

Subject/Title: <b>Source Control to Prevent Transmission in Emergency Departments, Urgent Care Centres, Acute Assessment Centres and Ambulatory Clinics</b>	Reference: 01-004 Effective Date: FROM: 22 Sep 09 TO: Until Further Notice
Authorized by: EXECUTIVE MANAGEMENT	Revised: 06 Oct 2009

## PURPOSE

To prevent exposures of Pandemic (H1N1) 2009 in AHS Emergency Departments (EDs), Urgent Care Centres (UCCs), Acute Assessment Clinics, and other Ambulatory Clinic settings (including Diagnostic Imaging clinics, laboratory testing and collection sites).

## DIRECTIVE

Transmission of Pandemic (H1N1) 2009 is continuing in the community. To maintain effective source control in Emergency Departments and other facilities where patients present for initial assessment/investigation of influenza-like illness (ILI) or for other assessment, investigation or procedure, the following strategies are recommended:

### Screen patients

- All patients should be screened immediately on entrance to the facility. This may occur via active screening by designated staff or passive screening through signage and patient self-assessment.
- Active screening may occur prior to triage and may be performed by personnel other than nursing, such as volunteers, security, or paid greeters. Alternatively, it may occur at triage by nursing personnel. Active screening is preferred during times of increased pandemic activity when a significant volume of individuals presenting with ILI is expected.
- Elective ambulatory care clinics (e.g., physiotherapy clinics, Well Baby and Well Woman clinics, outpatient follow-up clinics, laboratory testing and collections sites, diagnostic imaging clinics), where patients present for appointments, may choose to adopt a system which incorporates both active and passive screening methods. Clinic visits for patients who are ill with ILI symptoms should be deferred until they are well if feasible. This may be facilitated by reminder calls to patients to reschedule their appointments if they have ILI, and by signage at the entrance to the clinic reminding patients to not attend clinic and to reschedule for when their symptoms have resolved. In cases where deferment of appointment is likely to cause undue hardship, e.g., patient traveled significant distance for appointment, a decision to proceed as scheduled will be made in consultation with the attending physician.

#### A. Active screening:

1. Designate a reception desk/area at facility entrance to screen all patients entering the facility.
2. Ideally staff should be behind a physical barrier (e.g., glass/acrylic partition); however, if this is not

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possible, designated staff should have access to and be trained in the correct use of personal protective equipment (PPE) (procedure/surgical mask or N95 respirator/eye and/or face protection). This includes all individuals performing this role, such as volunteers, security personnel, contracted staff or paid greeters. A point-of-care risk assessment (PCRA) must be completed to determine the correct PPE.

3. Ensure signage is posted outside facility entrance door to direct patient to the screening area upon arrival.
4. To determine if the patient has ILI, have trained staff look for the following symptoms by using the Influenza Assessment Tool. Provide a script for non-nursing personnel to ensure accuracy and consistency in screening.

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

PLUS one or more of the following:

- Fever ( $\geq 38^{\circ}\text{C}$  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

5. Instruct symptomatic patient to wear a procedure/surgical mask and proceed to triage/registration desk if distinct from initial screening point.
6. Document in triage/registration note that patient has donned a mask.

B. Passive screening:

1. Ensure the AHS sign outlining ILI self-assessment is posted (labeled Hand Hygiene Poster and Hand Hygiene Poster-translated on AHS H1N1 website).
2. All signage should be language-specific and posted at reading level at facility entrances, doors and other areas as appropriate.

**Set up Hand Hygiene stations:**

1. Provide handwashing sinks and/or alcohol based hand rub at points of care and at entrances/exits.
2. Ensure posters outlining directions to clean hands are posted at the Hand Hygiene stations.

**Set up Respiratory Hygiene stations:**

1. Provide surgical/procedure masks and tissues, ideally at close proximity to the Hand Hygiene stations.
2. Ensure signage as outlined above is posted at the Respiratory Hygiene stations.

**Note:** Source control and practicing respiratory hygiene is often not feasible in pediatric patients.

**Source Control to Prevent Transmission in Emergency Departments, Urgent Care Centres, Acute Assessment Centres and Ambulatory Clinics****Designate waiting area:**

1. Separate designated patient waiting areas with signage should be set up for patients with respiratory symptoms (coughing, sneezing, or runny nose).
2. If not possible to designate a separate area due to the physical space available, ensure the patients with respiratory symptoms are separated from persons without respiratory symptoms by at least 2 metres.
3. Direct patient to designated waiting area if patient cannot be triaged or be attended to immediately.
4. If feasible, have staff make hourly rounds to provide clean procedure/surgical masks to those in the waiting area.

**Maintain respiratory protection:**

1. At triage stations in ED and influenza assessment centres, the initial interview should be conducted from behind a physical barrier (e.g., glass/acrylic partition). When a barrier is present, triage staff are not required to wear respiratory protection (mask and eye/face protection).
2. In areas where a physical barrier is not present, staff are required to wear a surgical/procedure mask with eye/face protection when within 2 metres of the patient, as per Contact and Modified Droplet Precautions. If the patient has a forceful cough and is not compliant with respiratory hygiene, the Health Care Worker must don a N95 respirator.

**Environmental cleaning and disinfection:**

1. Remove magazines and toys (aside from fixed or large play structures) from the waiting rooms to reduce potential contact exposure.
2. Provide sufficient hands-free waste container.
3. Increase frequency of cleaning and disinfection of the designated waiting area using standard facility environmental disinfectant.

This directive is subject to change as more information becomes available about Pandemic Influenza (H1N1) 2009.

**APPLICABILITY**

This Directive applies to all Alberta Health Services staff, medical staff, volunteers, students and other persons acting on behalf of Alberta Health Services.

**CONTACT**

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