Respiratory Illness
Assessing the Need for Additional Precautions (Isolation)

Does the individual have symptoms of Influenza-like Illness (ILI)?

**ADULTS**

Sudden 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/weakness

**PEDIATRIC** - Sudden onset of any of the following symptoms:
- runny nose, cough, sneezing, +/- fever and under age 5
- gastrointestinal symptoms may be present

**over age 65 or under age 5 fever may not be present**

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Has patient traveled in the past 14 days to any countries where novel respiratory virus is circulating? (e.g., novel Coronavirus (COVID-19), MERS-CoV, avian influenza, etc.)

Note: https://www.who.int/emergencies/diseases/en/

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Is tuberculosis suspected?

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1. Put procedure mask on patient and place patient immediately in a separate space (2m or physical barrier)
2. Notify IPC

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1. Initiate Contact & Droplet Precautions
2. Patient placement:
   - Single room with hard walls and door
     (Contact IPC if not available)
   - For AGMP (see page 2):
     - Single room with 4 walls and door only
     - Ensure door is closed
     - Use N95 + eye protection
     - Only essential staff in room
     - If available, place patient in an Airborne Isolation Room

For COVID-19 specific information, go to: Please refer to COVID-19 Interim IPC Recommendation

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1. Put procedure mask on patient and place immediately in a separate space (2m or physical barrier)
2. Notify IPC and refer to: IPC Diseases and Conditions Table and/or local TB Services

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Initiate Contact & Droplet Precautions
- Place patient in walled or curtained bed space with ≥ 2m separation from other patients
- Use N95 + eye protection for AGMP (see page 2)

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ROUTINE PRACTICES
## General Information

- Prior to each patient interaction, the healthcare provider must assess the task, the patient, and the environment by performing a Point of Care Risk Assessment (PCRA).
- AGMP require an N95 respirator if the patient has influenza-like illness (ILI) of unknown etiology; or confirmed infection with Influenza A or B, MERS-CoV, COVID-19, avian influenza, or other emerging/novel respiratory pathogens; or suspected or confirmed viral hemorrhagic fever.

## Purpose

To prevent potential healthcare provider exposure and transmission of infectious micro-organisms associated with aerosols produced by medical procedures.

## List of Aerosol-Generating Medical Procedures

- intubation and related procedures (e.g., manual ventilation, open endotracheal suctioning, extubation)
- cardiopulmonary resuscitation (CPR)
- Bi-level Positive Airway Pressure (e.g. BiPAP, CPAP)
- humidified high flow oxygen systems (e.g., ARVO, Optiflow)
- tracheostomy care
- bronchoscopy
- sputum induction
- nebulized therapy/aerosolized medication administration
- open respiratory/airway suctioning
- high frequency oscillatory ventilation

Note: The following procedures have not been shown to generate aerosols that increase transmission risk (includes but not limited to):
- Nasopharyngeal (NP) swabs;
- NP aspirates
- oral suctioning
- chest physiotherapy

Use the PCRA to determine appropriate PPE when performing these non-AGMP.

## Precautions Needed

In addition to Routine Practices

<table>
<thead>
<tr>
<th>Contact and Droplet Precautions</th>
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<tbody>
<tr>
<td>+ N95 Respirator</td>
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<tr>
<td>+ Eye protection</td>
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</tbody>
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- Single room with 4 walls and door only
- Ensure door is closed
- Only essential staff in room
- If available, place patient in an Airborne Isolation Room

## Duration of use of N95

Until AGMP is complete.

Note: Any other additional precautions that have been instituted (e.g., droplet, contact and droplet) are to be continued based on symptoms and/or diagnosis.