

INFECTION PREVENTION & CONTROL GUIDELINES FOR ASSESSMENT & MANAGEMENT OF ACUTE RESPIRATORY ILLNESS

Any patient presenting with or undergoing investigation for an **acute respiratory virus/illness during PEAK INFLUENZA SEASONAL PERIODS and COVID-19 pandemic** should be **ISOLATED** using the framework below.
APPLY contact/droplet precautions & **NOTIFY** Infection Prevention and Control (IPAC) or relevant team (as per local process)

HAND HYGIENE COMPLIANCE REMAINS ESSENTIAL TO PREVENT HEALTHCARE TRANSMISSION

Category A High Risk workers **MUST** be vaccinated – Unvaccinated workers in Category A High Risk roles must wear a surgical mask while providing care

MANAGEMENT GUIDE ED/CLINIC

- A surgical mask should be placed on a patient with symptoms immediately on presentation
- Patients should be isolated in a single room if available **OR** in bed space with curtains drawn
- Implement **Contact & Droplet** Precautions and visibly display precaution signage
- Rapid clinical assessment (consider [COVID-19*](#)) with decision to admit or discharge after clinical assessment
- Spacers are the preferred method for the safe delivery of inhaled medications
- Influenza - Empiric treatment with anti-influenza medications should be considered for anyone presenting with moderate or severe illness, and for those presenting with mild illness and who are from a vulnerable group and are at risk of severe illness (based on clinical decision)
- Communicate **acute respiratory virus**** risk with relevant department for admitted patients.

Non-admitted Patients:

- Influenza testing not recommended unless patient from residential aged care facility (RACF). For COVID-19 testing requirements follow the [CDNA National Guidelines](#).

MANAGEMENT GUIDE WARD AREAS

- Patients with suspected or confirmed COVID-19 prioritised for a single room/ensuite
- Implement **Contact & Droplet** precautions and display signs. **AGP#** requires **Contact, Droplet & Airborne** precautions
- Not to be placed near or with immunocompromised patients
- Spacers are the preferred method for the safe delivery of inhaled medications
- If nebulisers are used, use in a designated room or location where patients & visitors have limited access or draw curtain during nebulisation – all staff are to wear P2/N95 mask during nebulisation if in patient zone
- Patient to wear surgical mask when outside their designated patient zone
- Cohorting should only occur based on known results (same respiratory pathogen), risk assessment and as directed by IPAC or Infectious Diseases (ID) team
- Encourage patients to perform hand hygiene, respiratory hygiene and cough etiquette
- Implement enhanced cleaning of the environment and patient equipment

PRECAUTIONS & ISOLATION PERIOD

ENDING CONTACT & DROPLET PRECAUTIONS

Influenza

3 days after commencement of anti-influenza medication AND afebrile/asymptomatic for ≥ 24 hours

OR

5 days after commencement of respiratory symptoms if patient not treated with anti-influenza medication AND afebrile /asymptomatic for ≥ 24 hours [CDNA National Guidelines](#).

IF PREGNANT WOMAN DELIVERS WITHIN THE ABOVE TIME FRAMES:

- Baby to be isolated with mum
- Mum to be instructed on contact & droplet precautions

- Clean and disinfect shared equipment & room with a TGA approved disinfectant

*COVID-19

De-isolate according to current [NSW Health guidance](#)

Acute respiratory viruses

Check with your IPAC service

INFECTION PREVENTION AND CONTROL SERVICE MONITORING AND CONSULTATION

- IPAC service to be directly notified of patient admission by ED/Patient Flow/ AHM^{###} via phone **OR** email
- Admitting team should review patients daily (Monday - Friday). Provide clinical handover to after-hours teams
- Team may contact ID for ongoing advice as per current process for ID referral at their site

Clinical rounds through ED and clinical areas by IPAC liaising with clinical teams

Candidate reports & lab results reviewed by IPAC

Influenza activity report to patient flow & executive teams

Escalate risks/outbreaks as per [CEC Triggers for escalation](#)

Site IPAC Contact:

District IPAC contact:

Notes:

- Influenza Vaccination Compliance: Mandatory annual influenza vaccination of workers employed in [Category A High Risk](#) positions
- All unprotected workers are to wear a surgical/procedural mask during the influenza season (1 June to 30 September) while providing care in high-risk clinical areas (Vaccination takes approx. 2 weeks for antibodies to develop and provide protection so if the 2-week period is not reached by the 1 June staff are required to wear a mask until this period is reached).

*[COVID-19 Risk assessment](#): Epidemiological and clinical criteria based on current [case definition](#)

**Acute respiratory viruses include respiratory syncytial virus, parainfluenza, rhinovirus, metapneumovirus, adenoviruses etc.

AGP = Aerosol-Generating Procedure

###AHM = After Hours Manager