

# Infection Prevention and Control Measures and Initial Management of Persons Who May Be Infected with a Novel Respiratory Virus

## Intended for use in Emergency Departments and Ambulatory Care Settings

Always follow Routine Practices including a Point of Care Risk Assessment

### Screening

Patient presents with an acute respiratory infection (ARI)<sup>1</sup>

If symptoms suggest severe acute respiratory illness (SARI)<sup>2</sup> complete provincial screening tool

➤ Ask patient and symptomatic accompanying persons to:

- wear surgical/procedural mask while waiting to be seen (if tolerated)
- wait in a separate area if possible or keep 2 meters distance from other patients and staff
- use tissues when coughing or sneezing
- clean his/her hands after contact with respiratory secretions

➤ Initiate appropriate Droplet and Contact Precautions (hand hygiene, facial protection<sup>3</sup>, gloves and gown)

### Assessment (THINK) See [Saskatchewan Public Health Update](#) for more information

Travel risk assessment:

- Patient has travelled, within 14 days of symptom onset, to a country where there is a Public Health Agency of Canada (PHAC) public health notice in effect<sup>4</sup>
- Patient is a close contact<sup>5</sup> of a person who developed ARI within 14 days after having travelled to a country where there is a PHAC public health notice in effect<sup>4</sup>

If an aerosol generating medical procedure (AGMP)<sup>6</sup> is required

- Place patient in a **single room** with Droplet/Contact signage at room entrance
- Restrict patient to their room
- Have patient wear a mask if transport to therapy or a diagnostic procedure is required
- Postpone elective procedures that generate droplets

- Perform only if medically necessary
- Initiate Airborne/Contact Precautions for the procedure
- Use an airborne infection isolation room or follow your facility's protocol for airborne precautions

### Reporting (TELL)

- Provide patient and caregiver with information regarding additional precautions and visitor restrictions
- Report immediately to your Medical Health Officer, regional Public Health office or the Medical Health Officer on call when there is a case of ARI with a travel history to a country with a PHAC public health notice in effect
- Inform your Infection Control Professional (if applicable)
- Inform other departments (e.g., Laboratory, X-ray, Diagnostic imaging, ICU, bed management), facilities and ambulance dispatch if diagnostic tests are ordered or transfers are planned
- Contact local Lab prior to dispatch of samples to expedite STAT testing (**TEST as per [Laboratory Testing for Persons Who May be Infected with a Novel Respiratory Virus](#)**)

1. **Acute respiratory infection (ARI):** An infection of the upper or lower respiratory tract that could potentially be spread by the droplet route, which presents with symptoms of a new or worsening cough or shortness of breath and often fever. Please note: elderly people and people who are immunocompromised may not have a febrile response to respiratory infection.
2. **Severe acute respiratory illness (SARI) includes:** Fever >38° C and cough or breathing difficulties and clinical or radiographic evidence of infiltrates consistent with pneumonia.
3. **Facial protection includes:** surgical or procedure masks and eye protection or a full face shield, or a mask with visor attached. Facial protection should be worn when within 2 meters of a patient.
4. **PHAC public health notice:** For a current list, see: <http://www.phac-aspc.gc.ca/phn-asp/index-eng.php>
5. **Close contact** may include: a health care worker or family member OR someone who has lived with, or had face to face (within 2 meters) contact with respiratory secretions or body fluids of a person with the ARI.
6. **Aerosol Generating Medical Procedure (AGMP):** intubation and related procedures, cardiopulmonary resuscitation, bronchoscopy, sputum induction, nebulized therapy, non-invasive positive pressure ventilation.