

# Ministry of Health and Long-Term Care

## Guidance for Influenza-like Illness (ILI) Management in Long-Term Care (LTC)

Please refer to Important Health Notice Volume 6, Issue 7 issued on May 5, 2009

This information is current as of May 5, 2009 and will be updated as new information becomes available. The ministry will issue new guidance as appropriate.

### Background

Influenza is predominantly a droplet-borne disease. Influenza virus can also survive on surfaces, therefore both droplet and contact precautions are recommended to prevent transmission and are reflected below.

Because no case of the novel H1N1 Influenza A (H1N1) has been reported in a long-term care home, long-term care homes should continue to use routine droplet and contact precautions to manage influenza-like illness (ILI), as they would with seasonal influenza. In the event that H1N1 becomes the predominant circulating virus in the community, these recommendations may change.

**The focus of H1N1 prevention in long-term care is on screening visitors, family members and staff to look for symptoms of respiratory infection.**

Long-term care homes are advised to be on alert for cases of ILI in residents and staff. In particular, staff or visitors who have travelled to Mexico should be on alert for respiratory illness that may develop within 7 days of their return.

### Screening

Post signage at the entry to each long-term care home reminding persons entering the home NOT to enter if they are having symptoms of ILI such as

fever and cough or shortness of breath, muscle aches, or sore throat.

All persons entering the home should practice good hand hygiene. Alcohol-based hand rub should be available at the entrance to the home and at point of care in the resident's room.

Staff should not work if they are experiencing an ILI. Remind staff of the importance of reporting if they develop ILI, in particular if they have recently traveled to Mexico.

Continue to screen families and visitors for respiratory symptoms in accordance with PIDAC Febrile Respiratory Illness Best Practice Document ([http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic\\_fri.html](http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_fri.html)) and to prevent them from participating in activities in the long-term care setting while they are ill.

Ask families and visitors to stay away until 24 hours after symptoms resolve or 7 days after the onset of their illness, whichever is longer.

### Resident Management

Continue to monitor residents for ILI and continue to report to local public health agencies as per usual practices.

Residents with ILI symptoms who require urgent medical attention and transfer to an acute care setting should be managed using normal processes, including the use of the Patient Transfer Authorization Centre. The long-term care home should notify the EMS and hospital Emergency staff that the resident requires additional precautions



(Droplet/Contact) to ensure that both the transport and receiving agency are prepared to care for the resident safely.

### **Infection Prevention and Control Practices**

Healthcare providers in the long-term care home setting should continue to use the following practices for providing direct care to residents with respiratory symptoms, with the focus on Routine Practices:

- Hand hygiene with alcohol-based hand rub or soap and running water
- Surgical masks for care of residents with ILI and fit-tested N95 respirators during aerosol generating procedures on residents with ILI (e.g., tracheal or oral suctioning) in accordance with FRI best practices
- Eye protection (goggles, safety glasses or face shield)
- Gloves and gowns if there is a risk of contamination with respiratory secretions or body fluids
- Clean and disinfect equipment and surfaces that may have become contaminated with droplets or respiratory secretions
- Clean and disinfect any equipment that is shared before moving from one resident to another.

Remind residents and staff to be vigilant with their hand hygiene practice and respiratory etiquette (covering coughs and sneezes, disposing of used tissues immediately and cleaning hands after contamination with respiratory secretions).

If residents present with ILI symptoms after contact with a confirmed case of H1N1, then follow recommended clinical guidelines for the management of H1N1, including:

- isolate the resident from other residents in the home
- provide direct care using a fit-tested N95 respirator and eye protection
- use gown and gloves when there is risk of contamination with respiratory secretions
- submit samples for testing to the public health laboratory, including nasopharyngeal swab in viral transport medium, blood in clotted tube (red top) and blood in EDTA (purple top), stool if symptoms of diarrhea (in dry sterile container). Specimens should be transported at 4°C.

- clean and disinfect surfaces contaminated with droplets with a hospital-grade disinfectant.
- monitor resident for signs and symptoms of complications related to influenza and refer to acute care as required.