

Preventing Respiratory Illness In Community Settings

**Guidelines for Infection Control and
Surveillance for Febrile Respiratory Illness in
Community Settings (FRI) in Non-Outbreak
Conditions**

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Introduction & Summary

These slides highlight some of the key recommendations from the MOH LTC's Infection Control Standards Task Force Community Health working group and are to be used in reference to the accompanying Guidelines.

They are aimed at helping protect Ontarians against all severe and emerging respiratory illnesses, and prevent disease outbreaks.

These recommendations:

- reinforce the role of the general public, healthcare workers and organizations in preventing the spread of respiratory illnesses
- address both public health and occupational health and safety issues
- identify best practices in the areas of surveillance and infection control in the community

Context

- Some non-acute care institutions deal with highly vulnerable populations, they have experience in disease surveillance, and have developed practices and protocols to monitor for infectious diseases and to prevent/manage outbreaks.
- Control of respiratory infection guidelines do not replace infection control guidelines and standards already in place for other illnesses , and should be integrated with other guidelines.
- The working group recommends the use of Health Canada's guidelines as the basis for community infection control practices.
- FRI and SRI are two different points along the continuum of respiratory illness. SRI is a more severe, or advanced FRI.

Criteria for FRI and SRI

Criteria for FRI

- fever $>38^{\circ}$ C and new or worsening cough or shortness of breath not otherwise explained.
- abnormal temperature (for the long-term care [elderly] population)

Criteria for SRI

- fever $>38^{\circ}$ C and new or worsening cough or shortness of breath not otherwise explained
- admitted to hospital
- abnormal chest radiograph consistent with severe pneumonia or ARDS
- no alternative diagnosis after 72 hours

and

- living in or traveling to a potential zone of re-emergence within the past 30 days

or

- being in close contact with a symptomatic person who has been in a potential zone of re-emergence within the past 30 days.

Clarification of Roles and Responsibilities

With regard to infection control in non-outbreak conditions in community settings:

- The federal government establishes national guidelines
- The MOHLTC establishes provincial expectations
- Service providers and their employers and regulatory bodies develop policies, protocols, standards and implementation plans required

Guidelines for Comprehensive Infection Control Programs for Respiratory Illness in Community Health Settings

Recommended procedures for implementing surveillance/infection control programs

The task force recommends that Ontario actively promote a surveillance/infection control program for FRI in community health settings.

- Surveillance in the community is designed to help the agency/service provider/practice recognize possible symptoms of FRI so they can take appropriate precautions. Surveillance in community settings differs from that in acute care settings because community health providers are a heterogeneous group.
- The focus of surveillance in community health settings is on raising health care workers' awareness of possible risk, screening patients for respiratory symptoms, protecting health care workers and other patients, as well as counselling and referring people who have symptoms.
- Less emphasis on reporting

Screening

- Goals:
 - identify any patient who has symptoms of an otherwise unexplained respiratory infection
 - minimize the contact with and/or droplet spread to other patients or to healthcare workers

Recommendations:

- All patients should be assessed for symptoms of FRI/SRI using a simplified approach to the screening process which reflects the scope of the practice of the health care worker and the risks in the setting where the screening is being done

Screening cont'd

- All agencies, practices and service providers should be develop a screening process/protocol which is workable in their setting.
- Health care workers should initiate appropriate infection control precautions with anyone with respiratory symptoms based on Health Canada infection control guidelines
- In community setting where care is provided by a primary care provider, that provider should initiate precautions and continue the assessment of a patient who has respiratory symptoms to determine whether the patient has a possible FRI
- Any procedures that are considered high risk should be postponed until a patient's (with FRI) respiratory symptoms have resolved

Counselling and referral

Counselling and referral is designed to ensure that those who do have respiratory symptoms are aware of the steps they should take to avoid transmission to others and to seek appropriate medical care if their symptoms are severe.

Recommendations

- Health care providers should counsel patients with respiratory illness symptoms on ways to avoid passing the illness to others and advise them to see primary care provider/go to hospital if symptoms do not improve or worsen after 72 hours

Counselling and referral

- Primary care providers who are concerned that patients may have severe FRI should refer them to a hospital for further investigation
- If patients with respiratory symptoms require a high risk procedure that cannot be postponed the care provider should take appropriate precautions
- Staff or employees of community health agencies/practices who are absent for more than 72 hours with respiratory symptoms should be advised to see a primary care provider to have condition assessed

Reporting

Reporting is designed to ensure that information required by health care agencies or public health to identify or follow potential cases of FRI is communicated and shared appropriately, while safeguarding people right to confidentiality.

Recommendations:

Internal Reporting

- Agencies sending more than one worker to provide services to a client with respiratory symptoms should note the need for appropriate precautions on the file and ensure all workers are informed and have appropriate protective equipment

Reporting cont'd

- Workers who are unsure whether to use precautions with a patient with respiratory symptoms should contact their supervisor or relevant for guidance
- For those agencies that have an occupational health service, occupational health should:
 - be notified by the manager or relevant of employees who stay home due to illness
 - contact all employees who stay home due to illness after 72 hours and confirm they do not have an FRI
 - notify infection control about clusters of employees who are home ill after 72 hours due to FRI

Reporting cont'd

- For those agencies without an occupational health service the employer/practitioner is responsible contacting employees staying at home after 72 hours to confirm they don't have FRI
- All agencies, service providers and practices must comply with relevant occupational health and safety legislation

External Reporting: to Public Health

- Primary care workers should only report possible clusters of FRI to their local public health unit
- Other agencies that do not have formal reporting obligations should contact public health only if there is potential cause for concern

Reporting cont'd

- Local public health units should work with community care providers to establish clear expectations/procedures for reporting during non-outbreak conditions

External Reporting: Ministry of Labour

- Agencies/practices who have a staff member or employee with a probable or confirmed occupational infection are expected to notify the Ministry of Labour

Infection Control

Infection control includes practices and precautions used to prevent disease transmission, and includes the knowledge and skills required to choose and maintain appropriate precautions. Infection control for FRI is part of broader infection control practices

Recommendations

- All agencies, practices and service providers in the community should use the Health Canada guidance as the basis for establishing infection control standards and practices for FRI
- Agencies, practices and providers should ensure that all infection control processes and procedures implemented to prevent the spread of FRI comply with existing legislation

Infection Control cont'd

- If disagreement about appropriate infection control practices - staff should follow practice of using higher level of precautions until consensus is reached
- The appropriate level of precaution should be driven by the procedure and patient's presenting symptoms.
- Community health care providers who conduct high risk procedures should follow the relevant MOHLTC Directive
- Formal community settings should make every effort to maintain a clean working environment
- Agencies, practices and service providers providing care in formal and informal settings should have procedures for managing and disposing of protective equipment

Infection Control cont'd

- All community service providers should be given time and education to become comfortable with any new infection control practice that represents a different level of precaution from that currently in use
- Agencies, practices and service providers should ensure that the protective equipment required to care for people with respiratory illness is available as needed
- All agencies, practices and service providers should encourage staff to be immunized, and actively promote the annual influenza immunization to their patients

Education and Communication

Education and communication programs are designed to ensure that both the public and health care workers understand the reason for infection control practices, and their responsibility in preventing disease spread.

Recommendations:

- All community health agencies, practices and service providers should develop active, formal orientation and ongoing education programs for staff
- Community health agencies, practices and service providers should help educate the public and patients about their personal responsibility in disease prevention

Education and communication cont'd

- Community health agencies, practices and service providers should educate individual health care workers about their personal responsibility in disease prevention and minimizing the spread of FRI
- Community health agencies, practices and service providers should routinely assess the effectiveness of their education programs and their impact on practices, and identify any barriers in the community setting

Implementation in Community Health Settings

- The goal of implementing infection control is to protect patients and care providers to achieve a high level of infection control in the community and to reinforce existing infection control programs and standards.

Recommendations

- Develop internal policies to implement a common approach to FRI screening and surveillance.
- Those with infection control service, occupational health rep or Joint Health and Safety Committee should establish their roles and responsibilities in implementing an infection control program.