



Influenza Pandemic Plan

Chapter 5 - Infection Prevention & Control Community

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WRHA Pandemic Response Plan



1. INTRODUCTION

A comprehensive infection prevention and control program forms the basis of a successful pandemic influenza plan. Adherence to infection prevention and control policies and procedures is imperative to minimize the transmission of influenza whether or not vaccine and antiviral medications are available.

Routine Practices and Additional Precautions to prevent the transmission of infection during the delivery of healthcare, in all healthcare settings during a pandemic, are important. Certain precautions may be feasible only in the pandemic alert and early pandemic periods, as they may not be achievable or practical as the pandemic spreads and resources (equipment, supplies, and human resources) become scarce. Strict adherence to hand hygiene is the cornerstone of infection prevention and control and may, at times, be the only significant preventative measure available during a pandemic.

The infection prevention and control guidelines in this section are critical to minimizing the transmission of pandemic influenza. The chapter is broken down into information specific to all healthcare settings so all sites can use and adapt it for their areas.

A pandemic is a disease outbreak occurring worldwide and affecting a large number of people. An influenza pandemic occurs when a new influenza virus emerges and the general population has little or no immunity. The disease spreads easily person-to-person, causing serious illness. It can sweep across the country and around the world in a very short period of time. Vaccines may be limited or completely absent at the beginning of a pandemic.

It is difficult to predict when the next influenza pandemic will occur or how severe it may be. Wherever and whenever a pandemic starts, the world population will be at risk. Countries may be required to close borders or implement travel restrictions. An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss. Everyday life may be disrupted as a large percentage of the population may become seriously ill at the same time. Impacts could range from school and business closures to the interruption of basic services such as public transportation and food delivery. An influenza pandemic is projected to have a global impact on morbidity and mortality, thus requiring a sustained, large-scale response from the healthcare community.

It is expected such an event will quickly overwhelm the healthcare system locally, regionally, and nationally. The number of healthcare workers available to respond to these increased demands will be reduced by illness rates similar to pandemic influenza attack rates affecting the rest of the population. Healthcare workers and healthcare resources will also be expected to continue to meet non-pandemic associated healthcare needs.



a. *Scope/Purpose*

Implementation of this plan or any part of it would be directed by the Winnipeg Regional Health Authority (WRHA) in consultation with Manitoba Health.

This document provides guidance and information on infection prevention and control procedures for staff working in WRHA healthcare settings for all pandemic influenza phases. These guidelines are to be incorporated with other Infection Prevention and Control (IP&C) guidelines and recommendations currently in place. This document may evolve as information on the pandemic virus emerges. Users are strongly urged to refer to the most up to date version of this document posted on the WRHA intranet site.

b. *Mode of Transmission of Influenza Virus*

The influenza virus is transmitted primarily by droplets

In order to feel confident in caring for influenza patients during a pandemic, clinicians need to know how to protect themselves and protect others. Be it seasonal or pandemic influenza, all influenza viruses are transmitted in the same way: **primarily by droplets**. “Primarily” by droplets reflects that in certain circumstances, droplets can turn into aerosol particles, typically during aerosolizing procedures, such as intubation. Additionally, influenza may be transmitted by direct or indirect contact.

Respiratory viruses are spread by either droplet or airborne transmission. The main difference between the 2 types of transmission is: droplets drop, and airborne particles float. Droplets are larger and generally easier to control than the smaller airborne particles. Most cold viruses are spread by droplets.

Droplet transmission of influenza virus:

- Droplets generally travel about 1-2 metres before they drop.
- Virus can survive on hard surfaces for up to 48 hours; soft surfaces for up to 12 hours; hands for 5-10 minutes.
- People can be inoculated with the influenza virus either **by direct contact with the mucous membranes of the eyes, nose, and mouth, or from indirect contact via hands** (or anything else) that has touched a surface contaminated by virus-filled droplets, which then comes into contact with someone’s eyes, nose or throat.
- Thorough hand washing with soap and water is an effective way to decontaminate hands; alcohol-based hand rub applied thoroughly on the hands until it dries is equally effective and is the preferred method of hand hygiene in the healthcare setting.

c. *Pandemic Influenza Phases*

The World Health Organization (WHO) has developed a Pandemic Influenza Alert Classification system, and will identify which phase is occurring internationally and declare the beginning of a pandemic. The Public Health Agency of Canada (PHAC) will declare the beginning of the pandemic period in Canada.



World Health Organization Pandemic Phases

Period	Phase	Description
Inter Pandemic Period*	Phase 1	No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, risk of human infection or disease is considered to be low.
	Phase 2	No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period**	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission; spread is highly localized suggesting virus not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Pandemic phase; increased and sustained transmission in general population.
Post Pandemic Period		Return to Inter Pandemic period.

Source: World Health Organization, 2005.

*The distinction between Phase 1 and Phase 2 is based on the risk of infection or disease from circulating strains in animals.

**The distinction between Phase 3, Phase 4 and Phase 5 is based on the risk of a pandemic.

d. Infection Prevention and Control Considerations during Pandemic Influenza

Some IP&C strategies may be achievable only in the early pandemic period and not achievable as the pandemic spreads and resources (e.g., equipment, supplies, rooms, and human resources) become scarce. The complexity of managing high-risk patients will be greatest in acute care hospitals continuing to admit patients with other communicable respiratory diseases.

IP&C resources may need to be prioritized. Critically evaluate situations in which Personal Protective Equipment (PPE) is indicated. If a sufficient supply of PPE is not available, healthcare facilities may consider reuse of some disposable items only as an urgent and temporary solution, and only if the item has not been obviously soiled or damaged (e.g. creased or torn). Infection Prevention & Control (IP&C), and Occupational and Environmental Safety and Health (OESH) must be involved in the decision to reuse PPE.

Routine Practices and Additional Precautions to prevent transmission of infection during a pandemic are important. Adherence to IP&C precautions to limit healthcare-associated transmission should include:



- Education of staff, patients and visitors regarding the transmission and prevention of influenza; information must be understandable and applicable.
- Controls, such as the segregation or cohorting of patients with pandemic influenza from those with other medical conditions.
- Measures such as restricting ill workers and visitors from the site, and posting pertinent signage in clear, unambiguous language.

Prior to any patient interaction, all Health Care Workers (HCWs)/other staff have a responsibility to always assess the infectious risk posed to themselves, other patients, visitors, and co-workers by a patient, situation or procedure. The risk assessment is based on professional judgment about the clinical situation and up-to-date information on how the specific healthcare organization has designed and implemented engineering and administrative controls, along with the availability and use of PPE.

Current recommendations from PHAC suggest:

- Compliance with hand hygiene, Routine Practices and Additional Precautions.
- Procedure or surgical masks, and face and eye protection to be used as standard protective measures.
- N95 respirator, eye and face protection, a gown, and gloves worn during aerosol-generating medical procedures (e.g., endotracheal intubation or bronchoscopy).

KEY POINTS

- Patients with symptoms of influenza should be separated from non-influenza patients as rapidly as possible in all healthcare settings.
- Patients with influenza should be managed separately until discharged.
- Whenever possible, separate staff should care for influenza and non-influenza patients.
- The separation of symptomatic patients is important in the containment of influenza.
- Careful consideration of flexible accommodation and staffing arrangements is required.
- Patients remain on Additional Precautions until discontinuation criteria are met.



2. INFECTION PREVENTION AND CONTROL GUIDELINES

- a. *Inter-Pandemic and Pandemic Alert Periods (Phases 1-5) - All Treatment Areas*
All treatment areas shall follow Routine Practices and Additional Precautions as outlined in the WRHA IP&C Manuals.

All staff shall practice Respiratory Etiquette (“Cover Your Cough”) and encourage patients and visitors to do the same. Specific patients (e.g., elderly, young children) may need assistance with containment of respiratory secretions; those who are immobile will need a receptacle (e.g. a plastic bag) readily at hand for immediate disposal of tissues, and a supply of hand hygiene products and tissues.

In addition to Routine Practices, Droplet/Contact precautions should be taken for paediatric and adult patients with known/suspected influenza. (see Appendix 5.9)

For a more complete discussion of Routine Practices and Additional Precautions refer to the WRHA IP&C Manual at <http://home.wrha.mb.ca/prog/ipc/manual.php>

- b. *Pandemic Period (Phase 6) - All Non-Influenza Treatment Areas*
During an influenza pandemic, healthcare facilities will be required to care for current patients as well as those requiring care specific to the pandemic. All necessary efforts will be used to maintain “clean” or non-influenza care areas within healthcare facilities so that specific areas within each facility are designated as *influenza or non-influenza* treatment areas.

All patients should be triaged prior to placement in non-influenza treatment areas. Refer to Section 2c, Triage: Assessment of Influenza Symptoms

i. *Overview*

Staff providing care will adhere to current IP&C practices, based on the principles of Routine Practices and Additional Precautions.

A high index of suspicion is required to identify potentially infectious individuals. Patients should be assessed for influenza symptoms every 4-6 hours to prioritize those requiring urgent attention and Enhanced Droplet/Contact precautions. (see Appendices 5.9 and 5.10)

ii. *Hand Hygiene*

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings. Strict adherence to hand hygiene recommendations is required.

If the patient washroom must be used for hand hygiene, avoid contamination of hands from contaminated surfaces or objects.



Strategically placed alcohol-based hand rub and boxes of tissues may enhance hygiene practices.

Staff, patients, and visitors should be encouraged to practice basic hygiene measures such as respiratory etiquette and hand hygiene to minimize potential influenza transmission.

iii. Patient Placement

If possible, patients with influenza symptoms should be physically separated from those without influenza symptoms:

- Perform an influenza assessment using the Influenza Assessment Tool (see Appendix 5.2) including whether the patient needs to be moved to a designated influenza area.
- Place symptomatic patients on Droplet/Contact Precautions in a single room, or cohort with another patient with influenza.

iv. Contact Tracing of Roommates

- Roommates are those patients currently in the same room as the source patient, as well as any patient who has shared a room with the source patient within the period of communicability.
- For open units (e.g., the intensive care unit), 'roommates' are those patients on either side of the affected patient, or any patient within 2 metres of the affected patient.
- Continue roommate monitoring for signs and symptoms of influenza every 4 hours, for one period of incubation after last contact.
- Contacts should not be transferred to another room or care area for the period of incubation (treat as a cohort for one incubation period).
- Continue unit monitoring beyond the sources' room for additional cases of illness (i.e., assess all patients on the unit for symptoms compatible with influenza every 4-6 hours for the period of incubation).

c. Triage: Assessment of Influenza Symptoms

i. Assessment

During an influenza pandemic, there will be a large number of people seeking assessment for Influenza-Like illness (ILI). Assessment guidelines have been developed to evaluate the needs of each individual and to assist in the efficient triage of influenza patients in a crisis (see **Appendices 5.1, 5.2 and 5.3**). It may be necessary during the pandemic to have segregated triage areas for influenza and non-influenza patients.

ii. Acute Care and Long term Care Settings

Facilities need to be prepared for triaging, assessing, and managing a large number of people. Whenever possible, staff working with symptomatic patients/residents should avoid working with patients/residents who are not symptomatic (staff cohorting). This can be accomplished as follows:



- Attempt to assign the same staff to assist symptomatic patients/residents.
- Keep symptomatic patients/residents in room until symptoms cease.
- Limit movement of patients to medically essential purposes.
- Implement visitor restrictions.
- Group activities should be cancelled. For exceptions, consult IP&C.

iii. Ambulatory Care and Community Health Centres

Definitions for Ambulatory Care and Community Health Centres are provided in this chapter's Glossary. Early recognition of patients/clients with symptoms compatible with pandemic influenza will be imperative to determine flow and minimize contact between

symptomatic and asymptomatic patients/clients. When a pandemic is declared, each site should open a triage area(s) for client assessment in consultation with the related Infection Prevention and Control program. Follow the recommendations for triage described in the Acute Care and Long Term Care Settings. In addition, implement a telephone triage plan, based on regional pandemic management directives. During telephone bookings, staff should inquire whether symptoms are present as outlined in the Influenza Assessment Tool (see Appendix 5.2).

Appointment scheduling for patients/clients with respiratory symptoms should be coordinated to avoid exposure of patients/clients without symptoms. Non-urgent visits should be cancelled. If telephone triage is not appropriate, consider actively screening patients/clients at the entrance to the clinic.

If possible, use a separate entrance for symptomatic individuals and immediately lead them to an examination room.

iv. Screening

All patients/residents who present to a healthcare setting should be screened for fever and respiratory symptoms. This should include:

Passive Screening - Visual alerts posted at the entrances to all healthcare settings asking patients/residents to report whether they have fever and any new or worsening respiratory symptoms, and

Active Screening: - At first contact, staff asks about fever and respiratory symptoms. Respiratory symptoms include cough, sore throat, coryza (runny nose), and myalgias (general body aches). Refer to Influenza Assessment Tool (**Appendix 5.2**) and Point of Entry Respiratory Screening (**Appendix 5.3**).

Every effort to separate patients/residents with pandemic influenza from those without should be made. Identify a designated self-contained area of the facility



for the triage, treatment, and care of patients/residents with suspected/confirmed pandemic influenza. Doors should be closed between influenza and non-influenza areas. All individuals will be required to don a procedure or surgical mask prior to entry into the isolation room/bed space. Ideally this area should:

- Be designated for those people presenting with influenza.
- Include a reception/triage area separate from the rest of the facility.
- Have a separate entrance/exit from the rest of the facility, if feasible.
- Not be used as a thoroughfare by other patients/residents, visitors, or staff. This includes patient/resident transfers, staff going for meal breaks, etc.

Patients/residents who report fever and respiratory symptoms should be instructed to:

- Clean their hands with an alcohol-based hand rub (or soap and water if immediately available).
- Don a procedure or surgical mask.
- Maintain a separation from other patients/residents of 2 metres, minimum 1 metre. If this is not possible in the waiting room setting, he/she should be placed immediately in an exam room.

To control entry, signs designating the area as an isolation 'unit' or 'area' should be posted at all appropriate entrances and exits. Posted signs must also alert everyone to the precautions to be adopted.

Ensure clear directions to pandemic influenza assessment areas and admission areas. There should be a nursing station with administrative and supply storage space as close to the entrance as possible. Maintain a minimum of 4 metres (12 feet) between the administration area and patient/resident care areas. Staff must determine the need for PPE in accordance with IP&C guidelines and the potential risks involved with patient care activities. Limit the number of personnel to those necessary for patient care and support.

v. *Self-Assessment and Initial triage*

Public education may help people to do their own personal assessment and thus reduce unnecessary strain on the healthcare system. Health Links-Info Santé can assist with conducting initial telephone assessments. These assessments will serve to determine whether a client is unlikely to have influenza and can stay at home, or whether she/he needs to be seen by a clinician for further assessment.

Even with such mechanisms in place, there will be people who will need to be clinically assessed. Triage personnel in the influenza assessment centres will need to be educated regarding how to use algorithms to decide if and when clients can be sent home with instruction and follow-up, managed in an ambulatory site, or admitted to an acute care hospital.



Follow **Appendix 5.3** (Point of Entry Respiratory Screening), for guidance regarding the management of triaged individuals with suspected or confirmed influenza (see also Appendix 5.2).

vi. Assessment Process

Organize the assessment area to minimize crowding, and provide for appropriate spatial separation of 2 metres, minimum 1 metre, between patients/clients in assessment centres, waiting areas, and patient care areas.

- Whenever possible, use single rooms for clients with symptoms compatible with influenza.
- When single rooms or physical barriers are not possible, ensure spatial separation of two metres, minimum 1 metre, is maintained between patients/clients.
- Ensure assessment staff is evaluating not only the patient's/client's symptoms but also the symptoms of the person accompanying the patient/client.
- Follow Enhanced Droplet/Contact Precautions (Appendices 5.9 and 5.10).

Assessment Criteria for Persons Accompanying Patient/Client

If the person accompanying the patient/client has symptoms compatible with influenza **and** the patient/client has no influenza symptoms **and** is NOT at high risk of severe complications from influenza:

- Consider patient/client exposed to pandemic influenza.
- Consider symptoms are compatible with pandemic influenza.
- Inform the accompanying person with symptoms compatible with influenza they may stay with this patient/client.
- Inform the accompanying person with symptoms compatible with influenza if they leave the patient's/client's bedside, they must leave the patient/client area and leave the facility; or wait in the Influenza Assessment area. They may NOT go to the cafeteria, visit other patients/clients/residents, or wait in any public area.

If the person accompanying the patient/client has symptoms compatible with influenza **and** the patient/client has no symptoms compatible with influenza **but** is AT high risk of severe complications:

- Consider patient/client exposed to pandemic influenza.
- Confirm the symptoms are compatible with pandemic influenza.
- Inform the accompanying person with symptoms compatible with influenza they must leave the patient's/client's bedside and must leave the facility.
- If the accompanying person is required to stay, e.g. parent, they must follow respiratory etiquette including the use of a mask, at all times.



3. PANDEMIC PERIOD - PANDEMIC DESIGNATED AREAS

Please note, the decision to implement segregated influenza and non-influenza areas would be determined by the WRHA IP&C program, in conjunction with Manitoba Health.

A. Acute Care

a. Admission/Discharge

- Limit admission of influenza patients to those with severe complications who cannot be cared for outside the hospital setting.
- If a patient is discharged while possibly still infectious, patient and family members should be educated about hand hygiene, respiratory etiquette, the use of a procedure mask by a coughing patient, and additional IP&C measures, according to current recommendations.

b. Accommodations/Cohorting

- Refer to Triage, Assessment of Influenza Symptoms in Section 2c of this chapter.
- Refer to Triage and Assessment Strategies, **Appendix 5.1**.
- Refer to Influenza Assessment Tool, **Appendix 5.2**.
- Refer to Point of Entry Respiratory Screening, **Appendix 5.3**.
- Every effort should be made to segregate patients with suspected or confirmed influenza from those who do not have signs and symptoms of respiratory illness.
- Place symptomatic patients on Enhanced Droplet/Contact Precautions, **Appendices 5.9 and 5.10**.
 - Single room preferred.
 - Cohort patients if necessary. Assign patients with confirmed pandemic influenza to the same room. If laboratory testing to confirm the virus is limited, cohort cases based on symptoms consistent with pandemic influenza.
- Patients who have recovered from influenza are considered immune. They may be moved into the “non-influenza” cohort area after the period of communicability of the pandemic strain has passed.
- As the pandemic progresses, the ‘suspect/exposed cohort’ and the ‘confirmed influenza cohort’ may require a merge.
- Refer to **Appendix 5.5**, (Interim Measures to Optimize Bed Availability in Acute Care Facilities) during Influenza A H1N1 Pandemic.
- Maintain cohort principles until pandemic has been declared over and direction received from the WRHA.

c. Aerosol-Generating Medical Procedures (AGMPs)

- Refer to the Glossary in this chapter for a list of AGMPs.
- Perform a risk assessment based on professional judgment about the procedure and current information to determine the appropriate administrative



controls, environment controls, and PPE. Refer to Appendix 5.7 (Point of Care Risk Assessment).

- Whenever possible, ensure AGMPs are conducted in a controlled setting. This requires early recognition of patients who may require high-risk interventions (e.g., intubation, bronchoscopy) in order to avoid emergency situations. Perform these procedures in an Airborne Infection Isolation Room (AIIR).
 - The availability of these rooms may be limited. These rooms should be used for individuals with diseases transmitted by the airborne route.
 - If this is not possible, perform the procedures in a single room.
 - If a single room is not available, a minimum of 2 metres separation with privacy curtains should be used.
- All personnel in the room must wear PPE (e.g. gowns, gloves, N95 respirators, and eye protection).
- Do not delay urgent procedures waiting for an AIIR.

d. Care of the Deceased

- Comply with established recommendations from Routine Practices for care of the deceased.
- In Autopsy/Pathology rooms, all personnel in the room must wear PPE (e.g. gowns, gloves, N95 respirators, and eye protection) during aerosol-generating procedures.

e. Duration of Additional Precautions

IP&C will advise regarding discontinuing Additional Precautions based on the current recommendations from the WRHA and MB Health.

f. Environmental Control

- Adhere to established recommendations for housekeeping, and linen/laundry and waste disposal (see Chapter 10, Equipment and Supplies, Nutrition and Food Services; Laundry Services; Medical Device Reprocessing).
- Refer to WRHA IP&C Non-critical, Re-useable Items Policy 90.00.040, web link: http://home.wrha.mb.ca/prog/ipc/files/ManualHospital_Policy.pdf on page 15.

Dishes

- Special precautions are not required. Follow Routine Practices.

Environmental Cleaning and Disinfection/Housekeeping

- Frequency of environmental cleaning and disinfection should be increased during a pandemic.
- Perform meticulous daily cleaning and disinfection of environmental surfaces and non-critical patient care items.



- Surfaces frequently touched by hands (e.g., medical equipment) and those potentially contaminated by coughing patients, should be cleaned and disinfected frequently (at least twice daily), and when known to be contaminated.
- Reduce clutter to allow for cleaning and disinfection.

Equipment Cleaning and Disinfection

- Comply with established policies and procedures for cleaning, disinfection, and sterilization of patient care equipment.

Laundry

- Special precautions are not required. Follow Routine Practices.

Physical Setting

- Ensure the accessibility and availability of supplies:
 - Tissues and no-touch receptacles for used tissue disposal.
 - Alcohol-based hand rub and/or hand washing supplies (soap, water, paper towels).
 - Procedure or surgical masks for persons who are coughing.
- Remove any frequently handled unnecessary items from waiting rooms, i.e. magazines and toys.

Waste

- Special precautions are not required. Follow Routine Practices.

g. Laboratory Best Practices

It is vital to obtain a laboratory sample in order to confirm or rule out the diagnosis of pandemic influenza.

- A decision may be made later in the pandemic to cease testing for pandemic influenza unless the patient is in specific high risk groups.

To take a nasopharyngeal swab:

- Ensure the correct viral swab kit is used, (refer to Manitoba Nasopharyngeal Aspirate/Swab Fact Sheet, **Appendix 5.11**) and that it is not past its expiry date.
- Ensure both the specimen and the requisition are clearly labeled with the patient's name and another unique identifier, such as date of birth or healthcare number.
- It is important to note the exposure history and clinical symptoms on the lab requisition.



h. Signage and Information sheets

- Post signs at all entrances informing patients, family members, visitors, volunteers, and staff regarding respiratory etiquette, hand hygiene, and the need for immediate reporting of symptoms of a respiratory infection
 - Respiratory etiquette and hand hygiene signs are available in the WRHA IP&C Manual, link: <http://home.wrha.mb.ca/prog/ipc/manual.php>
- Provide information sheets on pandemic influenza.
 - Information pamphlets are available on the WRHA Internet, in the Pandemic Influenza section.

i. Staff

- The designated pandemic influenza cohort area should be restricted to only those staff necessary for patient care and support. This staff cannot be assigned to 'float' or care for patients in non-influenza care areas.
- Staff may be assigned to pandemic designated areas in consultation with WRHA Occupational and Environmental Safety and Health (OESH). (see Appendices in Chapter 6)

j. Transport/Transfer

- See Appendix 5.9.1 Acute Care Enhanced Droplet/Contact Precautions.

k. Visitors

- Visitors should be informed when the facility has an influenza outbreak.
- Visitors, including children, with symptoms of influenza should not visit.
- There will be no restrictions for visitors, including children, who:
 - do not have symptoms related to pandemic influenza
 - have recovered from the pandemic influenza strain
 - have been immunized against the pandemic strain at least 2 weeks previously
- Special exemptions may be made for symptomatic visitors to visit a terminally ill patient or sick child:
 - Symptomatic visitors allowed to visit terminally ill patients should not visit any other patient, or any other public area of the facility.
- Visitors should observe respiratory etiquette while in the facility.
- All visitors shall perform hand hygiene on entry and exit of the isolation room/bed space and when otherwise appropriate while in the facility.
- Visitors shall be offered the same PPE that HCWs are wearing. Instruct visitors about the appropriate use of PPE and hand hygiene.
- Visitors should be restricted to 1 patient only to prevent inadvertent influenza transmission to other patients.
- Parents or guardians must ensure children adhere to hygiene practices, and respiratory etiquette.
- When asymptomatic parents/guardians visit their symptomatic child/children, they should be informed of the
 - Need for hand hygiene.



- Choice to use PPE while in the patient's room.
- Potential inability to visit their child, should the parent/guardian develop symptoms.
- Restrictions to visit other patients if the parent/guardian chooses not to wear PPE
- If there is an outbreak or there is influenza transmission within the facility, visitors who have not yet had pandemic influenza, or those who have not been immunized against the pandemic strain of influenza in the previous 2 weeks, should be discouraged from visiting.

Note: Visitor restrictions may change on a case-by-case basis.

B. Long Term Care

a. Admission/Re-admission/Discharge

- New admissions and residents returning from medical procedures/community activities i.e., funerals, should be considered exposed to pandemic influenza and must be assessed every 4-6 hours for symptoms compatible with pandemic influenza. Refer to the Influenza Assessment Tool (Appendix 5.2).
- Exposed individuals are managed in a designated isolation room/space for 1 incubation period. If this is not feasible, monitor the resident in his/her room.
- Symptomatic residents will be placed on additional precautions for 1 period of communicability after the onset of influenza symptoms.
- Admit/re-admit without restrictions:
 - Persons from acute care or the community who have recovered from pandemic influenza.
 - Persons who have been immunized against the pandemic influenza strain at least 2 weeks earlier.
- If a resident is discharged while possibly still infectious, resident and family members should be educated about hand hygiene, respiratory etiquette, the use of a procedure mask by a coughing resident, and additional IP&C measures according to current recommendations.

b. Accommodation/Cohorting

- Refer to Triage Section 2c, Triage: Assessment of Influenza Symptoms
- Refer to Influenza Assessment Tool, (Appendix 5.2).
- Every effort should be made to segregate residents with suspected or confirmed influenza from those who do not have signs and symptoms of respiratory illness. Place symptomatic residents on Enhanced Droplet/Contact Precautions (see Appendices 5.9 and 5.10)
- Single room preferred. In a shared room, maintain a distance of 2 metres, with a minimum of 1 metre between residents (see **Appendix 5.9**).
 - Cohort residents if necessary. Assign residents with confirmed pandemic influenza to the same room. If laboratory testing to confirm the virus is



limited, cohort cases based on symptoms consistent with the pandemic influenza. Refer to **Appendix 5.2** (Influenza Assessment Tool).

- Residents who have recovered from influenza are considered immune. They may be moved into the “non-influenza” cohort area after the period of communicability of the pandemic strain has passed.
- As the pandemic progresses, the ‘suspect/exposed’ cohort and the ‘confirmed influenza’ cohort may require a merge.
- Maintain cohort principles until pandemic has been declared over and direction received from the WRHA.

Group Resident Activities

- All organized community social activities, including family home visits and all outside appointments, should be cancelled unless deemed medically essential.

c. Aerosol-Generating Medical Procedures (AGMPs)

- Refer to the Glossary in this chapter for a list of AGMPs.
- Perform a risk assessment based on professional judgement about the procedure and current information to determine the appropriate administrative controls, environment controls, and PPE. Refer to Appendix 5.7 (Point of Care Risk Assessment).
- Whenever possible, ensure AGMPs are conducted in a controlled setting. This requires early recognition of patients who may require high-risk interventions (e.g., intubation, bronchoscopy) in order to avoid emergency situations. Perform these procedures in an Airborne Infection Isolation Room (AIIR).
 - The availability of these rooms may be limited. These rooms should be used for individuals with diseases transmitted by the airborne route.
 - If this is not possible, perform the procedures in a single room.
 - If a single room is not available, a minimum of 2 metres separation with privacy curtains should be used.
- All personnel in the room must wear PPE (e.g. gowns, gloves, N95 respirators, and eye protection).
- Do not delay urgent procedures waiting for an AIIR.

d. Care of the Deceased

Comply with established recommendations from Routine Practices for care of the deceased.

e. Duration of Additional Precautions

IP&C will advise regarding discontinuing Additional Precautions based on the current recommendations from the WRHA and MB Health.



f. Environmental Control

- Adhere to established IP&C recommendations for housekeeping, and linen/laundry and equipment and waste disposal.
- Refer to WRHA IP&C Non-critical, Re-useable items Policy 90.00.040 page 15, web link http://home.wrha.mb.ca/prog/ipc/files/ManualHospital_Policy.pdf

Dishes

Special precautions are not required. Follow Routine Practices.

Environmental Cleaning and Disinfection/Housekeeping

- Frequency of environmental cleaning and disinfection should be increased during a pandemic.
- Perform meticulous daily cleaning and disinfection of environmental surfaces and non-critical resident care items.
- Surfaces frequently touched by hands (e.g., medical equipment) and those potentially contaminated by coughing residents, should be cleaned and disinfected as frequently as possible, at least twice daily and when known to be contaminated.
- Reduce clutter to allow for cleaning and disinfection.
- Handle soiled equipment, laundry/linen, and waste to prevent contamination of clothing and the environment.

Equipment Cleaning and Disinfection

- Comply with established policies and procedures for cleaning, disinfection and sterilization of resident care equipment.

Laundry

- Special precautions are not required. Follow Routine Practices.

Physical Setting

- Ensure the accessibility and availability of supplies:
 - Tissues and no-touch receptacles for used tissue disposal
 - Alcohol-based hand rub and/or hand washing supplies (soap, water, paper towels)
 - Procedure or surgical masks for persons who are coughing
- Remove any frequently handled unnecessary items from waiting rooms, i.e., magazines, games.

Waste

- Special precautions are not required. Follow Routine Practices.

Laboratory Best Practices

It is vital to get a laboratory sample in order to confirm or rule out the diagnosis of H1N1.



g. Laboratory best practices to take a nasopharyngeal swab:

It is vital to obtain a laboratory sample in order to confirm or rule out the diagnosis of pandemic influenza.

- A decision may be made later in the pandemic to cease testing for pandemic influenza unless the patient is in specific high risk groups.

To take a nasopharyngeal swab:

- Ensure the correct viral swab kit is used, (refer to Manitoba Nasopharyngeal Aspirate/Swab Fact Sheet, Appendix 5.11) and that it is not past its expiry date.
- Ensure both the specimen and the requisition are clearly labeled with the patient's name and another unique identifier, such as date of birth or healthcare number.
- It is important to note the exposure history and clinical symptoms on the lab requisition.

h. Signage and Information sheets

- Post signs at all entrances informing residents, family members, visitors, volunteers and staff regarding respiratory etiquette, hand hygiene, and the need for immediate reporting of symptoms of a respiratory infection.
 - Respiratory etiquette and hand hygiene signs are available in the WRHA IP&C Manual, link: <http://home.wrha.mb.ca/prog/ipc/manual.php>
- Provide information sheets on pandemic influenza
 - Information pamphlets are available on the WRHA Internet, in the Pandemic Influenza section.

i. Staff

- The designated pandemic influenza cohort area should be restricted to only those staff necessary for resident care and support. This staff cannot be assigned to 'float' or care for residents in non-influenza areas
- Staff may be assigned to pandemic designated areas in consultation with WRHA Occupational and Environmental Safety and Health (OESH). (see Appendices in Chapter 6)

j. Transport/Transfer

- See Appendix 5.9.2 Long Term Care/Personal Care Home Enhanced Droplet/Contact Precautions.

k. Visitors

- Visitors should be informed when the facility has an influenza outbreak.
- Visitors, including children, with symptoms of influenza should not visit.
- There will be no restrictions for visitors, including children, who:
 - do not have symptoms related to pandemic influenza



- have recovered from the pandemic influenza strain
- have been immunized against the pandemic strain at least 2 weeks previously
- Special exemptions may be made for symptomatic visitors to visit a terminally ill patient or sick child:
 - Symptomatic visitors allowed to visit terminally ill patients should not visit any other patient, or any other public area of the facility.
- Visitors should observe respiratory etiquette while in the facility.
- All visitors shall perform hand hygiene on entry and exit of the isolation room/bed space and when otherwise appropriate while in the facility.
- Visitors shall be offered the same PPE that HCWs are wearing. Instruct visitors about the appropriate use of PPE and hand hygiene.
- Visitors should be restricted to 1 patient only to prevent inadvertent influenza transmission to other patients.
- Parents or guardians must ensure children adhere to hygiene practices, and respiratory etiquette.
- When asymptomatic parents/guardians visit their symptomatic child/children, they should be informed of the
 - Need for hand hygiene.
 - Choice to use PPE while in the patient's room.
 - Potential inability to visit their child, should the parent/guardian develop symptoms.
 - Restrictions to visit other patients if the parent/guardian chooses not to wear PPE
- If there is an outbreak or there is influenza transmission within the facility, visitors who have not yet had pandemic influenza, or those who have not been immunized against the pandemic strain of influenza in the previous 2 weeks, should be discouraged from visiting.

Note: Visitor restrictions may change on a case-by-case basis.

C. Ambulatory Care

a. Appointment Scheduling - Patient/Client Referrals

- Evaluate patient/client appointments and, if possible prioritize ambulatory care visits to those patients/clients for whom hospitalization (for pandemic influenza or other medical conditions) may be prevented.
- Non-urgent visits to the ambulatory care facility should be cancelled or rescheduled, as appropriate.
- Initiate any alternate care plans as determined by regional pandemic management directives.
- Implement a telephone triage plan to screen patients/clients for symptoms compatible with pandemic influenza prior to arrival at the clinic.



- During telephone bookings, staff should inquire whether symptoms are present (as outlined in the Influenza Assessment Tool, see Appendix 5.2).
- If telephone triage is not appropriate or feasible, consider actively screening patients/clients at the entrance to the clinic.
 - Screen patients/clients for symptoms compatible with pandemic influenza prior to arriving at clinic/treatment appointments.
 - In shared settings, maintain a distance of ideally 2 metres; minimum 1 metre, between patients/clients.
- In settings where a patient/client arrives for a scheduled appointment, advise them to:
 - Call his/her care provider in advance of a scheduled visit to advise them of any respiratory symptoms.
 - Tell the receptionist or nurse of his/her symptoms prior to, or immediately upon arrival to the clinic.
 - Reschedule non-urgent visits, if medically appropriate.
- When patients/clients with symptoms compatible with pandemic influenza are identified:
 - Cancel/postpone/reschedule the appointment, if medically appropriate, until the period of communicability has passed and symptoms resolved.
 - Direct those who need medical assessment for symptoms compatible with pandemic influenza to local centres when appropriate.
 - Appointment scheduling for patients/clients with respiratory symptoms should be coordinated to avoid exposure of those without symptoms. If appropriate, consider scheduling appointments for those with symptoms compatible with pandemic influenza at the same time. Maintain a distance of ideally 2 metres; minimum 1 metre.
- Ensure assessment staff evaluates not only the patient's/client's symptoms but also the symptoms of the person/s accompanying them to the appointment.
- If feasible, implement a process for prescription renewal that does not require the patient/client to visit the clinic/office (e.g., telephone prescription renewal).

b. Accommodation/Cohorting

- See section 2c Triage, Assessment of Influenza Symptoms
- Refer to Triage and Assessment Strategies (**Appendix 5.1**)
- Refer to Influenza Assessment Tool (**Appendix 5.2**)
- Refer to Point of Entry Respiratory Screening (**Appendix 5.3**)
- Every effort should be made to segregate patients/clients with suspected or confirmed influenza from those who do not have signs and symptoms of respiratory illness.
- Minimize time spent in waiting rooms.



- Place symptomatic patients/clients on Enhanced Droplet/Contact Precautions (see **Appendices 5.9 and 5.10**)
 - A single examination/treatment room is preferred.
 - Cohort patients/clients if necessary. Assign patients/clients with confirmed pandemic influenza to the same room.
 - Maintain cohort principles until pandemic has been declared over and direction received from the WRHA.

- c. *Aerosol-Generating Medical Procedures (AGMPs)*
 - Refer to the Glossary for a list of AGMPs.
 - Perform a risk assessment based on professional judgment about the procedure and current information to determine the appropriate administrative controls, environmental controls, and Personal Protective Equipment (PPE). (see Point of Care Risk Assessment, Appendix 5.7)
 - Whenever possible, AGMPs are conducted in a controlled setting. This requires early recognition of patients/clients who may require high-]risk interventions (e.g., intubation, bronchoscopy) in order to avoid emergency situations.
 - Perform these procedures in an Airborne Infection Isolation Room (AIIR).
 - If this is not possible, perform the procedures in a single room. The availability of these rooms may be limited.
 - If a single room is not available, a minimum of ideally 2 metres; minimum 1 metre, separation with privacy curtains should be used.
 - All personnel in the room must wear PPE (e.g., gowns, gloves, N95 respirators, and eye protection).
 - Do not delay urgent procedures waiting for an AIIR.

- d. *Care of the Deceased*
 - Comply with established recommendations from Routine Practices for care of the deceased.

- e. *Duration of Additional Precautions*

IP&C will advise regarding discontinuing Additional Precautions based on the current recommendations from the Winnipeg Regional Health Authority and Manitoba Health.

- f. *Environmental Control*
 - Adhere to established IP&C recommendations for housekeeping, linen/laundry, equipment and waste disposal.
 - Refer to WRHA IP&C Non-critical, Re-useable items Policy 90.00.040 page 15, web link http://home.wrha.mb.ca/prog/ipc/files/ManualHospital_Policy.pdf



Dishes

- Special precautions are not required. Follow Routine Practices.

Environmental Cleaning and Disinfection/Housekeeping

- Frequency of environmental cleaning and disinfection should be increased during a pandemic.
- Perform meticulous daily cleaning and disinfection of environmental surfaces and non-critical patient/client care items.
- Reduce clutter to allow for cleaning and disinfection.
- Surfaces frequently touched by hands (e.g., medical equipment) and those potentially contaminated by coughing patients/clients, should be cleaned and disinfected as frequently as possible, preferably after each patient/client, and when known to be contaminated.
- Handle soiled equipment, laundry/linen and waste to prevent contamination of clothing and the environment.

Equipment Cleaning and Disinfection

- Comply with established policies and procedures for cleaning, disinfection and sterilization of patient/client care equipment.

Laundry

- Special precautions are not required. Follow Routine Practices.

Physical setting

- Ensure the accessibility and availability of supplies in patient/client care and waiting areas:
 - Tissues and no-touch receptacles for used tissue disposal
 - Alcohol-based hand rub and/or hand washing supplies (soap, water, paper towels)
 - Procedure or surgical masks for persons who are coughing
 - Remove any frequently handled unnecessary items from the waiting rooms, i.e. magazines, toys

Waste

- Special precautions are not required. Follow Routine Practices.

g. Laboratory Best Practices

- It is vital to get a laboratory sample in order to confirm or rule out the diagnosis of pandemic influenza.
- A decision may be made later in the pandemic to cease testing for pandemic influenza unless the patient is in a specific high risk category.



- To take a nasopharyngeal swab, see Appendix 5.12 Manitoba Nasopharyngeal Aspirate/Swab Fact Sheet.
 - Ensure the correct viral swab kit is used and that it is not past its expiry date
 - Ensure both the specimen and the requisition are clearly labeled with the patient's/client's name and another unique identifier such as date of birth or healthcare number
- It is important to note the exposure history and clinical symptoms on the lab requisition.

h. Signage and Information Sheets

- Post signs at all entrances informing patients/clients, family members, visitors, volunteers, and staff regarding respiratory etiquette, hand hygiene, and the need for immediate reporting of symptoms of a respiratory infection
 - Respiratory etiquette and hand hygiene signs are available in the WRHA IP&C Manual, link: <http://home.wrha.mb.ca/prog/ipc/manual.php>
- Provide information sheets on pandemic influenza. Information pamphlets are available on the WRHA Internet in the Pandemic Influenza section.

i. Staff

- The designated pandemic influenza cohort area should be restricted to only those staff necessary for patient/client care and support. This staff cannot be assigned to 'float' or care for patients/clients in non-influenza care areas.
- Staff may be assigned to pandemic designated areas in consultation with WRHA Occupational and Environmental Safety and Health (OESH) (see Appendices in Chapter 6)

j. Transport/Transfer

- Limit transport and movement of patients/clients outside the pandemic designated area to those deemed medically essential.
- Notify the receiving area, in advance, regarding required precautions.
- Patients/clients with influenza should only be transferred under previously established guidelines of the receiving facility.
- Patient/client must perform hand hygiene and wear a procedure or surgical mask for transport; patient/client does not wear a gown or gloves.
- If an air leak is present (e.g., patient/client wearing mask to deliver oxygen therapy), loosely cover the mouth or nose with a facecloth or similar cloth. Cloths used to cover the site of the leak are considered contaminated.
 - If unable to keep a mask on a child, use tissues to cover the nose and mouth. An incubator can be used in infant transport instead of a mask or tissues.



- HCW should perform a risk assessment to assess the hazards/risks quickly, determine what the level of risk is, and to determine the appropriate personal protective equipment required before, during and after the transport.
- Identify appropriate paths, separated from main traffic routes as much as possible, for entry and movement of patients/clients with suspected or confirmed influenza in the facility.
- Determine how traffic pathways will be controlled and secured (e.g., dedicated corridors and elevators).

k. *Visitors*

- Visitors including children should be restricted when the facility has an influenza outbreak.
 - If there is an outbreak or there is influenza transmission within the facility, visitors who have not yet had pandemic influenza, or those who have not been immunized against the pandemic strain of influenza in the previously 2 weeks, should be discouraged from visiting.
- Visitors, including children, with symptoms of influenza should not visit.
- Visitors should observe Respiratory etiquette on entry and exit from the facility.

Note: Visitor restrictions may change on a case-by-case basis.

Family/Support Persons Accompanying Patient/Client:

- There will be no restrictions for an essential support person accompanying a patient/client who:
 - Do not have symptoms of pandemic influenza.
 - Have recovered from the pandemic influenza strain.
 - Have been immunized against the pandemic strain at least 2 weeks previously.
 - Is a required asymptomatic support person accompanying the patient/client
- Minimize the numbers of support persons who accompany the patient/client and restrict their contact to the person who they are accompanying.
- All patients/clients and support persons shall practice respiratory etiquette while in the facility.
- All support persons shall perform hand hygiene on arrival to and departure from the clinic and or treatment area and when otherwise appropriate while in the facility be encouraged and taught to perform hand hygiene on arrival to and departure from the clinic or treatment area.
- Support persons accompanying the patient/client shall be offered the same PPE that Health Care Workers (HCWs) are wearing. Instruct support persons about the appropriate use of PPE and hand hygiene



- When asymptomatic parents/guardians visit their symptomatic child/children, they should be informed of the:
 - Need for hand hygiene.
 - Choice to use PPE while in the patient's room.

D. Community Health Centres, Physician's Offices, Walk-in Clinics

a. Appointment Scheduling - Patient/Client Referrals

- Evaluate patient/client appointments and if possible prioritize visits to those clients for whom hospitalization (for influenza or other medical conditions) may be prevented.
- Non-urgent visits should be cancelled or rescheduled as appropriate.
- Initiate any alternate care plans as determined by regional pandemic management directives.
- Implement a telephone triage plan to screen patients/clients for symptoms compatible with pandemic influenza prior to arrival at the clinic.
- During telephone bookings, staff should inquire whether symptoms are present (as outlined in the Influenza Assessment Tool, see Appendix 5.2).
- If telephone triage is not appropriate or feasible, consider actively screening clients at the entrance to the clinic.
 - Screen patients/clients for symptoms compatible with pandemic influenza prior to arriving.
 - In shared settings, maintain a distance of ideally 2 metres; minimum 1 metre between patients/clients.
- In settings where a client/patient arrives for a scheduled appointment, advise the client to:
 - Tell the receptionist or nurse of his/her symptoms prior to, or immediately upon arrival to the clinic.
- When patients/clients with symptoms compatible with pandemic influenza are identified:
 - Cancel/postpone/reschedule the appointment, if medically appropriate, until the period of communicability has passed and symptoms resolved.
 - Direct those who need medical assessment for symptoms compatible with pandemic influenza to local centres when appropriate.
 - Appointment scheduling for patients/clients with respiratory symptoms should be coordinated to avoid exposure of those without symptoms. If appropriate, consider scheduling appointments for those with symptoms compatible with pandemic influenza at the same time. Maintain a distance of ideally 2 metres; minimum 1 metre.
- Ensure assessment staff evaluates not only the patients'/clients' symptoms but also the symptoms of the person/s accompanying them to the appointment.
- Implement a process for prescription renewal that does not require the patient/client to visit the clinic/office (e.g., telephone prescription renewal).



b. Accommodations/Cohorting

- See section 2c Triage, Assessment of Influenza Symptoms
- Refer to Influenza Assessment Tool (**Appendix 5.2**).
- Refer to Triage and Assessment Strategies (**Appendix 5.1**).
- Every effort should be made to Segregate clients with suspected or confirmed pandemic influenza from those who do not have pandemic influenza. Refer to Triage section.
- Every effort should be made to segregate clients with suspected or confirmed influenza from those who do not have signs and symptoms of respiratory illness.
- Minimize time spent in waiting rooms.
- Non-urgent visits to the Community Health Centres, Physician's Offices, and Walk-in Clinics should be cancelled or rescheduled, as appropriate.
- Provide instructions and equipment for hand hygiene and respiratory hygiene for clients with symptoms compatible with influenza (e.g., mask, tissues, alcohol-based hand rub station).
 - Clients who are symptomatic and coughing should be asked to perform hand hygiene and don a surgical or procedure mask.
- Separate clients with suspected or confirmed influenza as quickly as possible from those without signs and symptoms of respiratory illness.
- Place symptomatic patients/clients on Enhanced Droplet/Contact Precautions (see **Appendices 5.9 and 5.10**).
 - A single examination/treatment room is preferred.
 - Cohort clients if necessary. Assign clients with confirmed pandemic influenza to the same room.
 - Maintain cohort principles until pandemic has been declared over and direction received from the WRHA.

c. Aerosol-Generating Medical Procedures (AGMPs)

- Refer to the Glossary in this chapter for a list of AGMPs.
- AGMPs are not typically performed in Community Health Centres, Physician's Offices, and Walk-in Clinics. If AGMPs are performed, refer to AGMPs in Ambulatory Care, in the previous section.

d. Care of the Deceased

- Comply with established policies and procedures for Routine Practices for care of the deceased.

e. Environmental Control

- Adhere to established IP&C recommendations for housekeeping, linen/laundry and equipment and waste disposal.
- Refer to WRHA IP&C Non-critical, Re-useable items Policy 90.00.040 page 15, web link: http://home.wrha.mb.ca/prog/ipc/files/ManualHospital_Policy.pdf



Dishes

- Special precautions are not required. Follow Routine Practices.

Environmental Cleaning and Disinfection/Housekeeping

- Frequency of environmental cleaning and disinfection should be increased during a pandemic.
- Perform meticulous daily cleaning and disinfection should be done of environmental surfaces and non-critical patient/client care items.
- Surfaces frequently touched by the hands (e.g. medical equipment) and those potentially contaminated by coughing clients, should be cleaned and disinfected as frequently as possible, preferably after each patient and when known to be contaminated.
- Reduce clutter to allow for cleaning and disinfection.

Equipment Cleaning and Disinfection

- Comply with the previously established policies and procedures for cleaning, disinfection and sterilization of patient care equipment.

Laundry

- Special precautions are not required. Follow Routine Practices.

Physical Setting

- Ensure the accessibility and availability of supplies in patient/client care and waiting areas:
 - Tissues and no-touch receptacles for used tissue disposal
 - Alcohol-based hand rub and/or hand washing supplies (soap, water, paper towels)
 - Procedure or surgical masks for persons who are coughing
- Remove any frequently handled unnecessary items from the waiting rooms, i.e. magazines, toys.

Waste

- Special precautions are not required. Follow Routine Practices.

f. Laboratory Testing Best Practices

- It is vital to obtain a laboratory sample in order to confirm or rule out the diagnosis of pandemic influenza
- A decision may be made later in the pandemic to cease testing for pandemic influenza unless the patient is in a specific high risk category
- To take a nasopharyngeal swab, see Appendix 5.12 Manitoba Nasopharyngeal Aspirate/Swab Fact Sheet.
 - Ensure the correct viral swab kit is used and that it is not past its expiry date



- Ensure both the specimen and the requisition are clearly labeled with the patient's/client's name and another unique identifier such as date of birth or healthcare number
- It is important to note the exposure history and clinical symptoms on the lab requisition.

g. Signage and Information Sheets

- Post signs at all entrances informing clients, family members, visitors, volunteers, and staff regarding respiratory etiquette, hand hygiene, and the need for immediate reporting of symptoms of a respiratory infection.
 - Respiratory etiquette and hand hygiene signs are available in the WRHA IP&C Manual, link: <http://home.wrha.mb.ca/prog/ipc/manual.php>
- Provide information sheets on Pandemic influenza. Information pamphlets are available on the WRHA Internet in the Pandemic Influenza section.

h. Staff

- The designated pandemic influenza cohort area should be restricted to only those staff necessary for patient/client care and support. This staff cannot be assigned to 'float' or care for patients/clients in non-influenza care areas.
- Staff may be assigned to pandemic designated areas in consultation with WRHA Occupational and Environmental Safety and Health (OESH) (see Appendices in Chapter 6)

i. Visitors

- Visitors including children should be restricted when the facility has an influenza outbreak.
 - If there is an outbreak or there is influenza transmission within the facility, visitors who have not yet had pandemic influenza, or those who have not been immunized against the pandemic strain of influenza in the previously 2 weeks, should be discouraged from visiting.
- Visitors, including children, with symptoms of influenza should not visit.
- Visitors should observe Respiratory etiquette on entry and exit from the facility.

Note: Visitor restrictions may change on a case-by-case basis.

Family/Support Persons Accompanying Patient/Client:

- There will be no restrictions for an essential support person accompanying a patient/client who:
 - Do not have symptoms of pandemic influenza.
 - Have recovered from the pandemic influenza strain.
 - Have been immunized against the pandemic strain at least 2 weeks previously.



- Is a required asymptomatic support person accompanying the patient/client
- Minimize the numbers of support persons who accompany the patient/client and restrict their contact to the person who they are accompanying.
- All patients/clients and support persons shall practice respiratory etiquette while in the facility.
- All support persons shall perform hand hygiene on arrival to and departure from the clinic and or treatment area and when otherwise appropriate while in the facility be encouraged and taught to perform hand hygiene on arrival to and departure from the clinic or treatment area.
- Support persons accompanying the patient/client shall be offered the same PPE that Health Care Workers (HCWs) are wearing. Instruct support persons about the appropriate use of PPE and hand hygiene
- When asymptomatic parents/guardians visit their symptomatic child/children, they should be informed of the:
 - Need for hand hygiene.
 - Choice to use PPE while in the patient's room.

E. Home Care

a. Appointment Scheduling - Patient/Client Referrals

- Evaluate client appointments and where possible prioritize home care visits according to Home Care Risk Assessment.
- Direct patients/clients who need medical assessment for symptoms compatible with pandemic influenza to local centres when appropriate.

b. Accommodations/Cohorting

- Minimize contact with client with suspected or confirmed pandemic influenza.
- Single room preferred with separate bathroom if possible.
- Doors to client rooms may remain open; with the exception of AGMPs.
- Place symptomatic clients on Enhanced Droplet/Contact Precautions (see Appendices 5.9 and 5.10)
- Encourage clients to open their window for natural ventilation. If window is open ensure door to client room is closed.
- If a family member has ILI or suspected or confirmed pandemic influenza, request that the ill individual not enter the room/area where the care is being provided to the client. At the least, the ill family member should maintain a distance of ideally 2 metres, minimum 1 metre, from the Health Care Worker (HCW).

c. Aerosol-generating Medical Procedures (AGMPs)

- Refer to the Glossary in this chapter for a list of AGMPs.
- Perform a risk assessment based on professional judgement about the procedure and current information to determine the need for administrative controls, environmental controls and PPE.



- Whenever possible ensure AGMPs are conducted in a controlled setting. This requires early recognition of clients who may require high-risk interventions (e.g. suctioning) in order to avoid emergency situations.
 - If procedure performed - a separate room should be used.
- All personnel in the room must wear Personal Protective Equipment gowns, gloves, N95 respirators and eye protection

d. Care of the Deceased

- Comply with established policies and procedures for Routine Practices and for care of the deceased.

e. Environmental Control

- Adhere to established IP&C recommendations for housekeeping, linen/laundry and equipment and waste disposal.
- Refer to WRHA IP&C Non-critical, Re-useable items Policy 90.00.040 page 15, web link: http://home.wrha.mb.ca/prog/ipc/files/ManualHospital_Policy.pdf

Dishes

- Special precautions are not required. Follow Routine Practices.

Environmental Cleaning/Housekeeping

- Frequency of environmental cleaning and disinfection should be increased during a pandemic.
- All horizontal and frequently touched surfaces shall be cleaned when soiled and when Additional Precautions are discontinued.
- Surfaces frequently touched by hand and those potentially contaminated by coughing clients, should be cleaned and disinfected frequently.
- Reduce clutter to allow for cleaning and disinfection.

Equipment Cleaning and Disinfection

- Comply with the previously established policies and procedures for cleaning, disinfection and sterilization of client care equipment.

Laundry

- Special precautions are not required. Follow Routine Practices.

Waste

- Special precautions are not required. Follow Routine Practices.

f. Signage and Information Sheets

- Provide information sheets on pandemic influenza available on the WRHA Internet in the Pandemic Influenza section.



g. Visitors

- Family/significant others shall be educated regarding the Influenza Assessment Tool (Appendix 5.2). Prior to visiting the home, they shall perform an Influenza Risk Assessment to self-monitor for any influenza symptoms.
- Minimize visitors to the home.
- Family/significant others who have recovered from the pandemic influenza strain or family/significant others who have been immunized against the pandemic strain at least 2 weeks previously may visit.
- Family/significant others shall perform hand hygiene on entry and exit to the home.
- Asymptomatic young children may visit on a case-by-case basis.
- Parents need to ensure young children adhere to basic hygiene.
- Visitor/family/significant others restriction may change on a case-by-case basis.

F. Public Health

a. Appointment and Scheduling Client Referrals

- Evaluate client appointments and where possible prioritize public health visits to those clients for whom hospitalization may be prevented.
- Direct clients who need medical assessment for symptoms compatible with influenza to local centres when appropriate.
- If feasible consider cohorting Health Care Workers (HCWs) and other staff to visit clients with symptoms compatible with influenza OR visit to clients without symptoms.
- Implement a telephone triage plan to screen non urgent clients prior to arriving at the home. If clients/family members with symptoms compatible with pandemic influenza are identified:
 - If medically appropriate, cancel or postpone the home visit until period of communicability has passed.

b. Accommodations/Cohorting

- Minimize contact with client with suspected or confirmed pandemic influenza.
- Single room preferred with separate bathroom if possible.
 - Doors to client rooms may remain open.
 - Place symptomatic clients on Enhanced Droplet/Contact Precautions (see Appendices 5.9 and 5.10)
- Encourage clients to open their window for natural ventilation. If window open, ensure door to client room is closed.
- If it is a family member(s) who has ILI suspected or confirmed pandemic influenza, request that the ill individual(s) not enter the room/area where the care is being provided to the client. At the least, the ill family member(s) should maintain a distance of 2 metres from the HCW; minimum 1 metre, from the HCW.



c. *Aerosol-Generating Medical Procedures (AGMPs)*

- AGMPs will not be performed in Public Health settings.

d. *Care of the Deceased*

- Comply with established policies and procedures for Routine Practices and care for the deceased.

e. *Environmental Control*

Dishes

- Special precautions are not required. Follow Routine Practices.

Environmental Cleaning/Housekeeping

- Frequency of environmental cleaning and disinfection should be increased during a pandemic.
- All horizontal and frequently touched surfaces shall be cleaned when soiled and when Additional Precautions are discontinued.
- Surfaces frequently touched by hands and potentially contaminated by coughing clients should be cleaned frequently.
- Reduce clutter to allow for cleaning and disinfection.

Equipment Cleaning and Disinfection

- Comply with established policies and procedures for cleaning, disinfection and sterilization of client care equipment.

Laundry

- Special precautions are not required. Follow Routine Practices.

Waste

- Special precautions are not required. Follow routine practices.

f. *Signage and Information Sheets*

- Provide information sheets on pandemic influenza available on the WRHA Internet in the Pandemic Influenza section.

g. *Visitors*

- Family/significant others shall be educated regarding the Influenza Assessment Tool (Appendix 5.2). Prior to visiting the home to visit, they shall perform an Influenza Risk Assessment to self-monitor for any influenza symptoms.
- Minimize visitors to the home.
- Family/significant others who have recovered from the pandemic influenza strain or family/significant others who have been immunized against the pandemic strain at least 2 weeks previously may visit.



- Family/significant others shall perform hand hygiene on entry and exit to the home.
- Asymptomatic young children may visit on a case-by-case basis.
- Parents need to ensure young children adhere to basic hygiene.
- Visitor/family/significant others restriction may change on a case-by-case basis.



4. POST PANDEMIC - ALL TREATMENT AREAS

Review/activate after care/recovery plans/update policies as appropriate/guidelines with objective of returning to routine operations.



5. GLOSSARY

Administrative Controls

In the Hierarchy of Controls, policies and procedures for hand hygiene, immunization of patients, HCWs and other staff, outbreak management and RPAP for care of patients with infection. Also see **Hierarchy of Controls**.

Aerosol-Generating Medical Procedures (AGMPs)

- Any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei.
- Examples according to Manitoba Health include, but are not limited to:
- Non-invasive positive pressure ventilation (BIPAP)
- Continuous positive airway pressure (CPAP)
- Endotracheal intubation; respiratory/airway suctioning
- High-frequency oscillatory ventilation
- Tracheostomy care
- Chest physiotherapy
- Aerosolized or nebulized medication administration
- Diagnostic sputum induction; bronchoscopy procedure
- Autopsy of lung tissue

Airborne Infection Isolation Room (AIIR) (formerly referred to as Negative Pressure Isolation Room)

A room with air pressure differential between two adjacent airspaces such that air flow is directed into the room relative to the corridor ventilation, e.g. room air is prevented from flowing out of the room and into adjacent areas. These rooms are used for patients requiring Airborne and Airborne/Contact Precautions

Ambulatory Care Settings

Ambulatory Care settings provide care to patients in less than a 24-hour period rather than by admission to a hospital or other health care facility. The services may be a part of a hospital, augmenting its in-patient services, or may be provided at a freestanding facility. Sites where ambulatory care may be delivered include: Ambulatory care clinics/treatment centres, ambulatory surgery centers, urgent care centres,

Community Health Centres

Community Health Centres in Canada are non-profit, community-governed health organizations that provide primary healthcare, health promotion and community development services, using inter-disciplinary teams of health providers. These teams include physicians, nurse practitioners, dietitians, health promoters, counselors and others who are paid by salary, rather than through a fee-for-service system.



Hierarchy of Controls

There are 3 levels/tiers of IP&C and OESH controls to prevent injury and illness in the workplace: engineering controls, administrative controls, and personal protective equipment (PPE).

Engineering Controls

In the Hierarchy of Controls, measures that reduce exposure to the hazard by applying methods of minimization, isolation or ventilation, as with negative pressure rooms. Also see Hierarchy of Controls.

Administrative Controls

In the Hierarchy of Controls, policies and procedures for hand hygiene, immunization of patients, HCWs and other staff, outbreak management and RPAP for care of patients with infection. Also see Hierarchy of Controls.

Personal Protective Equipment (PPE)

Consists of gloves, gowns, procedure or surgical masks, N95 respirators, protective eyewear, and face protection, used according to risk of exposure to prevent transmission.

Patient (note: if this statement is in the larger document it may not be required here.)

Refers to patient, resident or client.

Screening-Active

Patient is screened at time of triage for respiratory illness: a screening tool for influenza like illness (ILI) may be used

Screening-Passive

At point of entry to department, signage may be used to ask patients to: self-report symptoms; practice respiratory etiquette (don a mask; perform hand hygiene).



6. REFERENCES

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