

Respiratory Illness in Continuing Care

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

*Sudden 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/weakness

Symptoms may differ from Influenza outbreak case definitions.
(over age 65 fever may not be present)

YES

Use Point of Care Risk Assessment (PCRA)
and monitor for further symptoms.

Place individual on Droplet & Contact Precautions,
encourage individual to remain in their room.

Focus on:

- **PCRA** – encourage everyone to think about contact with individual and choose appropriate personal protective equipment.
- **Hand hygiene** – encourage everyone to clean their hands frequently.
- **Respiratory hygiene** – encourage individuals to cover their cough/sneeze, use of tissue and hand hygiene.
- **Monitor and assess** – others for symptoms and place on additional precautions and post outbreak signage.
- **Instruct visitors** – on good practices such as, hand hygiene, limiting number of individuals they visit, not visiting if they are unwell.
- **Increased frequency of cleaning & disinfection** – of environment and equipment is essential during outbreaks.

Refer to the [Continuing Care Infection Prevention and Control Diseases and Conditions Table](#)

For more information, contact
ipcsurvstdadmin@ahs.ca

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Aerosol Generating Procedures

The World Health Organization has determined that if a procedure causes air to travel at a high velocity over the respiratory mucosa and epithelium, there is a potential risk of the production of tiny aerosols.

An aerosol generating medical procedure is defined as any procedure on a patient that can induce the production of aerosols of various sizes including droplet nuclei.

Infection prevention and control of epidemic and pandemic prone acute respiratory diseases in health care WHO interim guidelines 2007: https://www.who.int/csr/bioriskreduction/infection_control/publication/en/

****NOTE** Aerosol Generating Medical Procedure (AGMP)**

Procedures in Continuing Care that should be considered AGMP's including but not limited to:

- Intubation and related procedures (e.g., manual ventilation, open endotracheal suctioning)
- Cardio pulmonary resuscitation
- Bronchoscopy
- Sputum induction
- Nebulized therapy
- Bi-level Positive Airway Pressure (e.g. BiPAP)
- Respiratory/airway suctioning
- High frequency oscillatory ventilation
- Tracheostomy care
- Aerosolized medication administration
- Humidified high flow oxygen systems (e.g., ARVO, Optiflow)

If performing or assisting with any of these procedures in Continuing Care on an individual with Influenza or Influenza Like Illness:

- When possible perform procedure in a single room with door closed.
- Anyone within 2 meters of patient should ensure that they wear appropriate Personal Protective Equipment (PPE) - N95 respirator (staff should be fit tested), eye protection/face shield, gown, and gloves

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ipcstvdadmin@ahs.ca

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