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**

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/

Is tuberculosis suspected?

YES

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

NO

1. Put procedure mask on patient and place patient 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

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)

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

# Aerosol-generating Medical Procedures (AGMP) for Respiratory Illness

## 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., AIRVO, 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

### Contact and Droplet Precautions
+ N95 Respirator  
+ Eye protection

- 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.