Alberta Health Services

Memorandum

DATE: October 7, 2009

TO: All Care Delivery Areas within Seniors Health

FROM: **Infection Prevention and Control** **REVISED IPC BULLETIN # 5**

RE: **Infection Prevention and Control Directive regarding Pandemic (H1N1) 2009 for Health Care Workers in Facility Living, Supportive Living and Home Living Programs**

Context

As of June 19, 2009, there have been 605 cases of Pandemic (H1N1) 2009 in Alberta, including 346 in Edmonton and 177 in Calgary. While the majority of cases continue to be mild, there have been a few patients with severe cases who have been recently admitted to hospitals, with subsequent Health Care Worker (HCW) exposures.

Infection Prevention and Control reminds all HCWs of the critical importance of:

- Conducting early point-of-care risk assessment (PCRA) to recognize influenza-like illness (ILI).
- Maintenance and promotion of hand hygiene and respiratory etiquette.
- Immediate application of personal protective equipment (PPE) and careful removal of PPE to prevent self-contamination.

Infection Prevention and Control (IPC) Directives:

1. PCRA and appropriate management must be done for all clients presenting with a new cough or change in existing cough. Prior to any client interaction, all HCWs have a responsibility to assess the infectious risk posed to themselves, clients, visitors and other HCWs. This risk assessment is based on professional judgment about the clinical situation and up-to-date information.

Screening all visitors, families and clients for HCWs for symptoms of influenza-like illness (ILI) is necessary to prevent the introduction of the Pandemic (H1N1) 2009 into the care facility. Use prominent signs at key locations to advise the public (i.e. families and visitors) with flu-like symptoms to refrain from visiting. HCWs are to perform daily self assessment and to refrain from work while ill with ILI. Perform daily client assessment to identify those exhibiting ILI symptoms and take the necessary precautions.

The following criteria can be used to determine the need for applying the IPC measures found in this guidance:

ADULT: Acute onset of NEW cough or change in existing cough

PLUS one or more of the following:
Fever (≥ 38°C on arrival or by history)
Sore throat
Joint pain
Muscle aches
Severe exhaustion

PEDIATRIC: Acute onset of any of the following symptoms; runny nose, cough, sneezing, +/- fever

If so, implement Contact and Modified Droplet Precautions (see Sign included) for the suspected client.

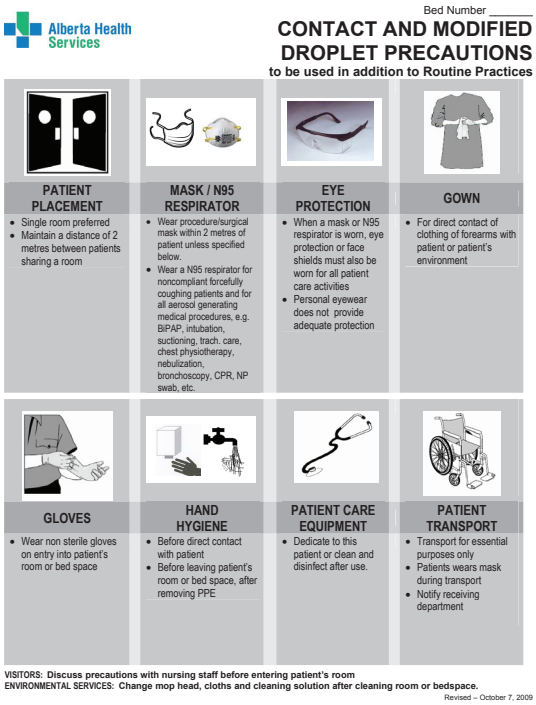
2. Source control of suspected and confirmed Influenza clients: Any client who is identified with symptoms of ILI should be placed on (Contact and Modified Droplet) precautions without delay. Place in a single room, if possible. If this is not possible ensure that a separation of two metres is maintained between the bed space of the ill client and all roommates, and privacy curtains are drawn. Place sign (as below) on the symptomatic client's room door indicating the precautions required. Restrict the client with the ILI to his/her room (bed space), including meals and any other clinical or social activity.

3. Promote respiratory hygiene and hand hygiene for all clients, family and visitors at all times using signage that includes the following information:

- All individuals are encouraged to cover a cough or sneeze, dispose of used tissues and practice hand hygiene afterward.
- All clients, staff or visitors presenting with a cough and fever should be provided with and requested to wear a procedure mask.
- Visitors who are not feeling well should be discouraged from visiting.
- Hand hygiene with alcohol based hand rub or hand washing with soap and water must be performed on arrival at and departure from the facility, when entering client rooms and before and after care.

4. In addition to routine practices, IPC precautions for all suspected and confirmed Pandemic (H1N1) 2009 clients must include:

- Posting the Contact and Modified Droplet Precautions sign in the entry to the client's room
- Following these precautions for all general care activities within two meters of a symptomatic client



N95 respirators and protective eyewear are to be used for any aerosol-generating medical procedures (AGMP) which includes any procedure carried out that can induce production of aerosol droplet, e.g.:

- Non-invasive positive pressure ventilation (CPAP)
- Respiratory/airway suctioning (including nasopharyngeal aspirates)
- Tracheostomy care
- Chest physiotherapy
- Aerosolized or nebulized medication administration
- Nasopharyngeal swab
- Cardiopulmonary resuscitation
- Sputum induction

For more information or clarification, please contact your facility's Infection Prevention and Control Professional or Designate.