

RESPIRATORY VIRUS HIGHLIGHTS

This document provides guidance related tor respiratory virus management outside of COVID-19. For COVID-19 specific-guidance, please refer to the Shared Health Shared Health Provincial COVID-19 resources for health care providers and staff website.

NOTE: where term patient is used, it shall be interpreted as referring to patient, resident or client.		
Contact IP&C	For <u>ALL ADMITTED</u> suspected or confirmed cases report to site/region/SDO IP&C. After hours, ensure contact information is available specific to your site/region/SDO.	
Transmission (Droplet/Contact)	 Person-to-person transmission through large respiratory droplets when infected persons cough/sneeze Direct or indirect contact with respiratory secretions (e.g., touching contaminated surfaces and then touching the eyes, nose or mouth) Individuals with asymptomatic infection can also transmit virus to susceptible individuals 	
	Fever/chills	 Shortness of breath
	Cough	 Extreme weakness/fatigue
	Sore throat	 Headache / eye pain
Signs &	 Exhaustion 	Muscle pain
Symptoms	Joint pain	 Body aches
	 Stuffy/runny nose 	 Malaise / loss of appetite
	NOTE: Persons less than 5 year may not present with a fe	s or greater than 65 years of age or immune compromise ever

INFECTION PREVENTION & CONTROL MEASURES

Source Control	 Signage at entrances <u>Hand hygiene</u> (HH) and <u>respiratory etiquette</u> Ask patient to don a procedure mask Separate waiting areas for patients with potential infection if unable to immediately isolate 	
Additional Precautions & Personal Protective	Droplet/Contact Precautions required Contact Precautions Contact Precautions	
Equipment (PPE)	 Post Additional Precautions sign on door/curtain of the room/bed space Dedicate equipment. If unable, clean and disinfect between uses 	
Accommodation	Place patient in a private room	
Testing	 If a private room is unavailable, appropriately cohort patients. Consult site IP&C. Collect <u>nasopharyngeal (NP) swabs</u> for viral detection using a flocked swab 	
Tosting	Notify Transport Services & the receiving department regarding need for Additional	
Transport of Cases	 Precautions in advance of the transport/procedure Patient should perform hand hygiene and don procedure mask, and wear clean clothes, house coat, or gown. Assist as required Staff should perform hand hygiene and don PPE (gown, gloves, mask, eye protection) 	
Discontinuation of Precautions	 Consult ICP/designate prior to discontinuing additional precautions Discontinue precautions for suspected or confirmed non-ventilated patients based on resolution of symptoms/clinical improvement Discontinue precautions for suspected or confirmed ventilated patients based on clinical improvement for 48 hours Discontinuation of additional precautions is not based on duration of treatment or negative results. If the NP swab result is negative, <u>DO NOT</u> immediately discontinue precautions if the patient continues to have symptoms of a febrile respiratory illness Patients may have chronic respiratory symptoms and/or a post-viral cough, which do not require continuation of precautions 	
	Signs of clinical simprovement in the ventilated patient case could include:	
Signs of Clinical Improvement	 Decreased cough Decreased sputum production Improved oxygen saturation Discontinuation of mechanical ventilation (i.e. ventilator) Afebrile Decreased respiratory secretions Improved respiratory pressures (clinical judgement of Attending Physician/Respiratory Therapist) 	
Visitor Management	 Educate visitors and designated caregivers regarding hand hygiene, respiratory hygiene, and use of PPE (donning and doffing) Encourage visitors to perform hand hygiene on entry and exit to care areas Limit the number of visitors and designated caregivers in the room Advise visitors with symptoms of a communicable infection to stay home (exceptions may be considered in extenuating circumstances; staff to contact IP&C) 	