

Nipigon District Memorial Hospital Infection Prevention and Control

4-90

Page 1 of 3

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Written by: Sean Normore	Publication Status: Approved
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FEBRILE RESPIRATORY ILLNESS POLICY/SCREENER

Refer to: Ministry of Health & Long Term Care, January 7, 2004 Directive - "Preventing Respiratory Illnesses, Protecting Patients and Staff: Infection Control and Surveillance Standards for Febrile Respiratory Illness (FRI) in Non-Outbreak Conditions in Acute Care Hospitals".

1. POLICY

To ensure a heightened vigilance for febrile respiratory illness (FRI) for all clients and staff at Nipigon District Memorial Hospital all emergency patients, new admissions, transfers and staff who develop respiratory symptoms, will be screened using the "Febrile Respiratory Illness Screener" protocol on page 2. Patients who present in other areas will follow the following protocol.

Formal community care settings:

These are settings where patients go to receive care, such as community health centers, walk-in clinics, independent health facilities, public health units, business offices, medical laboratories, physiotherapy clinics and diagnostic imaging. These settings usually have common areas where patients wait to be seen by providers.

We encourage all community settings to err on the side of caution and take precautions (including using appropriate protective equipment) with any patient who has respiratory symptoms (i.e., cough, shortness of breath) unless they know the individual has a chronic condition characterized by coughing and shortness of breath, such as chronic obstructive pulmonary disease (COPD).

For a current list of countries with health alerts, the Health Records Department will check this website on the first business day of each month and post the list in the Emergency Department.

Screening in the acute care setting involves five questions and a series of actions triggered by the answers to those questions. It also involves taking the temperature of every person who presents at emergency or is admitted to the hospital. Because not all community care settings will have the capacity to complete this level of screening (i.e., take temperatures, diagnose FRI), they should use the screening algorithm below:

1. First – Visually assess the patient for signs of respiratory illness. If the staff feels the patient is ill go to step 2. If the patient shows no signs of illness then continue providing care using routine precautions.

2. Ask the question – "Do you have a new / worse cough or shortness of breath? Are you feeling feverish?"

If the answer is:

Yes – Ask patient to wash hands and wear mask while waiting to be seen. If possible, have patient wait in separate area or keep 1 meter distance from other patients/staff. Provide care using these precautions. Refer this patient to their primary care giver if this is a new and persistent illness or if they haven't been seen for this condition. Ask the patient to keep the mask on while in the building.

No – No additional precautions are required and deliver care using normal routine precautions.

**Case Finding/Surveillance Protocol for
Febrile Respiratory Illness
(Questionnaire)**

Date: _____

addressograph

- (i) Do you have new/worse cough or shortness of breath?
if "no" stop here (no further questions)
if "yes", continue with next question

- (ii) Are you feeling feverish*, or have you had shakes or chills in the last 24 hours?
if "no", take temperature; if $>38^{\circ}\text{C}$, continue with next questions, otherwise
stop (no further questions)
if "yes", take temperature and continue with next questions

*NOTE: Some people, such as the elderly and people, who are immunocompromised, may not develop a fever

If the answer to both questions (i) and (ii) is "yes", or if the answer to question (i) is "yes" and the recorded temperature is $> 38^{\circ}\text{C}$, initiate droplet precautions, and notify Infection Prevention and Control

- (iii) Is any of the following true?
Have you travelled within the last 14 days? Where**? or
Have you had contact in the last 14 days with a sick person who has travelled?
Where**?

*****For a current list of countries with health alerts, see:***

<http://www.phac-aspc.gc.ca/tmp-pmv/index.html>

***Infection Prevention and Control
should notify public health by phone when:
case has a positive travel history and/or there is a possible
cluster/breakout***

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4-90

Page 3 of 3

Droplet Precautions - It is recommended for healthcare workers wear a mask (N95) and eye protection, especially when encountering patients/ clients who are coughing or sneezing, as respiratory pathogens are felt to be transmissible principally by large respiratory droplets particularly within 1 metre of the patient.

In community settings when client answers positively to questions 1, 2 and 3:

- Initiate droplet precautions (as above).
- Isolate the client from other staff and clients.
- Place a surgical mask on the client.
- If further assessment is required, arrange for the client to be taken to the Emergency department for evaluation. Call ahead.
- Transportation for medical examination must be by private vehicle or medical transport with the client wearing a surgical mask during transport.
- Contact the Medical Officer of Health at the Thunder Bay District Health Unit.