Prince Edward Island
CANADA
Health and Wellness

Prince Edward Island Guidelines for the Outpatient Physician Office Respiratory Illness

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Department of Health and Wellness
Chief Public Health Office

Respiratory Illness Outpatient Office Guidance

Contents

Background

Respiratory infections are often spread when droplets, generated by coughing and sneezing of infected people, come into contact with the mucous membranes of the eyes, mouth, nose, or airway of another person. Because microorganisms in droplets can often survive on surfaces, infections can also be spread indirectly when people touch contaminated hands, surfaces and objects and then inoculate themselves by touching their mucous membranes. Influenza, COVID-19 and other viruses such as parainfluenza virus, respiratory syncytial virus (RSV), coronavirus, rhinovirus, human metapneumovirus and adenovirus are all examples of illnesses spread by droplet and contact transmission.

Purpose

These guidelines describe the infection prevention and control practices for management of respiratory illness that are primarily droplet and contact spread in the outpatient setting.

Source Control

a) Respiratory hygiene

Respiratory hygiene should be encouraged for patients and accompanying individuals who have signs and symptoms of a Respiratory Illness (RI) beginning at the point of initial encounter in any healthcare setting (e.g., inpatient, triage, reception and waiting areas in emergency departments, outpatient clinics, etc.).

Respiratory hygiene includes coughing into one's sleeve and using tissues and, masks when coughing, sneezing, or for controlling nasal secretions.

Healthcare facilities should provide tissues and masks for respiratory hygiene, as well as instructions on how and where to dispose of them, and on the importance of performing hand hygiene after handling this material. Patients should be taught to perform hand hygiene and how to perform respiratory hygiene.

Patients with a suspected/confirmed RI should wear a mask (if tolerated) when HCWs, other staff, or visitors are present.

Patients may remove their masks once accommodated in an exam room

b) Spatial separation

Encourage a 2 metre separation between patients who have signs and symptoms of a RI and those who do not .

Signs and Symptoms

Patients symptomatic with a RI should be assessed in a timely manner and potential causes of acute respiratory infection other than influenza should be considered (e.g., parainfluenza, respiratory syncytial virus, COVID-19, etc.).

The following criteria can be used to determine the need for applying the infection prevention and control measures found in this guidance.

• Acute onset of respiratory illness with fever and cough, and with one or more of the following: sore throat, arthralgia, myalgia, or prostration.

• In children under 5 years, gastrointestinal symptoms may also be present.

• In patients under 5 years or 65 years and older, fever may not be prominent

Clinicians should be aware of signs and symptoms that warrant more urgent or emergency medical attention. Patients with mild disease should be informed to seek medical attention should they experience any of the following:

- Difficulty breathing or severe shortness of breath
- Persistent pressure or pain in the chest
- New confusion or altered level of consciousness
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds

Symptoms in older adults

Symptoms amongst older adults may be atypical or subtle. Confusion, delirium, and/or loss of movement, mobility and speech may occur in older people. Fever, cough and shortness of breath may be absent or less common.

Symptoms in older adults that differ from typical symptoms include:

- fever and other symptoms may take longer to manifest
- delirium, confusion, falls, functional decline
- decrease in blood pressure
- hypoxia without respiratory symptoms

Transmission

Infected individuals generate respiratory droplets and aerosols, which can be transmitted to others. The droplets vary in size from large droplets that may fall to the ground relatively quickly near the person who is infected, to small droplets called aerosols which may remain suspended in the air and travel on ambient air currents. The risk of transmission via respiratory aerosols is greater in poorly ventilated indoor environments where there is a high density of people and extended duration of contact. The relative infectiousness of droplets of different sizes, and the amount of virus in respiratory droplets needed to cause infection (i.e., infectious dose), is not always clear.

Infectious droplets or aerosols may come into direct contact with the mucous membranes of another person's nose, mouth, or eyes, or they may be inhaled into the nose, mouth, and airways, with smaller aerosols penetrating deeper into the lungs. The virus may also spread when a person touches another person (e.g., a handshake) or an object (referred to as fomites) that has the virus on it, and then touches their mouth, nose, or eyes with unwashed hands.

Environmental factors, settings, and specific activities can contribute to the risk of viral transmission, including enclosed spaces, especially those with poor ventilation, crowded settings, congregate living settings and close interactions. Settings where these factors overlap or involve activities such as singing, shouting or heavy breathing (e.g., aerobic exercise) are considered higher risk.

Vaccination:

- Vaccines are strongly recommended for healthcare workers who do not have a contraindication.
- There are currently no recommended changes to IPC practices regardless of vaccination status.

More information on vaccines authorized for use in Canada can be found here:

https://www.canada.ca/en/public-health/services/immunization-vaccines.html
https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines.html

Infection Prevention and Control Preparedness

Each outpatient facility or office should be prepared to identify and manage or direct patients appropriately who present with symptoms consistent with Respiratory Illness (RI).

Application of Routine Practices including Point of Care Risk Assessment (PCRA) and Additional Precautions

Routine Practices

Routine Practices are based on the premise that all clients/patients/residents are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all clients/patients/residents to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

Routine Practices (Appendix B) apply to all staff and patients, at all times, in all healthcare settings, and include but are not limited to:

- Conducting a PCRA (Appendix A)
- Hand hygiene
- Adhering to respiratory hygiene

Point of Care Risk Assessment

A point of care risk assessment (PCRA) assesses the task, the patient and the environment. A PCRA is a dynamic risk assessment completed by the HCW before every patient interaction in order to determine whether there is risk of being exposed to an infection. Performing a PCRA is the first step in Routine Practices, which are to be used with all patients, for all care and for all interactions. A PCRA will help determine the correct PPE required to protect the health care worker in their interaction with the patient and patient environment. Health care workers (HCWs) should use a risk assessment approach before and during each patient interaction to evaluate the likelihood of exposure.

A PCRA (Appendix A) includes determining if there may be:

- Contamination of skin or clothing by microorganisms
- Exposure to blood, body fluids, respiratory secretions or excretions
- Exposure to contaminated equipment or surfaces
- Exposure to AGMPs

PCRA is not a new concept, but one that is already performed regularly by professional HCWs many times a day for their safety and the safety of patients and others in the healthcare environment. For example, when a HCW evaluates a patient and situation to determine the

possibility of blood or body fluid exposure or chooses appropriate personal protective equipment (PPE) to care for a patient with an infectious disease, these actions are both activities of a PCRA.

The selection and use of PPE during patient interactions should always be determined by the PCRA (Appendix A).

Personal Protective Equipment

All PPE (e.g., gloves, gowns, medical masks, eye protection) should be supplied in adequate amounts and sizes in all patient care areas and placed so it is readily accessible at the point-of-care for all staff.
Training should be provided, with posters clearly outlining the steps for putting on and removing PPE posted for visual cues inside and outside each room of a patient on Contact and Droplet Precautions (Appendix C).

All Staff using PPE should:

- Be trained and tested on and monitored for compliance.
- Perform a PCRA (Appendix A) prior to entering and ongoing while in a patient's room.
- Select and put on PPE as per the PCRA (Appendix A) and prior to entering the room of a patient on Additional Precautions.
- Ensure that their PPE fits properly, is worn appropriately, and provides adequate coverage.
- Consistently follow the correct methods for putting on and removing PPE, so that self-contamination or contamination of the environment is prevented.
- Perform hand hygiene before putting on, during, and after removal of PPE.

Additional Precautions

In addition to the consistent application of Routine Practices (Appendix B), a minimum of Contact and Droplet Precautions (Appendix C) should be implemented with all patients presenting with suspect or confirmed RI. This includes the appropriate selection and use of **all** the following personal protective equipment (PPE):

- Gloves
- Long-sleeved cuffed gown (covering the front of the body from neck to mid-thigh)
- Medical grade mask **or**
- 2 medical grade masks layered or a well fitted respirator if COVID-19 suspected/confirmed
- Eye protection (full face shield that covers the front and sides of the face or well-fitting goggles)
- Hand hygiene should be performed whenever indicated, paying particular attention to before donning PPE, during and after removal of PPE, and after leaving the patient care environment.

After seeing a patient on Contact and Droplet Precautions:

- Gloves, gowns, eye protection and masks should be discarded into the nearest no-touch waste receptacle.
- Hand hygiene must be performed during and after PPE removal and between patient encounters.

- The area where PPE is put on should be separated as much as possible from the area where it is removed and discarded.

Environmental cleaning and disinfection

Cleaning and disinfection of high-touch surfaces is important for controlling the spread of microorganisms.

- Environmental disinfectants should be classified as hospital disinfectants, registered in Canada with a Drug Identification Number (DIN), and labelled effective for both enveloped and non-enveloped viruses.
- Manufacturer's instructions for use and required contact times should be followed to ensure adequate disinfection.
- All patient exam room surfaces that are considered high touch (e.g. examination table/bed, bedrails, chair arms, charting desks or tables, touch screens, keyboards, hand washing sink handles) surfaces should be cleaned and disinfected between each patient.
- Single use barriers or covers (e.g., paper table covers) used on surfaces that are more likely to become contaminated should be discarded after each patient, and underlying surfaces cleaned and disinfected.
- Cleaning and disinfecting of low touch surfaces (e.g., shelves, chairs or benches, windowsills, message or white boards, outside of sharps containers) should also be performed on a regular basis and when soiled.
- Floors and walls should be kept visibly clean and free of spills, dust and debris.
- Patient exam rooms and all central areas should be kept free of clutter to facilitate cleaning.
- Consider removing all toys, magazines and books from the waiting room that cannot be cleaned.
- Increase cleaning and disinfection of the waiting area and high traffic areas.
- All surfaces or items outside of the patient room that are touched by or in contact with staff (e.g., computer carts, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) should be cleaned and disinfected at least daily and when soiled. Staff should ensure that their hands are clean before touching the above-mentioned equipment.
- In areas with patients who are considered exposed to, or suspected or confirmed to have RI, or shared staff or patient common spaces, more frequent cleaning and disinfection is required.

Patient Care Equipment

- Single use disposable equipment and supplies should be used when possible and discarded into a no-touch waste receptacle immediately after use.
- All reusable equipment should, when possible, be dedicated for use by one patient. If reuse with other patients is necessary, equipment (e.g. blood pressure cuff, stethoscope) should first be cleaned and then disinfected with a hospital grade disinfectant according to the manufacturers recommended contact time.
- Items that have been cleaned and disinfected should be clearly identified and stored separately from non-clean and non-disinfected items.

Early Recognition and Source Control

Outpatient and ambulatory care facilities should ensure that a consistent process is in place for screening all patients. It should include on arrival assessment of patients for signs and symptoms or a suspected or confirmed diagnosis of Respiratory Illness (RI).

Policies and procedures are in place to prevent the introduction of RI and to prevent and control the spread of infection if identified. Policies and procedures include:

- A hand hygiene program
- Environmental cleaning and disinfection policies and procedures
- Application of Additional Precautions- Contact and Droplet Precautions (Appendix C) based on a Point of Care Risk Assessment (PCRA) (Appendix A)
- Training, time, guidance (donning and doffing procedures) and support for staff to properly put on and remove PPE after encounters with patients
- Work exclusion for staff with suspected or confirmed respiratory illness including COVID-19, Influenza and RSV.
- Non-punitive sick leave
- Virtual visits to patients via telephone or web-based communication, where clinically appropriate and in-person assessment is not necessary

The term "staff" is intended to include anyone working in outpatient and ambulatory care settings, including but not limited to those providing health care.
To facilitate early recognition and source control:

Signage is posted at all points of access to instruct staff, patients and visitors to:

- Practice hand hygiene
- Practice respiratory hygiene
- Put on a mask or medical grade mask upon entry

Staff will:

- Triage (Appendix D) for identification of symptoms or risk factors and appropriate placement (source control) of patients.
- Perform a PCRA (Appendix A) prior to any interaction with a patient or visitor.
- Ensure screening is active and passive (signage) (Appendix E).
- Ensure medical grade masks, tissues and ABHR be available at all entrances.
- Post signage (Appendix E) to instruct symptomatic patients to alert healthcare workers, thus prompting completion of a patient screening questionnaire.

If a person is triaged and has symptoms of RI

THEN the following actions should be taken:

- If physician office visit is required, then book an appointment. Follow appropriate Infection Prevention and Control guidelines (Droplet and Contact Precautions) (Appendix C).
- Patients with signs or symptoms of RI should be instructed to perform hand hygiene and put on a medical mask, and immediately placed under a minimum of Contact and Droplet Precautions (Appendix C) in a single room with the door closed.
- Posters illustrating the correct method for putting on and removing PPE should be displayed for visual cues, inside and outside of each room of a patient considered exposed to, or suspected or confirmed to have, COVID-19.
- All staff who enter the room, or come within 2 meters, of a patient who is considered exposed to, or suspected or confirmed to have RI will wear appropriate PPE for Contact and Droplet

Precautions (Appendix C), in addition to following Routine Practices (Appendix B).

- Signage that indicates a minimum of Contact and Droplet Precautions (Appendix C) is placed outside of exam rooms where patients are waiting and who have RI symptoms.
- If a patient does not fall into the above categories, request the patient wear a mask and wash hands when entering the office.

Linen Management

Routine Practices should be used.

Waste Management

Routine Practices should be used.

Infection Prevention and Control Guidelines

Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings

Hand Hygiene Practices in Healthcare Settings

Infection prevention and control for COVID-19: Interim guidance for outpatient and ambulatory care settings

References

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3rd edition. Toronto, ON: Queen's Printer for Ontario; November2012.

Ontario Ministry of Health. Novel Coronavirus (COVID-19) Guidance for Primary Care Providers in a Community Setting. [Online] Ontario Ministry of Health. [Cited: March 22, 2020] http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidanc e.pdf

PEI Department of Health and Wellness. Prince Edward Island Guidelines for the Management and Control of COVID-19. [Online] PEI Department of Health and Wellness. [Cited: March 30, 2022]] https://www.princeedwardisland.ca/sites/default/files/publications/control_and_management_of_covid-19.pdf

Public Health Agency of Canada. (2021) Infection prevention and control for COVID-19: Interim Guidance for Outpatient and Ambulatory Care Settings. [Online] Public Health Agency of Canada. [Cited December 14, 2022] https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html

Appendix A: Point of Care Risk Assessment

Prior to any patient interaction, all health care workers (HCWs) have a responsibility to always assess the infectious risk posed to themselves and to other patients, visitors, and HCWs. This risk assessment is based on professional judgement about the clinical situation and up-to-date information on how the specific healthcare organization has designed and implemented engineering and administrative controls, along with the availability and use of Personal Protective Equipment (PPE).

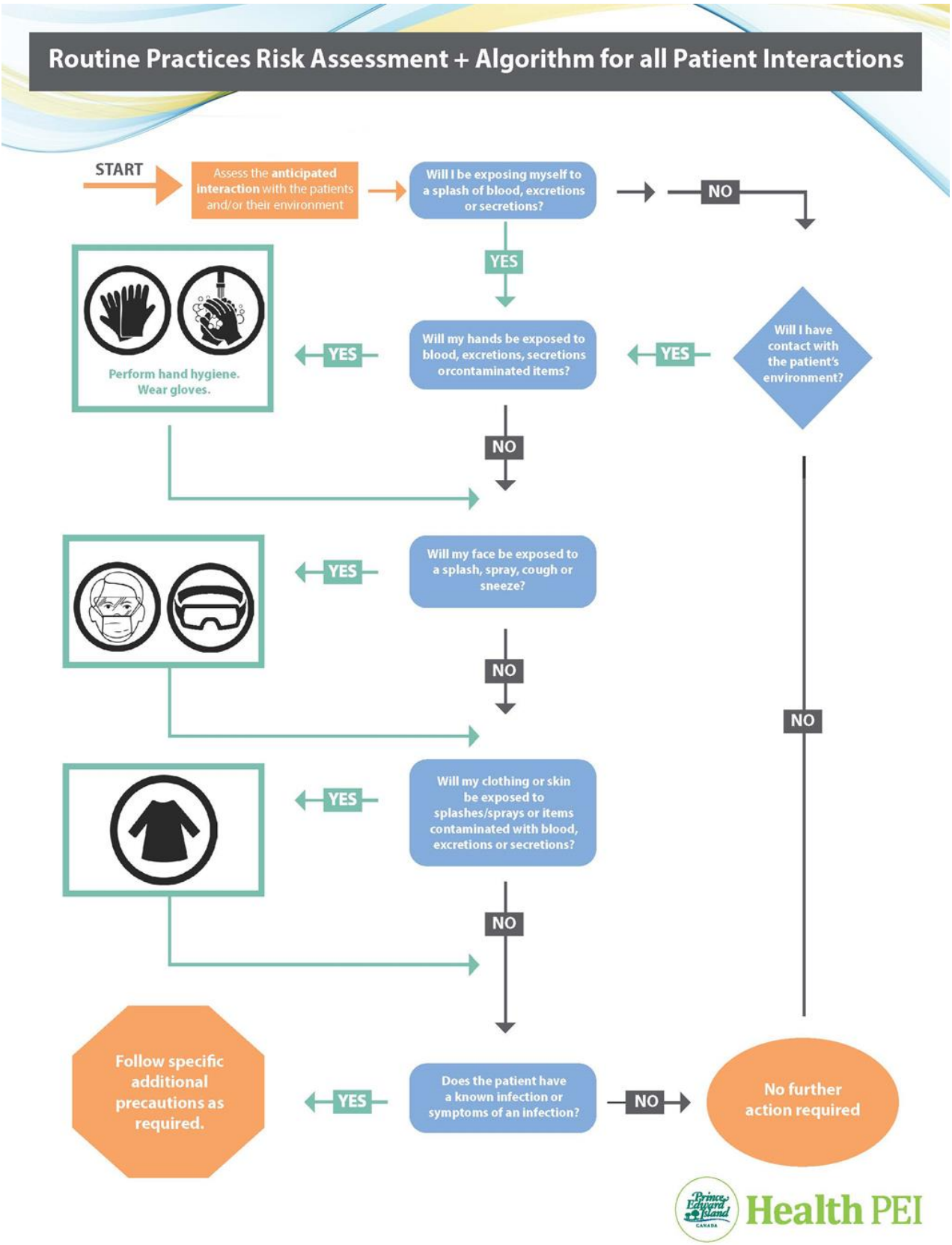
Point of Care Risk Assessment (PCRA) is an activity performed by the HCW before every patient interaction, to:

1. Evaluate the likelihood of exposure,
    a. From a **specific interaction** (e.g., performing/ assisting with clinical procedures/ interaction), non-clinical interaction (i.e., admitting, teaching patient/ family), transporting patients, direct face-to-face interaction with patients, etc.)
    b. with a **specific patient** (e.g., residents not capable of self-care/ hand hygiene, have poor-compliance with respiratory hygiene, copious respiratory secretions, frequent cough/ sneeze, early stage of illness, etc.)
    c. **specific environment** (e.g., single rooms, shared rooms/ washrooms, hallway, assessment areas, emergency departments, public areas, therapeutic departments, diagnostic imaging departments, housekeeping, etc.)

AND

2. Choose the appropriate actions/ PPE needed to minimize the risk of patient, HCW/other staff, visitor, contractor, etc. exposure to respiratory illness

PCRA is not a new concept, but one that is already performed regularly by professional HCWs many times a day for their safety and the safety of patients and others in the healthcare environment. For example, when a HCW evaluates a patient and situation to determine the possibility of blood or body fluid exposure or chooses appropriate PPE to care for a patient with an infectious disease, these actions are both activities of a PCRA.


Routine Practices Risk Assessment + Algorithm for all Patient Interactions
START
Assess the anticipated interaction with the patients and/or their environment
Will I be exposing myself to a splash of blood, excretions or secretions?
NO
YES
Will my hands be exposed to blood, excretions, secretions orcontaminated items?
YES
Will I have contact with the patient's environment?
YES
Perform hand hygiene. Wear gloves.
NO
Will my face be exposed to a splash, spray, cough or sneeze?
YES
NO
Will my clothing or skin be exposed to splashes/sprays or items contaminated with blood, excretions or secretions?
YES
NO
NO
Does the patient have a known infection or symptoms of an infection?
YES
NO
Follow specific additional precautions as required.
No further action required
Health PEI

Appendix B: Routine Practices

Routine Practices are based on the premise that all clients/patients/residents are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all clients/patients/residents to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms

Routine Practices reduce the risk of exposure to blood, body fluids and broken skin and when used correctly will protect you and others from germs and diseases that can spread from person to person.

Point of Care Risk Assessment

Health care providers must assess the risk of exposure to blood, body fluids and non-intact skin and identify strategies that will decrease exposure risk and prevent the transmission of microorganisms. Choose the most appropriate routine practice for the situation.

Hand Hygiene

Clean hands stop the spread of germs and prevent infection.Use alcohol based hand rub (ABHR) when hands are not visibly dirty. ABHR should be rubbed between all surfaces of your hands for 15 seconds.

Perform hand hygiene according to the four moments:

- Before contact with the patient or their environment
- Before performing an aseptic procedure
- After a body fluid exposure risk
- After contact with the patient or their environment

Personal Protective Equipment (PPE)

PPE includes medical grade gloves, gowns, masks and protective eye wear.

Control of the Environment

Controlling the environment includes measures that are built into the infrastructure of the health care setting that have been shown to reduce the risk of infection to staff and clients/patients/residents. This includes administrative controls, such as appropriate accommodation and placement of patient care equipment that is in good repair and effective cleaning practices for equipment and the environment. Engineering controls, such as dedicated hand washing sinks, point-of-care ABHR and sharps containers, and sufficient air changes per hour appropriate to the care setting, are the preferred controls as they do not depend on individual health care provider compliance

Environmental Cleaning

Germs are spread from unclean surfaces to hands of health careproviders, clients, patients, residents and family. Any surface can be contaminated, even when there is no visible soiling. It is extremely important to clean surfaces that have been contaminated. Remember to clean patients/residents/clients care equipmentbetween uses. Always clean up spills of blood or body fluids as soon as possible. If surface is visibly soiled, clean before disinfecting.

Safe Sharps Handling

Sharp objects like needles and razors must be disposed of at point of use in a puncture resistant container. Never try to recap used needles or pick up sharps with your barehands.

Administrative Controls

Administrative controls are measures that the health care setting puts into place to protect staff and clients/patients/residents from infection.

Staff Education and Training

Infection Prevention and Control (IPAC) education should be provided to all staff, especially those providing direct client/patient/resident care, at the initiation of employment as part of their orientation and as ongoing continuing education on a scheduled basis. IPAC education must span the entire health care setting and be directed to all who work in that setting.

Respiratory Etiquette

Health care settings should reinforce with staff, clients/patients/residents and visitors the personal practices that help prevent the spread of microorganisms that cause respiratory infections.

These personal practices include:

- not visiting in a health care facility when ill with an acute respiratory infection,
- avoidance measures that minimize contact with droplets when coughing or sneezing, such as:
    - turning the head away from others
    - maintaining a two-metre separation from others
    - covering the nose and mouth with tissue
    - immediate disposal of tissues into waste after use and immediate hand hygiene after disposal of tissues

Appendix C: Contact and Droplet Additional Precautions

Contact and Droplet Precautions

Suspected or Confirmed patient with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions. This includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as medical grade mask, 2 medical grade masks layered or a well fitted respirator and eye protection/face shield.

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene

Appendix D: Triage and Source Control

Is the patient experiencing:

1. Fever: Single temperature equal to or > 38°C or feeling feverish
2. Any new or worsening respiratory symptoms (cough, shortness of breath or difficulty breathing, runny nose or sneezing, nasal congestion, sore throat or difficulty swallowing) and
3. Any new onset non-respiratory symptoms including chills, muscle or body aches, fatigue or weakness, gastrointestinal symptoms (abdominal pain, diarrhea, vomiting), headache, new loss of taste or smell or other unexplained symptoms or change in clinical status

Sample Screening: Completed by signage at entrance and at arrival by staff.

If symptoms or risk factors and they require physician care then book an appointment. Follow appropriate Infection Prevention and Control guidelines **(Routine Practices with the addition of Droplet and Contact Precautions**).

If symptoms are severe refer to the nearest Emergency room. Let the receiving hospital know of the patient referral and risk factors.

Symptomatic Patient or Risk Factors for Respiratory Illness who require a Primary Care Physician Assessment
On arrival to office:
Have patient don a **medical grade mask**
Have patient complete hand hygiene
Immediate placement in an exam room with the door closed.

Healthcare worker will follow **Routine Practices with the addition of Droplet and Contact precautions**

Appendix E: Signage

Please tell the receptionist or Nurse if you are:

Experiencing cough, shortness of breath, fever/chills, sore throat, congestion, sneezing, loss of sense of smell or taste, diarrhea, unusual fatigue, headache and/or muscle aches.

Please wash your hands as you enter our office with the provided Alcohol Based Hand Rub. If you have symptoms of a Respiratory Illness please put on a medical grade mask.

Appendix F: Office Precautions

Appointments

1. Patients should be screened at arrival. Signage (Appendix E) should prompt patients to communicate symptoms and risk factors to staff.
2. Consider physical distancing of patients in the waiting room.
    - Arrange waiting room chairs to support physical distancing.
    - Patients who can, could wait in their cars until called for their appointment
3. Patients should be advised to come alone to appointment unless support is needed.
4. All patients and caregivers upon entry should wear an appropriate mask as per current Public Health recommendations.

Non-urgent Patient Needs

1. Prescription refills can be completed by phone or fax.

Other:

1. Keep the glass at the reception window closed.
2. Place symptomatic patients in exam room as soon as possible.
3. Posts signs at entrance requesting patients with RI symptoms to self-identify to staff.
4. Review Infection Prevention and Control procedures with all staff.
5. PPE, surface cleaners and disinfectants are available and accessible at all points of care.