

The New Febrile Respiratory Illness Guidelines: Protecting Patients and Staff Part 1: Case finding

What are the New Febrile Respiratory Illness Guidelines?

These guidelines describe the best practices related to detection and management of diseases that are spread by the droplet route of transmission (e.g. Meningococemia, Influenza, RSV, Group A Streptococci).

- Droplet transmission occurs when respiratory secretions from one person come in direct contact with the mucous membranes of the eyes, nose or mouth of another person. As most microorganisms carried in respiratory secretions can also survive on inanimate surfaces, many droplet-spread illnesses have a component of spread through indirect contact.

Where did the New Febrile Respiratory (FRI) Guidelines come from?

The new guidelines for Preventing FRI have been developed by the Provincial Infectious Diseases Advisory Committee (PIDAC), a group of experts in Infectious Diseases and Infection Control, which reports directly to the Chief Medical Officer of Health, Dr. S. Basrur. They were written to replace several documents released during the SARS crisis, and deal only with non-outbreak situations.

When do we use the practices outlined in this document?

The best practices for febrile respiratory illness set out in this document should be part of **ROUTINE** practice for **ALL** patient care in all settings where health care is provided. They should be integrated with existing infection prevention and control programs for other illnesses, and be part of a comprehensive organization-wide effort to maintain acceptable standards for infection prevention and control.

What are the components of an effective FRI program?

Prevention of FRI involves a number of strategies including:

- An annual influenza immunization program
- *Efficient and effective case finding or surveillance strategies*
- Rigorous and evidence-based preventive practices
- Established reporting mechanisms
- Evaluation of the program

What symptoms do we look for in FRI?

The primary symptom is a new or worse cough OR new or worse shortness of breath. If the patient or client has either of these situations, he or she should be assessed for fever. Precautions should be initiated if both fever and respiratory symptoms are present.

Many elderly people and people who are immunocompromised may not develop a high temperature. As well, people who report for medical care after having taken an antipyretic such as Tylenol may not present with a higher temperature. Therefore, any reports of "feeling feverish" should be considered a cue to initiate further precautions. If people deny "feeling feverish", a temperature of 38°C or higher should be the cue to initiate precautions.

How do we identify when a client or patient has a febrile respiratory illness?

Two acceptable methods of screening patients can be employed to identify those with FRI:

1. Asking patients directly (Active case finding) or
2. Using signs to direct patients/clients to self-assess and self-identify (Passive case finding).

A sample sign can be found on the CDC website at:

<http://www.cdc.gov/flu/protect/covercough.htm>

A combination of these methods can also be used as necessary. If there is any doubt whether the patient or client can understand signage, questions should be asked directly.

What about in situations where we see the patient regularly (e.g. home care)?

Case finding in this setting should be ongoing. On the first visit, patients should be assessed for symptoms of FRI. This can occur within 24 hours prior to the visit, or when the health care provider arrives at the home. Patients should then be taught to report any new symptoms to their healthcare provider so that appropriate action can be taken. If the patient is not able to comply with this, the healthcare provider should begin each visit by asking about new symptoms of cough and fever.

Do we have to fill out a form every time we see a patient?

No. It is necessary to assess each patient/client for FRI symptoms, and it is necessary to document that the assessment has been completed, but it is not necessary to fill out a separate form for each assessment. The important thing is to communicate to other caregivers that a patient has been identified with FRI, and that additional precautions are necessary.

Where can I get a copy of the guidelines?

The guidelines are available on the MOHLTC website at: http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_fri.html and can be downloaded in portable document format (pdf) using an Adobe Acrobat reader.

Champlain Infection Control Network Coordinator:

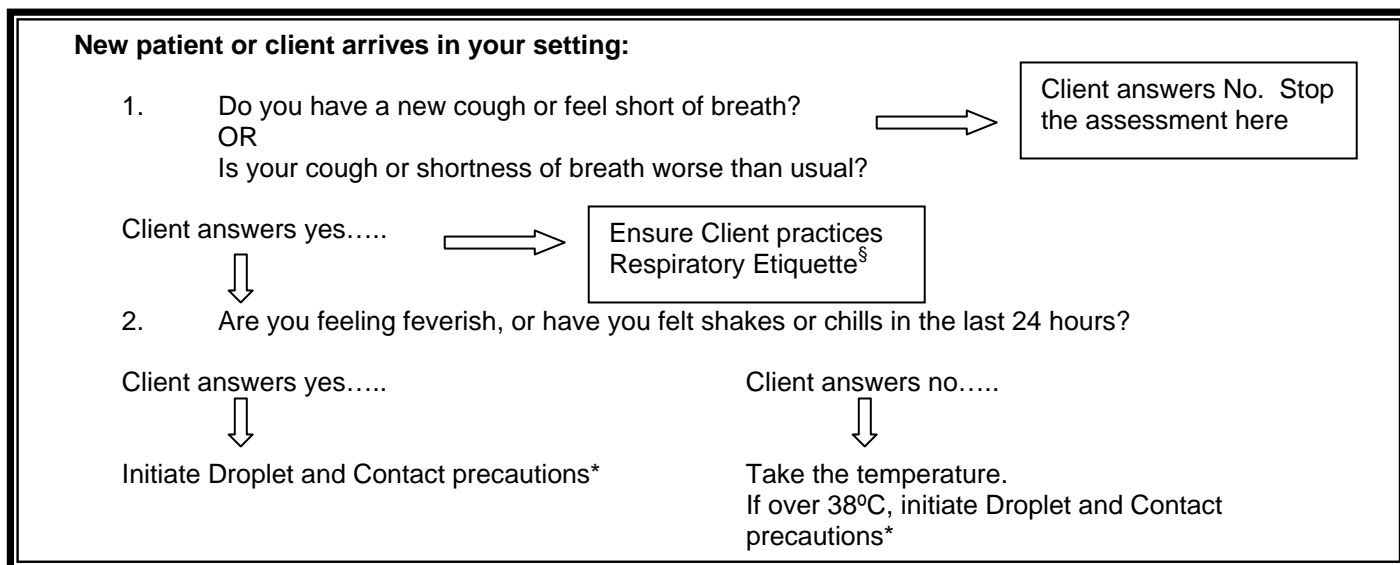
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A Sample FRI Case Finding Protocol

Adapted from the PDIAC "Preventing Febrile Respiratory Illnesses" Guideline, released September 2005.



***Droplet and Contact Precautions: Hand hygiene, mask, eye protection when within 1 meter of the patient/client; gloves and gowns if you are likely to have contact with body fluids or touch contaminated surfaces.**

§Respiratory Etiquette involves covering the cough with a tissue and disposing of the tissue in an appropriate receptacle as well as proper hand hygiene.

This Protocol outlines only the initial case finding part of the process. There is also an important component for surveillance of new and emerging diseases, therefore, It is important to find out about travel history for patients or clients who have been found to have a new Febrile Respiratory Illness. The following questions are recommended:

1. Have you traveled within the last 14 days? Where?
2. Have you had contact in the last 14 days with a sick person who has traveled? Where?

Countries which have reported human cases of Avian Influenza can be found in the Travel Health Advisories which can be accessed at: <http://www.phac-aspc.gc.ca/tmp-pmv/index.html>

Depending on your program, the Infection Control or Public Health Professionals may be responsible for asking these questions.

EDUCATIONAL EVENTS

CHICA conference:

The Community and Hospital Infection Control Association is hosting its annual conference entitled "Bridging Global Partnerships" in London, Ontario from May 6-10 2006. Further information can be found at <http://www.chica.org/>.

Healthcare Facility Design and Construction Symposium (First Annual)

February 16, 2006 in the Vaughan Estate, The Estates of Sunnybrook, 2075 Bayview Avenue, Toronto. Cost \$30.

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UPCOMING NEWSLETTERS

- Dissecting the New FRI Guidelines continued
- A Profile of your CIPCN Steering Committee members
- Influenza Season and Information on Influenza Vaccinations for 2005-2006
- Norovirus News
- A Report on Pandemic Influenza

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