Preventing Respiratory Illness Protecting Residents and Staff in Non-Acute Care Institutions

Recommended Infection Control and Surveillance Standards for Febrile Respiratory Illness (FRI) in Non-Outbreak Conditions

March 2004

Ontario

Introduction & Summary

These slides highlight some of the key recommendations from the MOHLTC's Infection Control Standards Task Force are meant to be used with reference to the accompanying Standards.

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, and highlight the role the Joint Health and Safety Committees have in infection control and worker safety issues

•identify best practices in the areas of surveillance in non-acute settings

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 illness standards do not replace infection control guidelines and standards already in place for other illnesses , and should be integrated with other guidelines.
- Procedures in non-acute care institutions to detect and prevent FRI:
  - build on systems already in place
  - become part of a comprehensive approach to infection control

Context: Health Canada Recommendations

- This report supports Health Canada recommendations and the taskforce recommends that non-acute care institutions in Ontario use the Health Canada guidelines as the basis for infection control practices.
- Health Canada's guidelines are for severe respiratory infection (SRI) while Ontario's guidelines are for FRI.

- 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° 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° 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

- The federal government establishes national guidelines for infection control
- The MOHLTC establishes provincial standards and expectations for infection control and surveillance in non-acute settings.
- The non-acute care institutions develop the policies, protocols, and implementation plans required to meet provincial expectations and be consistent with national guidelines
- The Professional Regulatory Colleges develop the professional standards for health professionals. It is the health professional's responsibility to comply with their college's standards and the standards, policies, protocols and expectations of the employing organization.

Standards for Comprehensive Infection Control Programs for FRI in Non-Acute Care Institutions

Ontario

Recommended procedures for implementing surveillance/infection control programs

- The task force recommends that Ontario adopt a surveillance/infection control program in all non-outbreak care institutions that is appropriate for those settings

- A surveillance program for FRI is designed to help the non-acute care institution and the local public health units recognize and contain the spread of FRI, and address any breakdown in infection control practices or workplace health and safety measures. Surveillance includes screening and reporting

Screening

- Goals:
  - identify all residents/patients admitted to non-acute care institutions with symptoms of a respiratory illness and/or who have had contact with a sick person from a high risk area
  - minimize the contact with and/or droplet spread to other residents or to healthcare workers
  - identify potential clusters of cases

Recommendations:

•All residents/patients should be assessed for indicators of FRI/SRI. Non-acute care institutions should develop a consistent approach to screening in non-outbreak conditions.

Screening cont'd

- The screening tools currently used to assess/screen people being admitted to non-acute care institutions should include questions to identify possibly FRI and its source
- Those non-acute care institutions that are not currently screening new admissions for a range of health conditions should do so (using screening questionnaire provided in Standards)
- Non-acute care institutions should also establish procedures for self-screening all persons who come and go from the institution
- Staff should initiate droplet precautions with anyone being admitted presenting FRI symptoms, as well anyone accompanying them

Screening cont'd

- Residents/patients with FRI should wash their hands before putting on a mask. Staff should assist with anyone unable to implement precautions with hand hygiene
- The results of the screening questions should be documented in the resident's/patient's health record and communicated to areas of the institution where the patient is admitted and treated.
- When the screening/assessment of a new admission is completed by another agency the receiving non-acute care institution should work with that organization to ensure FRI screening compliance
- Non-acute care institutions should ensure that an adequate supply of personal protective equipment is available

Ongoing Surveillance

- Goals
  - pick up early signs of infections
  - monitor for possible clusters of infections so outbreak measures can be implemented
  - prevent outbreaks of infectious diseases
  - protect resident/patient and staff health
  - identify a potential outbreak in its early stages

Recommendations

•Non-acute care institutions should continue to monitor residents/patients for signs of possible infections

Ongoing Surveillance cont'd

- Staff responsible for Occupational Health should:
  - be notified by the relevant person of all employees/contract workers who stay at home due to illness
  - contact all employees/contract workers who stay home to clarify they do not have an FRI
  - notify infection control practitioner about clusters of employees/contract workers who are home ill after 72 hours due to FRI

Reporting

- Goals:
  - identify and report all residents with potential FRI or SRI
  - ensure appropriate infection control practices are used for residents/patients with FRI
  - involve the occupational health and safety designate and the infection control practitioner in a timely way
  - identify and manage clusters of cases quickly and effectively
  - prevent/contain spread of FRI
  - report to the local public health unit information required to prevent further community spread
  - fulfill legal requirements to report occupationally acquired FRI
  - effective internal and external communication to establish common understanding of risks, identification of clusters/outbreaks and to take appropriate action

Reporting cont'd

Recommendations

Internal Reporting: Infection Control

- The institution's infection control practitioner should be notified of:
  - all residents/patients with FRI
  - all residents/patients who meet the Health Canada definition for SRI
  - clusters of residents/patients with FRI
- Staff should be alert to clusters of FRI in residents/patients
- Occupational health should notify the infection control practitioner of clusters of staff absent from work for 72 hours with FRI

Reporting cont'd

Internal Reporting: Occupational Health and Safety

- Report probably or confirmed occupationally acquired infections in health care workers
- The Joint Health and Safety Committee or representative should work with the infection control practitioner to protect workers from infection

External Reporting - Other Health Care Organizations

- When a resident with FRI is admitted from another facility, that facility should be informed
- Occupational Health and Safety designate to inform institution if one of their workers is admitted with an FRI to another institution

Reporting cont'd

External Reporting - To Public Health

- The non-acute care institution's infection control practitioner must notify public health of:
  - residents/patients admitted with SRI
  - clusters of patients/residents or health care workers with FRI

External Reporting - To the Ministry of Labour

- When Occupational Health designate is informed of possible cluster of FRI in staff, they will inform Ministry of Labour
- Employer must notify the Ministry of Labour when they are informed of staff person with occupationally acquired infection

Infection Control Practices

- Goals
  - ensure all non-acute care institutions are working to same standard
  - ensure all non-acute care institutions are implementing evidence-based infection control practices
  - ensure non-acute care institutions are continually working to reduce risk to health care workers and patients

Recommendations

- Institutions establish infection control standards and practices for FRI based on Health Canada's Infection Control Precautions
- Institutions should ensure that all the infection control processes and procedures comply with existing occupational health and safety legislation

Infection Control Practices 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 symptoms.
- For residents of long-term care institutions with FRI, the institution should restrict ill residents to their room until 5 days after onset/until symptoms completely resolved - without causing undue stress to the resident
- Staff in institutions should be given time and education to become accustomed to different levels of precaution

Infection Control Practices cont'd

- Those institutions that conduct high-risk procedures should follow the MOHLTC Directive to all Ontario Acute Care Facilities for High Risk Respiratory Procedures
- Institution that provide services for those with airborne illnesses should have a negative pressure room
- All negative pressure rooms should be monitored regularly
- In the case of non-SARS respiratory outbreaks the institution should follow the Guide to the Control of Respiratory Disease Outbreaks in Long-Term Care Facilities
- Institutions should implement recommended practices to clean the physical environment

Education and Communication

- Goals
  - provide clear, accessible information
  - explain the science that forms the basis for infection control standards
  - ensure health care providers have the support and opportunity to develop skills required to implement infection control standards
  - ensure infection control practitioners have the support and opportunity for ongoing education/certification required to remain competent and current
  - describe the roles and responsibilities
  - encourage open communication and collaboration that helps prevent infectious diseases

Education and Communication cont'd

Recommendations

- All institutions should develop active, formal orientation and ongoing education programs for all staff
- Institutions should ensure that all staff receive infection control practices education
- Institutions should measure the effectiveness of their education programs
- Institutions should educate the public, patients and health care workers about their personal responsibility for disease prevention (steps they can take to minimize the spread of FRI)

Implementation

Recommendations

- Each institution should review its internal policies to ensure they support a common approach to screening and surveillance
- Institutions should have an active infection control committee with public health representative
- Institutions should establish the roles and responsibilities of occupational health practitioners, infection control practitioners, Joint Health and Safety Committee/Health and Safety Representative in implementing an infection control program
- Institutions that don't have adequate infection control expertise should explore other models for accessing expertise

Implementation cont'd

- Institutions should identify organizational strategies to foster a healthy environment and reinforce with residents/patients, staff, volunteers and visitors of their responsibility for helping maintain that environment
- Institutions should develop quality management programs designed to ensure surveillance and infection control policies and programs are implemented