

H1N1 Tool Kit

November 2009 Issue 2

Pandemic
H1N1 and
Seasonal
Influenza:

Home Care
Service
Providers Tool
Kit

Table of Contents

Introduction..... 3
Guidance for Caring for Clients with Influenza-like Illness (ILI)..... 3
Infection Prevention and Control Measures for Influenza 5
Appendix A: ILI Screening Tool Home Support Administrative Staff 7, 8
Appendix B: Case Finding/Surveillance Protocol for Respiratory Illness of
 Probable Infectious Etiology9, 10
Appendix C: References..... 11



Introduction

Influenza is an acute viral illness of the respiratory track characterized by fever, headache, muscle aches, extreme fatigue, runny nose, sore throat and cough. Most people will recover from influenza within a week or ten days, but some - including those over 65 and adults and children with chronic conditions, such as diabetes and cancer - are at greater risk of more severe complications, such as pneumonia.

These guidelines reflect the current standards of practice in influenza control for Home Support Services. They have been developed from local, provincial and national expertise, discussions, and review of the literature.

Guidance for caring for clients with Influenza-like Illness (ILI)

What you can do to reduce the spread of Influenza virus in the home:

When providing care to a client who is sick with influenza, the most important ways to protect yourself and others who are not sick are to:

- Keep the sick person away from other people as much as possible, in a room separate from the common areas of the house. (e.g. a spare bedroom with its own bathroom, if that's possible.)
- Remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand sanitizer often, especially after coughing and/or sneezing.
- Have everyone in the household clean their hands often, using soap and water or an alcohol-based hand rub.
- Unless necessary for medical care, persons with the flu should not leave the home when they have a fever or during the time that they are most likely to spread their infection to others (up to 7 days after they get sick).
- If persons with the flu need to leave the home (e.g. for medical care), they should cough or sneeze into their sleeve (cough etiquette) or a wear surgical/ procedure mask if available and able to tolerate.
- Have the sick person practice cough etiquette or wear a mask, and practice good hand hygiene, if they need to be in a common area of the house near other people. Assist them with hand hygiene if needed.
- If possible, sick persons should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant.



Protect other persons in the home

- The sick person should not have visitors other than caregivers. A phone call is safer than a visit.
- If possible, have only one person in the home take care of the sick person.
- All persons in the household should clean their hands with soap and water or an alcohol-based hand sanitizer frequently, including after every contact with the sick person or the person's room or bathroom.
- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. e.g., have different colored towels for each person.
- If possible, consideration should be given to maintaining good ventilation in shared household areas (e.g., keeping windows open in restrooms, kitchen, bathroom, etc.).

For the caregiver

- Avoid having face-to-face contact (< 2 metres) with the sick person as much as possible.
- If you must have close contact with the sick person (e.g. hold a sick infant), spend the least amount of time possible in close contact and wear a surgical/procedure mask, if available.
- Respiratory treatments should be performed in a separate room away from common areas of the house when at all possible.
- Used masks should be removed carefully by the ties and placed immediately in the regular waste container/compost, so they don't touch anything else.
- Do not re-use disposable masks. After you take off a mask, discard it in a waste container/compost and clean your hands with soap and water or an alcohol-based hand sanitizer.

Household cleaning, laundry, and waste disposal

- Throw away tissues and other disposable items used by the sick person in the regular waste container/compost. Wash your hands after touching used tissues and similar waste.
- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.
 - Eating utensils should be washed either in a dishwasher or by hand with hot water and soap.
 - Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid "hugging" laundry while carrying it prior to washing it to prevent contaminating yourself. Clean your hand with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry.



Infection Prevention and Control Measures for Influenza

As during regular influenza season, staff should follow Routine Practices and additional precautions. The measures outlined below are to be practiced when clients start to exhibit influenza-like illness (ILI) symptoms and continue until symptoms have resolved.

1. Routine Practices:

- Wear gowns/aprons and masks/eye protection during procedures and client care activities that will likely generate splashes or sprays of blood, body fluids, secretions or excretions.
 - Gowns should be long-sleeved and can be re-usable or disposable.
 - Aprons are used when limited contamination is likely.
 - Eye glasses are not considered eye protection
- Staff should perform hand hygiene frequently using either alcohol-based hand sanitizer (60-90%) or liquid soap and water e.g.:
 - Before and after client care
 - After removal of gloves or other personal protective equipment (PPE)
 - Before eating and drinking
 - After coughing and sneezing or using tissues
- All equipment used on one client should be cleaned & disinfected before use on someone else.

2. Droplet/Contact Precautions

- Wear gloves when providing direct personal care to a suspect ILI case
- Wear a surgical/procedure mask **and** eye/face protection within 2 metres of client
- A gown should be worn if contamination of forearms and/or clothing is likely
- Staff should use alcohol-based hand sanitizer or liquid soap and water after removing personal protective equipment (PPE)

3. Respiratory Hygiene (also known as Cough Etiquette):

- Clients with ILI should be taught to perform hand hygiene;
- Clients with ILI should also be taught how to perform respiratory hygiene practices e.g. cough into sleeve, disposal of tissues, hand hygiene, etc.;
- Clients with ILI who are unable to contain their cough should wear a surgical/ procedure mask (if tolerated) when staff are providing close personal care. Masks should be changed between clients or when they become wet (e.g. dampened from respirations)



4. Enhance Respiratory Protection

- Wear an N95 respirator:
 - If conducting an aerosol-generating medical procedure (AGMP) on a suspect ILI case, all individuals in the room must wear a fit tested N95 respirator. AGMPs are not frequently conducted in this setting but would include procedures such as intubation, bronchoscopy, trach care, deep airway suctioning, CPAP/BIPAP, nebulized medication administration, chest physiotherapy, and autopsy of lung tissue.
 - Individuals should be asked to leave the room during an AGMP if they are not required for care purposes
 - Whenever an N95 respirator is required, staff should also wear eye or face protection.

5. Environmental Controls:

- Staff and clients should perform frequent and appropriate hand hygiene with soap and water or an alcohol-based hand sanitizer.
- Staff and clients should practice respiratory hygiene/cough etiquette (i.e covering the mouth and nose when coughing and/or sneezing and then washing hands);
- Respiratory micro-organisms can survive on surfaces such as bedside tables, hands, handrails and doorknobs for several hours therefore enhanced environmental cleaning regimens, including disinfection of surfaces, and the proper disposal of items contaminated with respiratory secretions (e.g. tissues) are important.
- Routine hospital-grade disinfectants are effective in killing influenza viruses if used according the manufacturers' instructions, however consideration should be given to increasing frequency of cleaning.
- Laundry and waste disposal protocols are as per Routine Practices

6. Screening:

- If the care or service being provided is non-essential or can be managed by an inhouse care provider, then consideration should be given to deferring the visit until a time when the client is feeling better.
- This information can be obtained by conducting a pre-visit reminder call and inquiring about the presence of ILI in the client or family members. A sample screening tool is included in the Appendix. Unwell family members should be asked to minimize contact with the health care worker.

7. Resources:

- **Infection Prevention & Control Centre, Nova Scotia 902-424-0416**
 - Consultants**
 - Suzanne Rhodenizer Rose
 - Patsy Rawding
- Health Promotion & Protection website:
<http://www.gov.ns.ca/hpp/h1n1/>



Appendix A

Influenza-Like Illness (ILI)
Screening Tool
Home Support Administrative Staff

Home Support Administrative Staff need to be alert for signs and symptoms of ILI. When discussing service provision with clients and/or their family members:

Telephone Interactions:

- **Ask** about the person's health (e.g. Have there been any changes to your health? **Or** How are you feeling today?).
- **Listen** to what the person says (e.g. I can't catch my breath; I feel warm; I have been coughing all night; I have chills).

Ask the following three questions:

1 Do you have *new/worse* cough or shortness of breath?

If 'no', no further action is required

2 Are you feeling feverish, or have you had chills *in the past 24 hours*?

(Note: People under 5 or 65 years of age and older, fever may not be prominent)

3 Do you have *new onset* of: sore throat, extreme physical weakness, sore muscles or joints, *vomiting, *diarrhea? (*Uncommon in adults with H1N1)

If the response to any of these questions is Yes, then:

- Advise the person to contact their primary health care provider (doctor or nurse practitioner) if symptoms worsen or if they are at high risk for complications.
- Ask that any ill family members stay in another room while staff are in the home.
- Inform ill client / family member that Home Support Worker (HSW) may need to wear personal protective equipment – mask, eye protection and gloves to provide care.
- Ask client or family member to call the office or inform the HSW on arrival, if he/she develops respiratory symptoms.
- Report client illness to scheduler and supervisor so others who provide care can protect themselves.
- Contact the client's care coordinator to report illness and provide documentation as necessary, according to Continuing Care's communication protocol.



Influenza-Like Illness (ILI) Screening Tool Home Support Worker

Home Support Workers need to be alert for signs and symptoms of ILI. With every client interaction in the home, or by telephone:

- **Ask** about the client's health (e.g. Have there been any changes to your health? **Or** How are you feeling today?).
- **Look** for client behaviors/actions (e.g. coughing, shortness of breath, shaking).
- **Listen** to what the client says (e.g. I can't catch my breath; I feel warm; I have been coughing all night; I have chills).

If the client is sick and you are in the client's home, move at least two meters (6 feet) away. Ask client to cover their mouth when coughing or sneezing, or wear a surgical/procedure mask if possible. If you must be within 2 metres of an ill client, put on a surgical/procedure mask and eye protection to protect yourself.

Ask the following three questions:

- 1 Do you have *new/worse* cough or shortness of breath?**
- 2 Are you feeling feverish, or have you had chills *in the past 24 hours*?**
- 3 Do you have *new onset* of: sore throat, extreme physical weakness, sore muscles or joints, *vomiting, *diarrhea? (*Uncommon in adults with H1N1)**

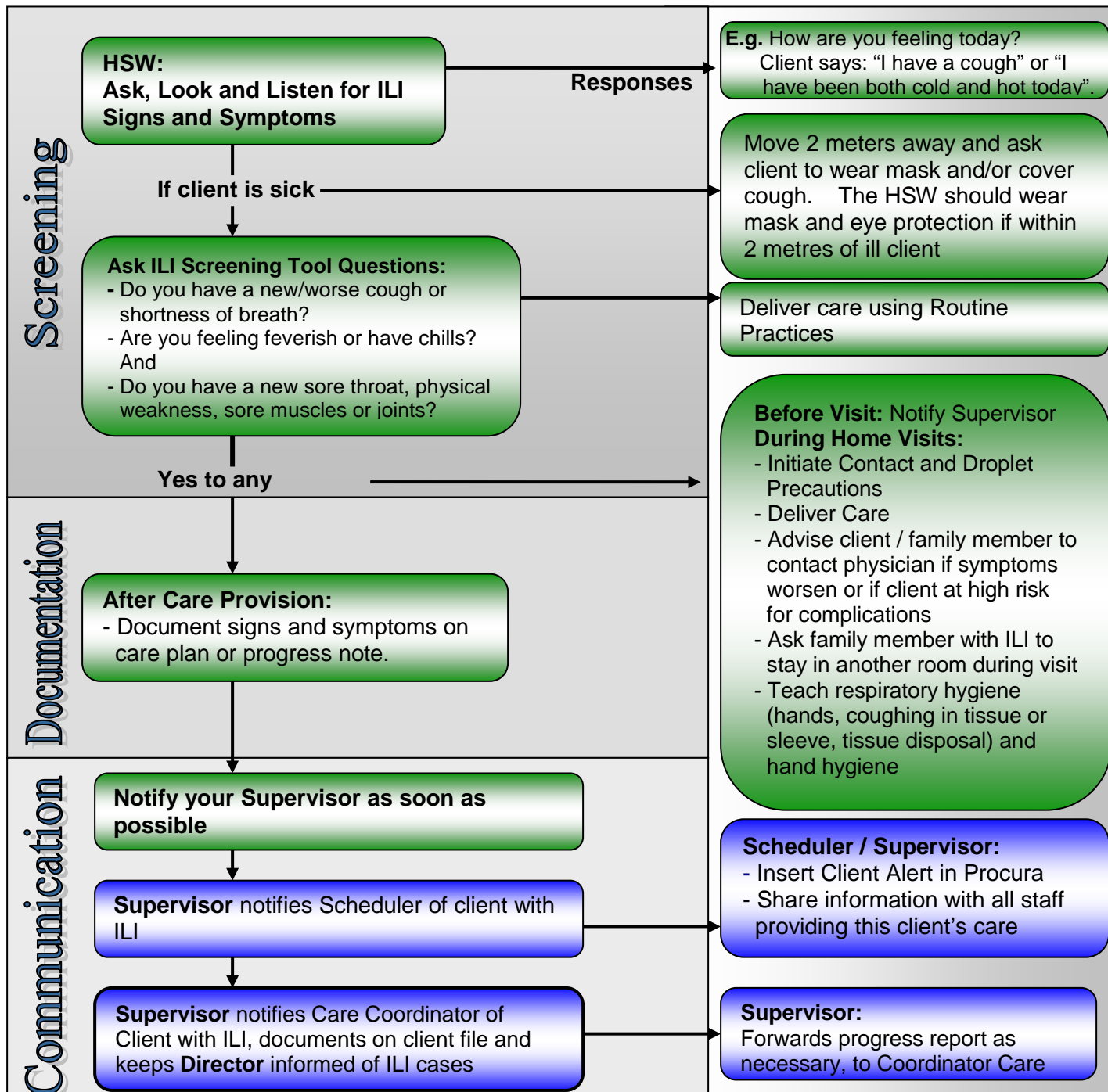
If the response to any of these questions is Yes, then:

- Advise the client to contact their primary health care provider (doctor or nurse practitioner) if symptoms worsen or if they are at high risk for complications.
- Report client illness to your supervisor so others who provide care can protect themselves.
- Ask an ill family member to stay in another room when you visit.
- If able to remain two meters away from ill client, follow Routine Practices.
- If providing *direct care*, within two meters of client, use Routine Practices, Contact Precautions and Droplet Precautions.
- Document the signs and symptoms on client's daily activity sheet.
- If concerned about a change in the client's condition, notify your supervisor as soon as possible and document the changes in a progress report.

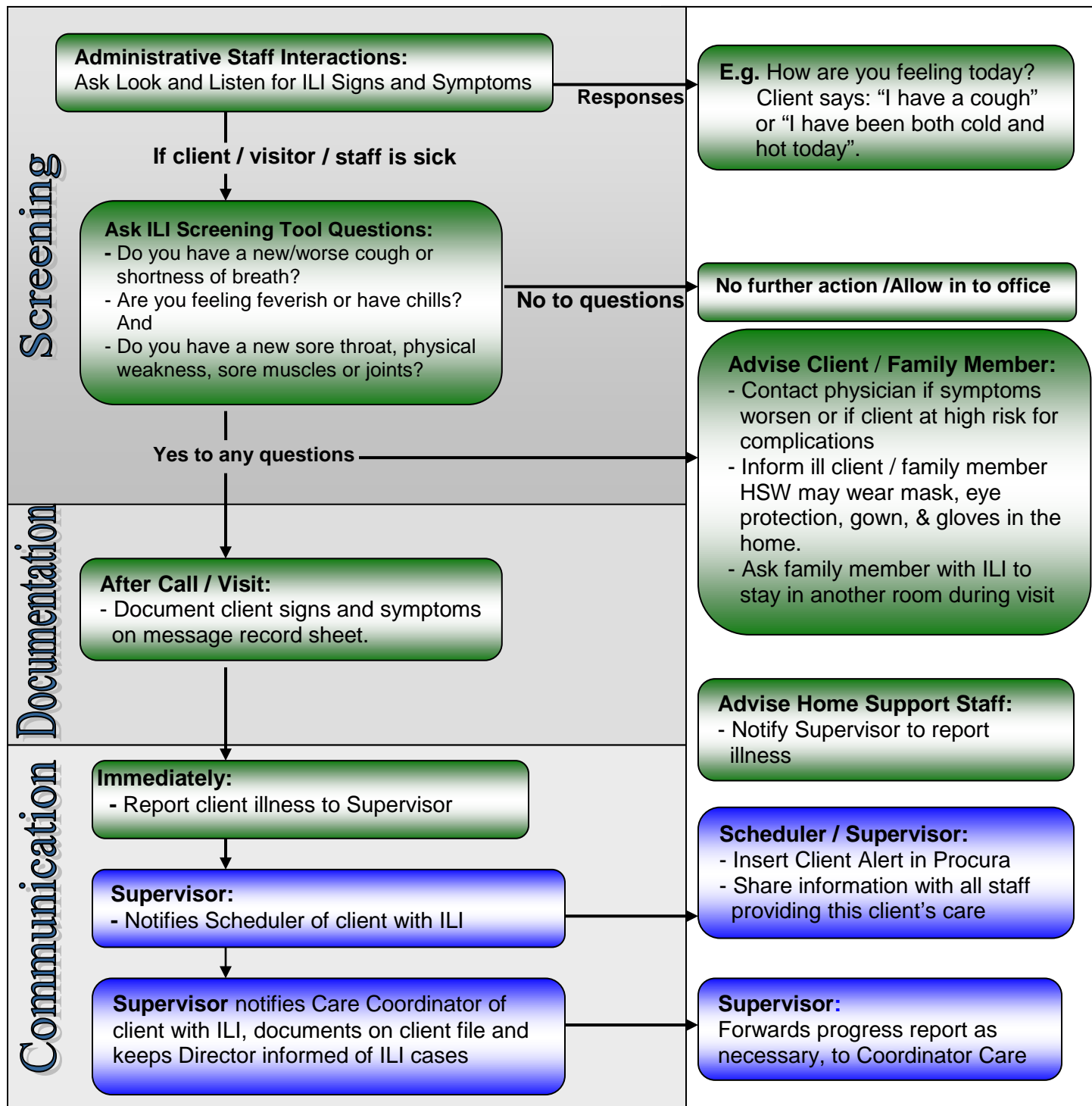


Appendix B

Case Finding/Surveillance Protocol for Respiratory Illness of Probable Infectious Etiology - Home Support Workers (HSW)



Case Finding/Surveillance Protocol for Respiratory Illness of Probable Infectious Etiology - Administrative Staff



Appendix C

References

- VON Canada - *Manual Quality Care and Service Standards - Standard 1 which was adapted from PHAC 2009 Interim Guidelines for Healthcare Workers in Healthcare and Other Institutional Settings* www.chica.org/linksflu.html and
- *Continuing Care, District 1,- Flu Like Illness/H1N1/Febrile Respiratory Illness Screener, created by Patricia Hamilton, Supervisor of Assessments, Continuing Care DHA 1,- August 28, 2009.*
- Ontario Ministry of Health and Long Term Care, Screening Tool for Influenza-like Illness (ILI) in Health Care Settings.
http://www.health.gov.on.ca/english/providers/program/emu/health_notices/screening_tool_20090519.pdf
- Primary credit for development: Pam Smith RN, Resource Coordinator, Western Region Home Support

