to overlap at the back.
- Sleeves should be to the wrist and cuffed for snug fit.
- A disposable impervious/water repellent apron may be used under the gown to prevent contamination of clothing from leakage or large volumes of blood, body fluids, secretions or excretions. Disposable impervious gowns are available and should be considered in these situations.
- When a gown has been worn, it should be removed in a manner which prevents contamination after completion of the patient care activity requiring its use.

- Gowns are to be worn once. Disposable impervious gowns are discarded and cloth gowns are laundered after use.
- HCWs should use alcohol-based rubs or soap and water after removing gowns and after leaving the room.

3.3 Masks:

A surgical or procedure mask protects the wearer from exposure to respiratory secretion transmission and also reduces transmission from an infected HCW to other individuals.

A mask is a barrier covering the nose or mouth to protect the mucous membranes from microorganisms contained in large droplet particles, greater than or equal to 5µm in diameter, generated from a source person during coughing, sneezing or talking and during the performance of certain procedures generating droplets e.g. suctioning or are likely to generate splashed blood, body fluids, secretions or excretions. Masks may also be used to contain large droplet particles generated by coughing or sneezing persons. The term mask refers to surgical or procedure masks and not to high efficiency dust/mist masks or respirators.

- Surgical or procedure masks should be worn where appropriate to protect the mucous membranes of the nose and mouth during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
- Masks shall be worn once.
- Mask should be changed:
  - when wet,
  - if the front of the mask has been touched, and/or
  - when contaminated with patient secretions
- Masks shall never dangle around the neck.
- Perform hand hygiene after removal of the mask.
- Masks should be removed by the straps, being careful not to touch the mask itself, after leaving the case's room, and disposed of in a hands-free waste receptacle. The HCW should perform hand hygiene after removing the mask.

3.5 Eye / Facial Protection – Goggles, Safety Glasses or Face Shield:

- Eye protection should be worn when appropriate to protect the mucous membranes of the eyes during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
- When removing eye protection, take care to avoid self-contamination. Prescription eyeglasses are not adequate for eye protection, as they do not provide protection from splashes or sprays.
- Eye protection (goggles or face shield) must fit over prescription glasses and protect the eyes from splashes or sprays.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

- If reusable, eye protection must be easy to clean and able to be cleaned in a manner which avoids contamination of the HCW.
- Refer to Teaching Tools for instruction for Infection Control Prevention Procedures/Practices.

4. Medical Equipment and Supplies

- All health care agencies should have standard procedures in place for processing all contaminated equipment, regardless of setting (community or facility). Use of disposable equipment may eliminate the need for cleaning, disinfection or sterilization procedures for reusable equipment
- Reusable non-critical equipment that has been in direct contact with the patient must be cleaned with a facility-approved disinfectant before use on another patient.
- A routine cleaning schedule should be established, assigning responsibility and accountability for cleaning of all equipment, e.g. electronic thermometer, commodes.
- Equipment that is visibly soiled must be cleaned immediately after use.
- Soiled patient care equipment must be handled in a manner that prevents contact to the HCW's skin and mucous membranes or contamination of clothing and the environment.
- Where possible, dedicated patient care equipment should be considered for ICU and other high-risk areas.
- Toilets must be cleaned regularly and when soiled.
- Bedpans or commodes must be reserved for use by a single patient and labeled appropriately.
- Mouthpieces, resuscitation bags or other ventilation devices provided for use in facility areas where the need to resuscitate is likely to occur must be cleaned after every use.
- Personal care supplies (e.g. lotions, creams, soaps, combs or razors) are not to be shared between patients/clients.
- Examining tables should be wiped down with a low-level disinfectant before each use and covered with a new disposable covering.

5. Environmental Control/Housekeeping

- Procedures should be established for routine care, cleaning and appropriate disinfection of patient furniture and environmental surfaces with a facility-approved disinfectant. In community settings, procedures should be established for routine cleaning of items frequently handled during care and for items such as toys in waiting rooms in clinic settings.
- All horizontal and frequently-touched surfaces should be cleaned daily and more often if visibly soiled.
- Immediately clean all spills of blood and/or body fluids with a facility-approved disinfectant according to facility approved policy.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

For full details, please refer to the Public Health Agency of Canada document entitled Hand Washing, Cleaning, Disinfection and Sterilization in Health Care:
http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf
and;
Manitoba Health Infection Control Guidelines for Early Learning and Childcare:
http://www.gov.mb.ca/fs/childcare/pubs/healthypractices/infection-control.pdf

6. Specimen Collection

- All clinical specimens are considered potentially infectious and should be handled with appropriate care.
- All specimens must be placed in leak proof containers. Care must be taken to avoid contamination of the outside of the specimen container and the laboratory requisition. If contamination of the outside of the container occurs, the container must be cleaned with a facility-approved disinfectant prior to transport to the laboratory.
- Specimens should be transported to the laboratory according to facility policy.
- Practice hand hygiene after collecting and handling specimens.

7. Dishes

- There is no need for any special precautions for dishes.
- There is no need for disposable dishes.
- Hand hygiene must be performed after contact with dishes.

8. Laundry: Linens and Clothing

- In health care facilities, linen should be handled with a minimum of agitation and bagged at the site of collection in a manner that prevents contamination or soaking through. Double bagging is not routinely necessary. A second outer bag is only required to contain a leaking inner bag.
- In home/community settings, linen and clothing should be washed by the usual methods. Health care workers and home support workers or others assisting clients with laundry should wash linens and clothing by the usual methods. If linens or clothing are heavily soiled with body fluids, protective clothing (e.g. disposable gloves and gown) should be worn.

9. Waste

- Clinical waste should be contained in waste-holding bags that prevent contamination. Double-bagging of waste is not required.

10. Sharps

- Used needles and other sharp instruments must be handled with care to avoid injuries during disposal or reprocessing. Used sharp items should be

disposed of immediately in designated puncture-resistant containers located in the area where the items were used.

B. Additional Precautions: Droplet / Contact Precautions for suspect /confirmed ILI cases

1. Introduction

Droplet/Contact Precautions are required for patients diagnosed with, or suspected of having infectious microorganisms transmitted by the droplet route and contact routes.

Droplet/Contact Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all HCWs.

Droplet/Contact Precautions are not required when providing care to contacts of cases.

Note: 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 ILIs suspected or confirmed to be due to the novel H1N1 influenza virus. Ideally, personal protective equipment is recommended when interacting within less than two metres of suspect or confirmed H1N1 cases, with a minimum of 1 metre recommended.

Incubation Period and Communicable Period

While the period of communicability of seasonal influenza viruses is greatest in the first three to five days of illness, shedding can be up to at least seven days. Recent evidence suggests H1N1 has a longer incubation period of seven days and a longer communicable period of seven days in comparison to seasonal influenza. This is consistent with what has been found with other influenza viruses of swine origin.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

Duration of Precautions

Acute Care Settings:
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.

Discharged patients: No longer require droplet/contact precautions seven days post symptom onset. Routine precautions would apply.

Long Term Care Settings:
For seven 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.

2. Hand Hygiene

HCWs shall remove gloves and gown and perform hand hygiene before leaving the room/cubicle. After hand hygiene take care not to contaminate hands before leaving the room.

HCWs shall perform hand hygiene after removal of the surgical or procedure mask.

3. N95 Respirators

N95 respirators (masks) are recommended for use by all HCWs in the room when performing aerosol-generating medical procedures on patients with ILI.

Administrative, engineering and environmental controls must be in place.

The respirator should be removed by the straps, being careful not to touch the respirator itself, after leaving the patient's room and disposed of in a hands-free waste receptacle. The HCW should perform hand hygiene after removing the respirator.

4. Point of Entry Screening / Signage:

In all health and health care settings where individuals might appear for assessment/investigation of new symptoms/illness:

- Post signs at reception/entry areas to direct individuals who have come with fever and new respiratory symptoms to the triage or reception area.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

- Provide surgical or procedure masks to all individuals self-directing to the triage or reception area. Provide instructions on the proper use and disposal of masks and how to perform hand hygiene.
- For individuals unable to wear a surgical or procedure mask, provide tissues for use (i.e. when coughing, sneezing or controlling nasal secretions), instructions on use and disposal of tissues, and the importance of hand hygiene after handling this material.
- Wherever possible, designate an area in waiting rooms where patients with respiratory symptoms can be segregated (ideally by at least two metres; a minimum of one metre is recommended) from patients, visitors, and staff who do not have respiratory symptoms.
- Provide dispensers of alcohol-based hand rubs at points of care and at entrances to and exits from assessment areas.
- Provide hands-free garbage and laundry receptacles.
- Remove magazines and toys from the waiting rooms to reduce potential contact exposure.
- Refer to Algorithm for Acute Care or Community Settings as applicable.

5. Placement/Accommodation and Activity restrictions

5.1 Placement of patients with influenza-like illness in ambulatory care settings and common areas of health care facilities, e.g., waiting rooms:

In out-patient clinics and ambulatory care settings, patients should be separated ideally by at least two metres; a minimum of one metre is recommended. Otherwise, the patient should be placed in a separate room, Infection Prevention and Control signage should be placed on the room door indicating the precautions required.

5.2 Placement / Accommodation for in-patient settings:

Patients shall preferably be placed in a single room. No special air handling and ventilation is necessary.

- The door may remain open.
- Room should have dedicated toilet, hand hygiene and bathing facilities.
- If there are not a sufficient number of single rooms, cohort patients with the same microorganism together. This shall be done in consultation with Infection Prevention and Control.

If a single room is not available and cohorting is not possible consult an Infection Prevention and Control Practitioner.

- Wherever possible, maintain a separation between patients ideally by at least two metres; a minimum of one metre is recommended.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

- Roommates and all visitors shall be aware of appropriate precautions
  - Select roommates for their ability, and that of their visitors, to comply with Droplet/Contact Precautions.
  - Roommates should not be at high risk for acquiring infections (e.g. chronic lung disease, severe congenital heart disease, immunodeficiency).

5.3 Activity /Movement restrictions for residents of Long Term Care facilities and in-patients of Acute Care Facilities:

- Patients with ILI symptoms should remain in their room on droplet/contact precautions for seven days.after onset of symptoms {no fever, myalgia, arthralgia, sore throat, productive cough} or the individual has returned to pre-infection baseline, whichever is longer.
- Patients with symptoms of influenza like illness should not participate in group social activities or common dining areas for seven days or until they are asymptomatic.
- Patients with ILI should not be transferred outside the facility for non-urgent appointments or care.
- For patients who must be transferred, notify Transport Services and the receiving department about the need to maintain Droplet/Contact Precautions during transport:
  - Before use, cover the clean transport chair or stretcher with a cover sheet.
  - Put on a clean gown and gloves for patient/resident transport. Take care not to contaminate the environment with soiled gloves.
  - The patient wears a surgical or procedure mask.
  - The patient performs hand hygiene prior to leaving the room.
  - After use, clean and disinfect the transport chair/stretcher in the room.
  - Remove gown and gloves and perform hand hygiene before leaving the room.
  - The patient performs hand hygiene after removal of the surgical or procedure mask.
- During an outbreak of influenza in a facility, consider restricting social activities and visitors to wards.

6. Personal Protective Equipment

Prior to any patient/resident/client interaction, HCWs should conduct a point of care risk assessment (PCRA) to evaluate the likelihood of exposure to the H1N1 influenza virus, in order to guide the choice of appropriate actions including use of PPE. Refer to the PCRA.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

6.1 Respiratory Protection:

HCWs should wear respiratory protection when entering the room, bed space or providing direct care to a suspect or confirmed ILI case. The choice between a surgical mask and N95 respirator should be based on the following:

Wear a surgical mask:

- If the patient is compliant (willing and able) with respiratory hygiene practices.

or

- If the patient has a weak or no cough. Individuals who may have a weak cough are the frail elderly and paediatric patients.

Wear an N95 respirator:

- If conducting an aerosol-generating medical procedure (AGMP) on a suspect ILI patient. AGMPs are listed in Appendix G of the Tools section. All individuals in the room should wear an N95 respirator.
- When the patient is coughing forcefully and the patient is unable or unwilling to comply with respiratory hygiene (e.g. coughing patient who is unable or unwilling to wear a surgical mask).

6.2 Eye / Face Protection – Goggles, Safety Glasses or Face Shield:

- 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. This protects the mucous membranes of the eyes during procedures and patient care.
- Eye protection needs to be changed each time an N95 respirator is removed due to the potential risk of the health care worker being contaminated with organisms in the process of removing the PPE.
- Goggles, safety glasses or face shields should be removed after leaving the case's room and disposed of in either a hands-free waste receptacle (if disposable) or in a separate receptacle for reprocessing (if reusable).
- Goggles, glasses or face shields shall be removed in a manner preventing contamination.
- If reusable, reprocess according to manufacturer's recommendations and facility procedure. If disposable, discard.

6.3 Gloves:

- Are worn when entering the room or patient's designated bed space in a shared room of a patient with ILI symptoms.
- Are removed before leaving the room or the patient's designated bed space.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

6.4 Gowns:

- Are worn if clothing or forearms will have direct contact with the patient.
- Are worn if it is anticipated clothing or forearms will be in direct contact with frequently touched environmental surfaces or objects, and there is an increased risk of the environment being contaminated (e.g. respiratory secretions). Remove gown before leaving the room or patient's designated bed space.

7. Patient Transport

Patient transport out of the room is for medically essential purposes only.

In advance of the procedure, notify the Patient Transport Services and the receiving department regarding the need for Droplet/Contact Precautions.

Maintain Droplet/Contact Precautions while the patient is outside the isolation room.

- Before use, cover the clean transport chair or stretcher with a cover sheet.
- Put on a clean gown and gloves for patient transport. Do not contaminate the environment with soiled gloves.
- The patient wears a surgical or procedure mask.
- The patient performs hand hygiene prior to leaving the room.
- Transport staff do not need to mask if patient wears a mask.
- After use, clean and disinfect the transport chair/stretcher in the room.
- Remove gown and gloves and perform hand hygiene before leaving the room.
- The patient must perform hand hygiene after removal of the surgical or procedure mask.

8. Equipment and Environment

Patient-care equipment (e.g. thermometers, blood pressure cuffs, lifts/slings) should be dedicated to use by the patient and cleaned and disinfected before reuse with another patient.

Disposable patient care equipment and supplies shall be discarded. Toys and personal effects should not be shared with other patients. Toys should be removed from waiting areas.

The patient record and other papers shall not be taken into the room. If the patient record is required to accompany the patient for tests or treatments, it shall be placed in a protective cover to prevent contamination.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

If personal documents are required to be taken into the room:

- Wipe the table where the document is to be signed with a facility-approved disinfectant.
- The patient shall perform hand hygiene.
- Patient should have a dedicated pen in the room. If not, after signing, wipe the pen with facility-approved disinfectant.

All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled.

Special cleaning procedures may be required in an outbreak situation. This will be determined in consultation with Infection Prevention and Control.

9. Visitors

The patient/family/visitor should be educated about the nature of the patient's influenza-like illness, the appropriate precautions and the length of time the precautions will be in place.

Instruct the patient/family/visitor regarding Cough Etiquette

- 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.
- When coughing or sneezing, cover the nose and mouth with a tissue, or cough into his/her shoulder,
- Immediately dispose of the tissue in the appropriate waste receptacle, and
- Perform hand hygiene.

Patient/resident/family/visitor shall wear a surgical or procedure mask when within at least two meters of the ill patient/resident; a minimum of one metre is recommended.

Instruct the patient about the appropriate use and management of personal protective equipment:

- How to correctly apply and wear a surgical/procedural mask.
- How to remove the surgical or procedure mask to prevent contamination.
- Know the procedure and importance of hand hygiene following removal of the surgical or procedure mask.

In health care facilities with residents or in-patients, restrictions in the number of visitors may be advisable during a community outbreak of influenza. It is recommended that health care facilities consider the following in making decisions regarding restricting visitors:

- The need to minimize the transmission of influenza, including H1N1 influenza, potentially introduced from visiting family members and friends.

INFECTION PREVENTION AND CONTROL GUIDELINES:
Influenza-like illness including NOVEL A/H1N1 INFLUENZA:
All health and health care settings

- The use of a wide degree of judgment in the application of visitor restriction policies as certain patient situations may suggest more or less restrictive application depending on institutional considerations and the patient situation e.g. in the case of a critically ill or palliative patient.

These Infection Prevention and Control recommendations may change as further information about the epidemiology and spread of the novel A/H1N1 influenza virus is available.

REFERENCES

Manitoba Health Infection Control Guidelines for the Management of Respiratory Infection, Draft May 2007.

Provincial Infectious Diseases Advisory Committee (PIDAC), Ontario, Preventing Febrile Respiratory Illness. Revised edition, August 2006, reprint March 2008.

Public Health Agency of Canada, Prevention and Control of Influenza During a Pandemic for all Health Care Facilities, Draft 2009.

Public Health Agency of Canada, Interim Guidance: Infection, Prevention and Control Measures for Health Care Workers in Acute Care Facilities, Human Cases of Swine Influenza A (H1N1), FINAL – May 11, 2009 – 17h00

World Health Organization, Infection Prevention and Control in providing Care for Confirmed or Suspected A(H1N1) Swine Influenza Patients – Interim Guidance, April 29, 2009.

Public Health Agency of Canada, Interim Guidance: Infection prevention and control measures for Health Care Workers in Acute Care Facilities. Human Cases of H1N1 Flu Virus (Human Swine Flu), Final – May 8, 2009.

Public Health Agency of Canada, Interim Guidance for Ambulatory Care of Influenza-Like Illness in the context of H1N1 influenza virus. Draft – June 8, 2009, 1630h