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May 20, 2009

**For the Attention of
Hospital CEOs, OHA Board of Directors, Infection Prevention
and Control Leads, Occupational Health and Safety leads,
Joint Health and Safety Committee, CACN, Chief HR Officers,
Emergency Department Managers, Emergency Preparedness
and Pandemic Planning Leads**

**From: Greg Shaw, Vice President,
Strategic Human Resources Management Services**

Update: H1N1 Influenza A

The Ministry of Health and Long-Term Care (MOHLTC) has issued an Important Health Notice (IHN) and some associated material. These documents are attached to this bulletin.

Highlights include:

- Status update on the current H1N1 situation in Ontario
- Hours of operation for the Health Care Provider Hotline
- Revised screening tool
- Signage guidelines
- Updated guidance for:
 - Ambulatory Care Settings
 - Emergency Departments
 - Long-Term Care

For more information, contact Tim Savage, Health and Safety Consultant at 416-205-1395 (tsavage@oha.com). A complete list of OHA updates and hospital support materials is available at www.oha.com/h1n1influenzaA.

Ministry of Health and Long-Term Care

Information on the use and fit-testing of N95 Respirators

This fact sheet provides information for health care workers about the use and fit-testing of N95 Respirators

How do we protect ourselves and our staff during an outbreak of influenza?

Occupational health and safety measures and infection prevention and control measures can help protect both health care workers and patients from being exposed to the influenza virus in health care settings.

Protection of workers from infectious diseases involves more than personal protective equipment, and may be best achieved through a strategy known as the hierarchy of controls. The hierarchy of controls is implemented through a range of actions at the source of a potential exposure, along the path, and with the worker. Reducing the risk of influenza transmission in the workplace requires a comprehensive strategy that includes:

- *Engineering controls* that make the work environment or setting safer – e.g. proper ventilation, office layout to support social distancing or use of measures like installation of plexiglass barriers between a source and an employee
- *Administrative and work practices* that reduce the risk of infection – e.g. responsible absenteeism policies, staff education programs
- *Personal protective equipment* used by health workers
- Other infection prevention and control measures that protect patients and visitors as well as health workers

Personal protective equipment is one component of the hierarchy and should be used when other measures such as engineering controls aren't able to completely mitigate risks.

What personal protective equipment do I need to provide to my staff during the current H1N1 situation?

Please consult the guidance documents provided by the Ministry of Health and Long-Term Care for up-to-date advice on this issue.

Important Health Notices and other materials can be found at:
<http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>

What is an N95 respirator?

An N95 respirator is a respirator that has been certified to certain test criteria by the National Institute of Occupational Safety and Health (NIOSH), based on the percentage of small particles they filter from the air when properly used. The designation, N95 refers to the filtering efficiency of a respirator. Individuals who are required to wear an N95 respirator must be fit tested to ensure a proper fit, as required by the Occupational Health and Safety Act and the Regulation for Health Care and Residential Facilities.

Fit testing is an element of a respiratory protection program and is conducted in accordance to Canadian Standards Association *Standard for the Selection, Use and Care of Respirators*, CSA Z94.4-02. Fit testing is required prior to using respirators to make sure that the respirator seals to the user's face properly. Fit testing should be carried out at least every two years, and should be done according to the model and make of respirator. In addition, the wearer is required to

perform a “user-seal check” each time the respirator is worn to check the respirator-to-face seal.

How do I know what make and model to be fit-tested for?

You may have already been fit-tested to a certain make or model. The Ministry of Health and Long-Term Care (MOHLTC) does not approve particular makes or models. However, as part of its influenza pandemic preparedness activities, the MOHLTC has stockpiled N95 respirators and other infection control supplies. The majority of respirators in the ministry stockpile are products of 3M and include the following models:

- 3M 1870
- 3M 8210
- 3M 1860S
- 3M 1860
- 3M 8110S

You may wish to be fit-tested to these models to make sure you’re aligned with the ministry stockpile.

Please note that this stockpile is not being distributed at the present time. Once a decision is made to activate this stockpile, information on how to access it will be provided through the ministry website or through the Health Care Provider Hotline.

Where can I access fit-testing services?

The following are examples of where you can obtain fit-testing services. Please note that this is not a complete list of available services, and that if you have a regular fit-testing provider, you are free to continue to work with that provider. Use of these providers is not compulsory.

- Some N95 manufacturers such as 3M Canada provide fit-testing, with some are able to come to your office. 3M Canada can be contacted at 1-800-265-1840. Some suppliers of respirators are also able to provide fit testing services, such as Levitt Safety at (905)-829-3299.
- The Ontario Safety Association for Community & Healthcare (OSACH) is a non-profit corporation designated as a safe

workplace association for the healthcare sector. OSACH provides advice and assistance regarding respiratory protection, as well as fit testing services for healthcare providers across Ontario. OSACH regional Consultants are accessible by phone or email across the province. Please visit <http://www.osach.ca> or phone (416) 250-7444.

- Providers of occupational health and safety or occupational hygiene services are also available, for example Hot Zone Training Consultants, which can be contacted at 1-888-898-8966. Others can be accessed through the Consultant Directory of the Ontario Occupational Hygiene Association (<http://www.ohao.org/>)
- If you have hospital privileges, you may be able to get fit-tested through your local hospital program, but you will need to speak to the individual facility to determine this as it is a hospital-level policy.

Is there a charge for fit-testing? Will the Ministry be covering me for this fee?

Yes, there is generally a fee associated with fit-testing. There is no plan at present for the ministry to provide coverage for this fee. If you have employees, it’s your obligation as an employer to provide any personal protective equipment your employees are required to wear to safely carry out their work.

If you have any additional questions about the use of N95 respirators, or any other questions about the overall response to H1N1 influenza A in Ontario, please contact the Ministry of Health and Long-Term Care’s Healthcare Provider Hotline at 1-866-212-2272.

Ministry of Health and Long-Term Care

Occupational Health and Safety Requirements for the Health Care Sector

Health care facilities are required to comply with applicable provisions of the *Occupational Health and Safety Act* (OHSA) and its Regulations. Employers, supervisors and workers have rights, duties and obligations under the OHSA. To see what the specific requirements are under the OHSA go to: http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

The *Occupational Health and Safety Act* places duties on many different categories of individuals associated with workplaces, such as employers, constructors, supervisors, owners, suppliers, licensees, officers of a corporation and workers. A guide to the requirements of the *Occupational Health and Safety Act* may be found at: <http://www.labour.gov.on.ca/english/hs/ohsaguide/index.html>

In addition, the OHSA section 25(2)(h) requires an employer to take every precaution reasonable in the circumstances for the protection of a worker. Specific requirements for certain health care and residential facilities may be found in the *Regulation for Health Care and Residential Facilities*. Go to: http://www.elaws.gov.on.ca/html/regs/english/elaws_regs_930067_e.htm

There is a general duty for an employer to establish written measures and procedures for the health and safety of workers, in consultation with the joint health and safety committee or health and safety representative, if any. Such measures and procedures may include, but are not limited to, the following:

- Safe work practices;
- Safe working conditions;

- Proper hygiene practices and the use of hygiene facilities; and,
- The control of infections.

At least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. The employer, in consultation with the joint health and safety committee or health and safety representative, if any, shall develop, establish and provide training and educational programs in health and safety measures and procedures for workers that are relevant to the workers' work.

A worker who is required by his or her employer or by the *Regulation for Health Care and Residential Facilities* to wear or use any protective clothing, equipment or device shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training. The employer is reminded of the need to be able to demonstrate training, and is therefore encouraged to document the workers trained, the dates training was conducted, and materials covered during training.

Under the *Occupational Health and Safety Act*, a worker must work in compliance with the Act and its regulations, and use or wear any equipment, protective devices or clothing required by the employer.

For more information, please contact your local Ministry of Labour office. A list of local Ministry of Labour offices in Ontario may be found at <http://www.labour.gov.on.ca/>

Important Health Notice

May 14, 2009

Information for Healthcare Professionals UPDATE

Volume 6, Issue 9

Page 1 of 2

This Important Health Notice (IHN) is based on current information received to date and provides the following:

- Status update
- Notice of future changes to guidance materials
- Current hours of operation for the Health Care Provider Hotline

Highlights:

- Status update on the current H1N1 situation in Ontario
- Notice of future changes to guidance documents
- Hours of operation for the Health Care Provider Hotline

Status Update:

The World Health Organization pandemic threat level remains unchanged at Phase Five.

As of May 14, 2009 there were 155 lab-confirmed cases of novel H1N1 Influenza A virus in Ontario. Of these cases, 48 had a travel history to Mexico. Of the remaining 107 cases, 64 acquired the H1N1 flu virus in Ontario, 3 had a travel history to another affected region and 40 cases continue to be investigated. Nearly all H1N1 cases in Ontario are considered mild. There have been few hospitalized cases, most of which have recovered and have been discharged.

NOTE: The 155 lab-confirmed cases in Ontario is a cumulative total. This constitutes 2.2% of laboratory tests performed up to May 13th, 2009 as part of enhanced surveillance. The majority of these cases have fully recovered.

Notice of Future Changes:

The Ministry of Health and Long-Term Care continues to work with the Ontario Agency for Health Protection and Promotion to collect and assess information on the novel H1N1 Influenza A virus in Ontario and other affected regions.

Health care professionals are advised that changes to guidance materials will be released next week through an Important Health Notice and updates to the ministry's H1N1 website at: www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html

Changes to the following documents are expected:

- *Clinical Guidelines for Management of Patients with ILI in Emergency Departments*
- *Clinical Guidelines for Management of Patients with ILI in Ambulatory Care Settings*
- *Guidance for ILI Management in Long-Term Care*



In the meantime, health care professionals should continue to exercise vigilance and follow the guidance materials previously distributed and accessible on the ministry's H1N1 website.

Health Care Provider Hotline

If you have any questions or concerns on the existing Important Health Notices and related guidance documents, please call the Health Care Provider Hotline toll-free at 1-866-212-2272.

Hours of Operation*:

Monday-Friday	0900hrs to 1600hrs
Saturday-Sunday	CLOSED**
Victoria Day	CLOSED**

*Hours of Operation are subject to change. Please monitor future Important Health Notices for changes.

**On-call services available for urgent issues.

(original signed by)

Dr. David Williams
Acting Chief Medical Officer of Health

(original signed by)

Phil Graham
Interim Director, Emergency Management Unit

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 10 issued on May 19, 2009

Information as of May 19, 2009 indicates that the current H1N1 influenza virus has characteristics similar to seasonal influenza¹ (clinical features, morbidity and mortality, epidemiology). However, because it is a novel virus with pandemic potential, these guidelines are precautionary and will be updated as new information and evidence becomes available.

The current H1N1 influenza A virus has been identified in both travelers to affected areas as well as the local community. The presence of the virus in the community and associated transmission from person-to-person suggests that H1N1 should be assumed to be one of the predominant circulating strains of influenza at this time.

This has been issued to update the previous information provided and should be used as the most current guidance for the management of ILI in the clinical setting.

Background

The Ontario Health Plan for an Influenza Pandemic (OHPIP) advises that it is prudent to wear fit tested N95 respirators while within 2 metres of caring for a patient with an influenza virus of pandemic potential. Because travel history can no longer accurately predict who is infected with the novel H1N1 strain, it follows that a fit tested N95 respirator in addition to droplet and contact precautions should be used by healthcare workers

¹ Influenza is predominantly a droplet-borne disease; however transmission via small airborne sized particles cannot be ruled out. Influenza virus can also survive on surfaces; therefore, both droplet and contact precautions are recommended to prevent transmission.

when within 2 metres of caring for all patients with influenza-like illness(ILI).

The recommendations outlined are based upon implementation of the broadest level of precautionary measures. Where supplies of N95 respirators and other personal protective equipment (PPE) are limited or depleted, N95 respirator and PPE use by healthcare workers should be prioritized as recommended in chapter 7 of the OHPIP. If an N95 respirator is not available, healthcare workers are advised to don a surgical mask wherever an N95 respirator is called for in this document and, if possible, to put a surgical mask on their patient.

Individuals who meet the symptom criteria for ILI should self-isolate and not present to their work setting. The length of time the individual should remain off work will depend on their work setting (see below).

In the long-term care setting, it is particularly important to focus on screening of visitors, family members and staff to look for symptoms of respiratory illness.

Long-term care settings are advised to be on alert for cases of ILI in residents and staff at all times. While associated with the winter months, influenza can occur at any time of the year.

1. Screening

Passive: Post signage at the entry to each long-term care setting reminding persons entering the home NOT to enter if they are having symptoms of ILI such as fever, cough or shortness of breath, muscle aches, or sore throat.

All persons entering the home should practice good hand hygiene. Alcohol-based hand rub (ABHR) should be available at the entrance to the home and at point of care in the resident's room².

Staff should not work if they are experiencing symptoms of ILI. Remind staff of the importance of reporting if they develop ILI. Staff members who develop ILI should remain off work until 7 days after the onset of symptoms and they are afebrile and feeling better. NOTE: It is not unusual for individuals to experience a cough for days to weeks post infection. Presence of a cough, in the absence of other symptoms, is not sufficient to keep an employee away from the work setting.

Ask family members and visitors who are ill with ILI to stay away from the home until 7 days after the onset of their illness and they are afebrile and feeling better.

2. 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 setting should notify the EMS and hospital Emergency staff that the resident requires the additional precautions of fit-tested N95 respirator and eye protection within 2 metres of the resident or when providing direct patient care to ensure that both the transport and receiving agency are prepared to care for the resident safely. In settings where such a separation is not possible, healthcare workers are advised to maintain whatever separation is feasible.

Influenza-like Illness (ILI)

Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia, myalgia, or prostration, which could be due to influenza virus. In children under 5 years of age, gastrointestinal symptoms may also be

present. In patients aged under 5 years or 65 and older fever may not be prominent.

Infection Prevention and Control Practices

Health Care providers in the long-term care setting should use the following practices for providing direct care to residents with ILI, in addition to Routine Practices.

- If possible, the resident with ILI should wear a surgical mask
- Hand hygiene with alcohol-based hand rub, or soap and running water
- Eye protection
- Gloves and gown if there is a risk of contamination with respiratory secretions/body fluids
- Fit-tested N95 respirator
- Appropriately clean and disinfect any equipment that is shared before moving it from one resident to another
- Clean and disinfect surfaces that may have become contaminated with respiratory secretions using a hospital grade disinfectant

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 their hands after contamination with respiratory secretions).

3. Laboratory Testing

Residents who present with ILI symptoms should have a nasopharyngeal (NP) swab obtained and specimens should be forwarded to the clinician's local community or hospital laboratory. Influenza A positive samples (and all other samples where Influenza A molecular testing is not available) will be forwarded for further testing at the Central Public Health Laboratory (Toronto) or the nearest Regional Public Health Laboratory (PHL). Samples from outbreaks at LTC facilities should be forwarded directly for testing at PHL.

Molecular testing for the 2009 Influenza A H1N1 virus is also at being performed at several hospital laboratories. Some of these laboratories are able to report confirmed cases of the novel influenza A H1N1. Further confirmation of these results at PHL is at the discretion of the laboratory director.

² Resident point of care is where three elements are present at the same time; the resident, the health care worker and care involving contact.

It is critical that clinical symptoms and risk factors be written on the test requisition in order to triage specimens. Specimens from asymptomatic patients will not be tested.

The NP swab should be placed into viral transport medium and transported at 4°C.

4. Treatment Recommendations

Treatment of the following groups with ILI with oseltamivir is currently recommended within 48 hours of the onset of symptoms:

- Fever and acute ILI or pneumonia requiring hospitalization
- ILI and at risk for complicated disease

NOTE: Residents of long-term care settings are considered to be at higher risk of complications.

Other patients with ILI do not require treatment.

Comment on the treatment of children

The use of oseltamivir in children under the age of 1 year has been studied in a very limited number of children. The Centers for Disease Control and Prevention (CDC) has recently received emergency approval in the United States for use in infants under 1 year of age with suggested dosing guidelines. The use of zanamivir in children under the age of 7 is not well studied and it is technically difficult to administer.

The Canadian Paediatric Society has recommended that the use of antivirals in children be confined to:

Children hospitalized with H1N1 influenza
Outpatient children with moderate illness and specified underlying chronic health conditions.
Details regarding the treatment of children are available at:

www.cps.ca/english/statements/ID/H1N1Mexico2009.htm

Ministry of Health and Long-Term Care

Guidance for Management of Patients with Influenza-like Illness (ILI) in Ambulatory Settings

Please refer to Important Health Notice Volume 6, Issue 10 issued on May 19, 2009

Information as of May 19, 2009 indicates that the current H1N1 influenza virus has characteristics similar to seasonal influenza¹ (clinical features, morbidity and mortality, epidemiology). However, because it is a novel virus with pandemic potential, these guidelines are precautionary and will be updated as new information and evidence becomes available.

Ambulatory settings may include, but are not limited to, physician offices and clinics, diagnostic imaging, and lab collection services, and allied health professional services.

The current H1N1 influenza A virus has been identified in both travelers to affected areas as well as the local community. The presence of the virus in the community and associated transmission from person-to-person suggests that H1N1 should be assumed to be one of the predominant circulating strains of influenza at this time.

This has been issued to update the previous information provided and should be used as the most current guidance for the management of ILI in the clinical setting.

Background

The Ontario Health Plan for an Influenza Pandemic (OHPIP) advises that it is prudent to wear fit tested N95 respirators while within 2 metres of caring for a patient with an influenza virus of pandemic

¹ Influenza is predominantly a droplet-borne disease; however transmission via small airborne sized particles cannot be ruled out. Influenza virus can also survive on surfaces; therefore, both droplet and contact precautions are recommended to prevent transmission.

potential. Because travel history can no longer accurately predict who is infected with the novel H1N1 strain, it follows that a fit tested N95 respirator in addition to droplet and contact precautions should be used by healthcare workers when within 2 metres of caring for all patients with influenza-like illness(ILI).

The recommendations outlined are based upon implementation of the broadest level of precautionary measures. Where supplies of N95 respirators and other personal protective equipment (PPE) are limited or depleted, N95 respirator and PPE use by healthcare workers should be prioritized as recommended in chapter 7 of the OHPIP. If an N95 respirator is not available, healthcare workers are advised to don a surgical mask wherever an N95 respirator is called for in this document and, if possible, to put a surgical mask on their patient.

Individuals who meet the symptom criteria for ILI should self-isolate and not present to their work setting. The length of time the individual should remain off work will depend on their work setting (see Patient Disposition and Treatment for advice in the non-healthcare and healthcare settings).

General information on infection control practices in ambulatory settings can be found at:
http://www.cpso.on.ca/uploadedFiles/policies/guidelines/office/Infection_Controlv2.pdf

1. Screening

Passive: All settings should have signage posted (available at: http://www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html) requesting any patient with a new/worsening cough or respiratory illness to perform hand hygiene and don a surgical mask.

Active: Patients should also be actively triaged/screened using the 'Screening Tool for Influenza-like Illness (ILI)' (available at: http://www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html). Where applicable, these screening questions should be asked at the time the patient telephones to book an appointment. The patient can then be informed of the need to don a mask immediately upon arrival to the office. Masks and alcohol-based hand rub should be available at all entrances.

2. Patient Management

All patients who present with ILI (see definition below) should be managed as follows:

- Physical barrier (i.e. window or plexiglass barrier) or the receptionist should maintain a 2 metre (6 foot) distance from all patients whenever possible². In settings where such a separation is not possible, healthcare workers are advised to maintain whatever separation is feasible.
- If there is no barrier, and a 2 metre (6 foot) distance cannot be achieved, a fit tested N95 respirator and eye protection should be worn by the receptionist
- Alcohol-based hand rub (ABHR) should be readily available for both staff and patients
- Patient should be asked to perform hand hygiene using an ABHR and given a surgical mask to put on covering their nose and mouth
- Patient should be placed in a separate area of the office (i.e. examination room). If an examination room or separate room is not available, the patient should remain masked.

² This is a precautionary measure as the incremental benefit of maintaining a 2 metre separation from influenza patients is unknown.

Routine Practices should be used consistently with all patients including:

- Hand hygiene before and after all patient contact
- Appropriate use of personal protective equipment (e.g. gloves, gowns, eye protection) for contact with all patient secretions/excretions as per Routine Practices (see CPSO link above)
- Appropriate disinfection of all equipment which is shared between patients
- Cleaning/disinfection of all patient contact surfaces after patient leaves the examining room

Influenza-like Illness (ILI)

Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia, myalgia, or prostration, which could be due to influenza virus. In children under 5 years of age, gastrointestinal symptoms may also be present. In patients aged under 5 years or 65 and older fever may not be prominent.

Infection Prevention and Control for Health Care Workers

Those providing direct care to patients with ILI should use the following precautions in addition to Routine Practices.

- Hand hygiene (alcohol-based hand rub or soap and running water)
- Eye protection
- Gown and gloves if there is a risk of widespread contamination with respiratory secretions
- Fit-tested N95 respirator

After the patient leaves the examining area, surfaces which may have been touched by the patient (stretcher, counters, overbed tables) and been contaminated with droplets must be cleaned with a hospital-grade disinfectant.

3. Laboratory Testing

NOTE: Laboratory testing for influenza where patients have mild illness is not currently recommended.

If, in the opinion of the clinician based on severity of clinical presentation, laboratory testing is required, a nasopharyngeal (NP) swab should be obtained. If an NP swab is obtained, specimens should be

forwarded to the clinician's local community or hospital laboratory. Influenza A positive samples (and all other samples where Influenza A molecular testing is not available) will be forwarded for further testing at the Central Public Health Laboratory (Toronto) or the nearest Regional Public Health Laboratory (PHL).

Molecular testing for the 2009 Influenza A H1N1 virus is also at being performed at several hospital laboratories. Some of these laboratories are able to report confirmed cases of the novel influenza A H1N1. Further confirmation of these results at PHL is at the discretion of the laboratory director.

Specimens

- Nasopharyngeal swab in viral transport media

It is critical that clinical symptoms and risk factors be written on the test requisition in order to triage specimens. Specimens from asymptomatic patients will not be tested.

Transportation of Specimens

- Transport specimens to the laboratory at 4°C
- For critically ill patients, please phone 1-800-640-7221, or after hours 416-605-3113.

If additional NP swabs and transport media required: Please fill out a Supply Requisition Form and send to your local public health laboratory.

To access the form go to
<http://www.oahpp.ca/SRI%20Bulletin.php>

Click on the document: Requisition for Specimen Containers and Supplies – August 2007.

4. Patient Reporting

There is no requirement for reporting cases of ILI to your local health unit beyond that which is usually required for seasonal influenza. Specifically, patients who have laboratory confirmed influenza or those who are part of an unusual cluster must be reported promptly to your local public health unit. Institutional outbreaks of respiratory infections are reportable as usual.

5. Patient Disposition and Treatment

Patients who do not require admission to a health care facility should be provided with education to assist in containing the spread of their illness to others. This education should include information on:

- Hand hygiene
- Respiratory cough etiquette
- Social distancing (i.e. minimizing contact with family members, not going out in public while symptomatic)
- Absence from their workplace is dependent on the work setting. In general:
 - *Patients working in a non-healthcare setting should remain off work until they are afebrile and feeling better.*
 - *Patients who work in a healthcare setting should remain off work until 7 days after the onset of their symptoms and they are afebrile and feeling better.*

NOTE: It is not unusual for individuals to experience a cough for days to weeks post infection. Presence of a cough in the absence of other symptoms is not sufficient to keep an employee away from the work setting.

Individuals who work in health care settings are less likely to be able to practice social distancing during the course of their work. In addition, they may be providing close care to patients who may be at higher risk of complications should they become ill.

Treatment Recommendations

Treatment of the following groups with ILI with oseltamivir is currently recommended within 48 hours of the onset of symptoms:

- Fever and acute ILI or pneumonia requiring hospitalization
- ILI and at risk for complicated disease

Other patients with ILI do not require treatment.

Comment on the treatment of children and pregnant women

Oseltamivir and zanamivir are 'Pregnancy Category C' medications, indicating that no clinical studies have been conducted in humans to assess the safety of these medications for pregnant women. The National Advisory Committee on Immunization has stated that in 'healthy pregnant women the risk of influenza-related hospitalization increases with increasing length of gestation; e.g. it is higher in the 3rd than the 2nd trimester.' In making treatment decisions, the 3rd trimester more than the 2nd trimester should be considered a risk factor for more severe influenza whereas first trimester pregnancy should not be considered a risk factor for severe disease.

On May 12, 2009, CDC published recommendations for the treatment of pregnant women. These recommendations are available at:

www.cdc.gov/mmwr/pdf/wk/mm58d0512.pdf

There are no corresponding Public Health Agency of Canada recommendations at this point in time.

Clinicians must make treatment decisions in collaboration with their patient considering the best available information, authoritative guidelines and the clinical presentation of the patient. Any decision related to the treatment of a pregnant woman should be made between the clinician and patient after careful discussion of the risks and benefits of the proposed treatment.

The use of oseltamivir in children under the age of 1 year has been studied in a very limited number of children. The Centers for Disease Control and Prevention (CDC) has recently received emergency approval in the United States for use in infants under 1 year of age with suggested dosing guidelines. The use of zanamivir in children under the age of 7 is not well studied and it is technically difficult to administer.

The Canadian Paediatric Society has recommended that the use of antivirals in children be confined to:

- Children hospitalized with H1N1 influenza
- Outpatient children with moderate illness and specified underlying chronic health conditions.
- Details regarding the treatment of children are available at:
www.cps.ca/english/statements/ID/H1N1Mexico2009.htm



Clean Your Hands

**Respiratory illnesses like the flu
spread easily.**

Read Carefully

1. Do you have a **NEW** cough or one that has become **WORSE**?
2. Are you **SHORT** of **BREATH**?
Please put on a mask.
3. Are you feeling **FEVERISH**?

If the answer to **ALL** of these questions is **YES**, please see the receptionist or nurse right away.

For more information, visit ontario.ca/flu



Ontario

Ministry of Health and Long-Term Care

Guidance for Management of Patients with Influenza-like Illness (ILI) in Emergency Departments

Please refer to Important Health Notice Volume 6, Issue 10 issued on May 19, 2009

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The current H1N1 influenza A virus has been identified in both travelers to affected areas as well as the local community. The presence of the virus in the community and associated transmission from person-to-person suggests that H1N1 should be assumed to be one of the predominant circulating strains of influenza at this time.

This has been issued to update the previous information provided and should be used as the most current guidance for the management of ILI in the clinical setting.

Background

The Ontario Health Plan for an Influenza Pandemic (OHPIP) advises that it is prudent to wear fit tested N95 respirators while within 2 metres of caring for a patient with an influenza virus of pandemic potential. Because travel history can no longer accurately predict who is infected with the novel H1N1 strain, it follows that a fit tested N95 respirator in addition to droplet and contact precautions should be used by healthcare workers

¹ Influenza is predominantly a droplet-borne disease; however transmission via small airborne sized particles cannot be ruled out. Influenza virus can also survive on surfaces; therefore, both droplet and contact precautions are recommended to prevent transmission.

when within 2 metres of caring for all patients with influenza-like illness(ILI).

The recommendations outlined are based upon implementation of the broadest level of precautionary measures. Where supplies of N95 respirators and other personal protective equipment (PPE) are limited or depleted, N95 respirator and PPE use by healthcare workers should be prioritized as recommended in chapter 7 of the OHPIP. If an N95 respirator is not available, healthcare workers are advised to don a surgical mask wherever an N95 respirator is called for in this document and, if possible, to put a surgical mask on their patient.

Individuals who meet the symptom criteria for ILI should self-isolate and not present to their work setting. The length of time the individual should remain off work will depend on their work setting (see Patient Disposition and Treatment for advice in the non-healthcare and healthcare settings).

1. Screening

All patients presenting to the Emergency Department should be actively screened at the time of triage for respiratory illnesses using the 'Screening Tool for Influenza-like Illness' (available at:http://www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html). Passive surveillance (signage asking patients to self-report symptoms) should also be available at the point of entry to the department. Patient who present to triage with a new/worsening cough or respiratory illness should be asked to perform hand hygiene and don a surgical mask.

Triage staff should wear fit-tested N95 respirators and eye protection when conducting active

surveillance of patients presenting with respiratory symptoms. Respirators and eye protection are not required for triage of patients without respiratory symptoms.

2. Patient Management

Patients will be managed based on symptoms and history of onset of symptoms. Patients with onset of symptoms within the previous 7 days or with acute clinical symptoms will be cared for using N95 respirators and eye protection in addition to Routine Practices.

Influenza-like Illness (ILI)

Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia, myalgia, or prostration, which could be due to influenza virus. In children under 5 years of age, gastrointestinal symptoms may also be present. In patients aged under 5 years or 65 and older fever may not be prominent.

Infection Prevention and Control for Health Care Workers

Those providing direct care to patients with ILI should use the following precautions in addition to Routine Practices.

- Hand hygiene (alcohol-based hand rub or soap and running water)
- Eye protection
- Gown and gloves if there is a risk of widespread contamination with respiratory secretions
- Fit-tested N95 respirator

After the patient leaves the examining area, surfaces which may have been touched by the patient (stretcher, counters, overbed tables) and been contaminated with droplets must be cleaned with a hospital-grade disinfectant.

3. Laboratory Testing

Laboratory testing for influenza on patients with ILI is not currently required unless the patient presents with moderate to severe disease or the clinician determines that it is required. If collected, specimens should be forwarded to the clinician's local community or hospital laboratory. Influenza A positive samples (and all other samples where

Influenza A molecular testing is not available) will be forwarded for further testing at the Central Public Health Laboratory (Toronto) or the nearest Regional Public Health Laboratory (PHL).

Molecular testing for the 2009 Influenza A H1N1 virus is also at being performed at several hospital laboratories. Some of these laboratories are able to report confirmed cases of the novel influenza A H1N1. Further confirmation of these results at PHL is at the discretion of the laboratory director.

Specimens

Mandatory for patients with moderate to severe ILI

- Nasopharyngeal swab in viral transport media
- Blood in clotted tube (red top)
- Blood in EDTA (purple top)

It is critical that clinical symptoms and risk factors be written on the test requisition in order to triage specimens. Specimens from asymptomatic patients will not be tested.

4. Patient Reporting

There is no requirement for reporting cases of ILI to your local health unit beyond that which is usually required for seasonal influenza. Specifically, patients who have laboratory confirmed influenza or those who are part of an unusual cluster must be reported promptly to your local public health unit. Institutional outbreaks of respiratory infections are reportable as usual.

5. Patient Disposition and Treatment

a) Patients who are well enough to be discharged home should be instructed:

- To monitor for signs and symptoms and seek medical attention if symptoms worsen
- Absence from their workplace is dependent on the work setting. In general:
 - *Patients working in a non-healthcare setting should remain off work until they are afebrile and feeling better.*
 - *Patients who work in a healthcare setting should remain off work until 7 days after the onset of their symptoms and they are afebrile and feeling better.*

NOTE: It is not unusual for individuals to experience a cough for days to weeks post infection. Presence of a cough in the absence of other symptoms is not sufficient to keep an employee away from the work setting.

Individuals who work in health care settings are less likely to be able to practice social distancing during the course of their work. In addition, they may be providing close care to patients who may be at higher risk of complications should they become ill.

Patients should be provided with education to assist in containing the spread of their illness to others. This education should include information on:

- Hand hygiene
- Respiratory cough etiquette
- Social distancing (i.e. minimizing contact with family members, not going out in public)
- Not going to work until acute symptoms have resolved

b) Patients with severe ILI requiring admission should be managed with:

- Single room
- Healthcare providers wearing fit-tested N95 respirators and eye protection when providing direct patient care and within 2 metres of the patient. In settings where such a separation is not possible, healthcare workers are advised to maintain whatever separation is feasible.²

Treatment Recommendations

Treatment of the following groups with ILI with oseltamivir is currently recommended within 48 hours of the onset of symptoms:

- Fever and acute ILI or pneumonia requiring hospitalization
- ILI and at risk for complicated disease

Other patients with ILI do not require treatment.

² This is a precautionary measure as the incremental benefit of maintaining a 2 metre separation from influenza patients is unknown.

Comment on the treatment of children and pregnant women

Oseltamivir and zanamivir are ‘Pregnancy Category C’ medications, indicating that no clinical studies have been conducted in humans to assess the safety of these medications for pregnant women. The National Advisory Committee on Immunization has stated that in ‘healthy pregnant women the risk of influenza-related hospitalization increases with increasing length of gestation; e.g. it is higher in the 3rd than the 2nd trimester.’ In making treatment decisions, the 3rd trimester more than the 2nd trimester should be considered a risk factor for more severe influenza whereas first trimester pregnancy should not be considered a risk factor for severe disease.

On May 12, 2009, CDC published recommendations for the treatment of pregnant women. These recommendations are available at:

www.cdc.gov/mmwr/pdf/wk/mm58d0512.pdf

There are no corresponding Public Health Agency of Canada recommendations at this point in time.

Clinicians must make treatment decisions in collaboration with their patient considering the best available information, authoritative guidelines and the clinical presentation of the patient. Any decision related to the treatment of a pregnant woman should be made between the clinician and patient after careful discussion of the risks and benefits of the proposed treatment.

The use of oseltamivir in children under the age of 1 year has been studied in a very limited number of children. The Centers for Disease Control and Prevention (CDC) has recently received emergency approval in the United States for use in infants under 1 year of age with suggested dosing guidelines. The use of zanamivir in children under the age of 7 is not well studied and it is technically difficult to administer.

The Canadian Paediatric Society has recommended that the use of antivirals in children be confined to:

- Children hospitalized with H1N1 influenza
- Outpatient children with moderate illness and specified underlying chronic health conditions.
- Details regarding the treatment of children are available at:

www.cps.ca/english/statements/ID/H1N1Mexico2009.htm

Screening Tool for Influenza-like Illness (ILI) in Health Care Settings

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

If 'no', no further action is required

If 'yes', ask patient to follow directions and continue with next question.

If the answer is 'yes', patient should perform hand hygiene using alcohol-based hand rub and put on a mask covering their nose and mouth.

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

If 'no', no further questions

If 'yes', nurse to take temperature as part of clinical assessment

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

If the answer is 'yes', move patient to a separate area if possible.

Important Health Notice

May 19, 2009

Volume 6, Issue 10

Page 1 of 2

Information for Healthcare Professionals UPDATE

This Important Health Notice (IHN) is based on current information received to date and provides the following:

- Status update
- Updated guidance materials
- Current hours of operation for the Health Care Provider Hotline

Status Update:

The World Health Organization pandemic threat level remains unchanged at Phase Five.

As of May 19, 2009 there were 272 lab-confirmed cases of novel H1N1 Influenza A virus in Ontario. Of these cases, 51 had a travel history to Mexico. Of the remaining 221 cases, 144 acquired the H1N1 flu virus in Ontario, 6 had a travel history to another affected region and 71 cases continue to be investigated. Nearly all H1N1 cases in Ontario are considered mild. There have been few hospitalized cases, most of which have recovered and have been discharged.

NOTE: Of the 272 cases, 253 were confirmed at the Central Public Health Lab in Ontario, which is a cumulative total. This constitutes 4.2% of laboratory tests performed up to May 19th, 2009 as part of enhanced surveillance. The majority of these cases have fully recovered.

Highlights:

- Status update on the current H1N1 situation in Ontario
- Hours of operation for the Health Care Provider Hotline

What's New:

- Updated guidance for Ambulatory Care Settings, Emergency Departments and Long-Term Care.

Updated Guidance Materials:

Based on the information gathered to date, the ministry has reviewed and revised the guidance previously provided to health care providers

The following documents have been updated to reflect the current situation:

- *Clinical Guidelines for Management of Patients with ILI in Emergency Departments*
- *Clinical Guidelines for Management of Patients with ILI in Ambulatory Care Settings*
- *Guidance for ILI Management in Long-Term Care*

The changes to the documents include:

- Updated definition of ILI
- Further refinement of procedures for laboratory testing and patient reporting
- Additional guidance on the management of patients with ILI symptoms
- Revised treatment criteria and considerations for patients/clients with ILI

The updated documents are available on the ministry H1N1 Flu Virus website in the section for Health Care Providers:

http://www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html

Health Care Provider Hotline

If you have any questions or concerns on the existing Important Health Notices and related guidance documents, please call the Health Care Provider Hotline toll-free at 1-866-212-2272.

Hours of Operation*:

Monday-Friday	0900hrs to 1600hrs
Saturday-Sunday	CLOSED**

*Hours of Operation are subject to change. Please monitor future Important Health Notices for changes.

**On-call services are available for urgent issues, and can be reached through the Health Care Provider Hotline.

(original signed by)

Dr. David Williams
Acting Chief Medical Officer of Health

(original signed by)

Phil Graham
Interim Director, Emergency Management Unit