



# Ministry of Health and Long-Term Care

## Guidance for the Prevention and Management of Influenza-like Illness in Ontario Youth Justice Centres during the Pandemic (H1N1) 2009 Influenza - Summary

VERSION: 2  
DATE: October 30th, 2009

### What you need to know...

During the fall and winter 2009/10, Ontario Youth Justice Centres (OYJC) can expect to see an increase in seasonal influenza and/or pandemic (H1N1) 2009 influenza (pH1N1). The following is a summary of the Ministry of Health and Long-Term Care's (MOHLTC) recommendations for the prevention and management of influenza-like illness (ILI) in Ontario Youth Justice Centres (*more detailed discussion follows this page*).

- Currently, evidence indicates that pH1N1 is similar to seasonal influenza in overall clinical features, morbidity and mortality. Most people who contract pH1N1 will have a typical course of influenza; however, those with risk factors may have more severe illness. Although pH1N1 has been seen to date as being a mild pandemic strain, influenza still remains a serious illness. As such, Ontario recommends vigilance, active prevention, and early treatment where clinically indicated.
- Ensure appropriate **infection prevention and control** and **occupational health and safety** measures are in place. **Section 3** and **4** of this document outline recommended measures for staff/volunteers, young persons, and visitors. It is recommended that health care providers working in the area housing young persons with ILI symptoms perform hand hygiene and wear appropriate personal protective equipment (e.g., gloves, gown, eye protection, fit-tested N95 respirator) in addition to following Routine Practices and Droplet and Contact Precautions when they are within 2 metres of a young person and no physical barrier exists. Where N95 respirators are limited or depleted, a surgical/procedure mask should be worn by both staff and the ill young person. Although N95 respirators are not routinely recommended for seasonal influenza, because pH1N1 is a novel influenza virus the broadest level of precautionary measures are being recommended.
- **Screen** all new admissions for ILI and encourage young persons to speak with health care providers if they feel ill. Post a "Notice to Visitors" at entrances reminding persons to refrain from entering the facility if they are having symptoms of ILI. Remind staff of the importance of reporting if they develop ILI.
- **Testing** for pH1N1 is not recommended for those with mild illness. Currently, testing is recommended only for persons admitted to hospital and those ambulatory patients at higher risk of complications (e.g., persons with pre-existing medical conditions, pregnant women and women up to 6 weeks post-partum, persons under the age of 2 years and over 65 years of age, persons living in remote isolated areas far from hospital care) with ILI.
- **Treat** young persons with ILI according to the MOHLTC recommendations (see **Appendix A**).

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## Guidance for the Prevention and Management of Influenza-like Illness in Ontario Youth Justice Centres during the Pandemic (H1N1) 2009 Influenza – Full Document

VERSION: 2

DATE: October 30th, 2009

### 1. Background

Influenza is a viral infection that is spread by droplets from an infected person's respiratory system, for example by coughing, sneezing or blowing their nose. Influenza virus can survive on surfaces for up to 48 hours.

On June 11, 2009, the World Health Organization (WHO) raised the pandemic alert level to Phase 6 indicating that a pandemic is underway. This designation is based on the observation of sustained human-to-human transmission in more than one WHO Region, and does not indicate any change in the severity of the circulating virus.

In Ontario, most reported cases of the pH1N1 virus have been mild. For example, as of October 8<sup>th</sup>, there have been 387 hospitalized cases, most of whom have recovered and been discharged.

Some groups have been identified as being at higher risk of complications (e.g., persons with certain pre-existing medical conditions, pregnant women and women up to 6 weeks post-partum, individuals under the age of 2 years and over the age of 65 years, persons living in remote, isolated areas remote from hospital care). It is important to note that the likelihood of pregnant women contracting pH1N1 is no higher than that of the general public.

Each youth centre has a current pandemic plan in place which identifies controls that will be implemented locally to manage young persons with ILI including but not limited to:

screening for symptoms of acute respiratory illness, separation of ill young persons from other youth, availability of personal protective equipment and adjusted youth program schedules and activities. All staff must be provided with information on the pandemic plan.

All youth centres should liaise with their local public health unit (PHU) to discuss pandemic planning and to ensure that they are informed about the status of pH1N1 in their area.

### Symptoms of Influenza-Like Illness

Evidence to date indicates that the pH1N1 virus has characteristics similar to seasonal influenza. The ILI clinical definition for both seasonal and pH1N1 influenza is:

- acute onset of respiratory illness with fever and cough PLUS one or more of the following:
  - sore throat
  - joint pain
  - muscle pain
  - extreme exhaustion

Fever may NOT be present in young children and elderly. As well, some people have reported diarrhea and vomiting associated with the pH1N1 influenza.

Like regular seasonal influenza, pH1N1 may cause a worsening of underlying chronic medical conditions. For example, respiratory conditions such as asthma may worsen.

## 2. Screening

### 2.1 For young persons

All new admissions to the youth centre are screened for febrile respiratory illnesses (FRI), including ILI, by health care staff during the Part A (Health Assessment) process. Staff in the Intake and Assessment area should have appropriate personal protective equipment (e.g., respiratory protection, eye protection, gown and gloves) available for use if a young person presents with ILI.

A young person presenting with symptoms of ILI requires further assessment. If consultation with health care staff is not available, the Youth Services Manager (YSM) will initiate Droplet and Contact Precautions, including accommodation requirements for the youth. **Placement in a negative pressure room is not necessary.** The young person shall be referred to health care for assessment as soon as possible.

#### *Information for young persons*

Information will be provided to young persons to assist them in protecting themselves and preventing the spread of infections, including information on:

- Signs and symptoms of ILI
- Frequent and thorough hand hygiene with soap and water or alcohol-based hand rub
- Cough and sneeze etiquette (covering coughs and sneezes with tissue/toilet paper or upper arm, disposing of used tissues immediately, and cleaning of hands after touching respiratory secretions or tissue disposal)

Young persons are encouraged to speak with health care staff (or the YSM in the absence of health care staff) if they feel ill or have concerns about their health.

### 2.2 For staff

Staff are required to self-screen, and to remain home if they are ill with symptoms of ILI. Medical attention should be obtained if

necessary. Staff can self-screen using the Ministry of Health and Long-Term Care self-assessment screening tools available online at [www.ontario.ca/flu](http://www.ontario.ca/flu).

Health care providers with ILI should remain off work until 24 hours after all symptoms other than a mild cough have resolved, typically a period of 5 to 8 days. However, health care providers who have been treated with oseltamivir (Tamiflu®) for 72 hours will not be as infectious and may return to work if they feel generally well except for a mild cough. Staff should consult with Occupational Health (if available) for a return to work assessment.

Non-health care staff with ILI should remain off work until the fever has been gone for 24 hours and the person is feeling well enough to resume normal activities.

*NOTE: It is not unusual for individuals to experience a cough for days to weeks after a respiratory infection. The presence of a cough in the absence of other symptoms is not sufficient to keep an employee away from work.*

Staff who have had contact with someone with ILI but have no ILI symptoms themselves can attend work. They should be alert for the signs and symptoms of ILI in themselves.

If staff are concerned or have symptoms of ILI, they should consult their health care provider or call **Telehealth Ontario** at 1-866-797-0000.

#### *Staff Information*

In addition to staff being provided with facility-specific information, the Ministry of Government Services manages and distributes information for OPS employees through e-mail transmissions and the **OPS Wellness Site**.

### 2.3 For visitors

A "Notice to Visitors" will be posted at entrances reminding persons to refrain from

entering the facility if they are having symptoms of ILI such as fever, cough, shortness of breath, muscle aches, or sore throat. Signage will also provide clear instructions on how and when to perform hand hygiene and cough and sneeze etiquette.

### 3. Infection Prevention and Control Practices

Frequent and thorough hand hygiene by staff/volunteers, young persons, and visitors should be emphasized.

All youth centres must ensure hand hygiene options are available (i.e., access to running water and soap or a 60-90% alcohol-based hand sanitizer). Staff, young persons and visitors should also be provided with information on when and how to perform hand hygiene.

Influenza and other viruses can be transmitted by touching contaminated surfaces. In accordance with infection prevention, management and control policies and procedures for youth centres, equipment and surfaces that are used by more than one person and may become contaminated with droplets or respiratory secretions (e.g., telephones, keyboards, washrooms, radio microphones and security equipment) should be regularly cleaned with commercially available cleaning products and do not require special cleaning agents or disinfectants.

Youth Centre Infection Prevention and Control Committees should meet regularly to discuss site-specific concerns and develop strategies.

### 4. Management of Young Person Health

*Routine Practices* should be followed at all times and *Additional Precautions*, such as

Droplet or Contact Precautions should be used as necessary.

Young persons who are ill with ILI will be asked to perform hand hygiene and wear a surgical/procedure mask. The young persons should be kept separate from others until health care staff (or in the absence of health care staff, the YSM) determines appropriate placement and whether Droplet and Contact Precautions are necessary.

Young persons requiring Droplet and Contact Precautions should remain in an area separate from other youth. A sign indicating the precaution(s) in effect is to be clearly visible outside the young person's accommodations (e.g., Droplet and Contact Precautions).

A young person on Droplet and Contact Precautions will remain separate from other youth during the course of illness, as directed by health care staff (normally 24 hours after all symptoms have resolved except cough, or for a maximum of seven days from the onset of symptoms). Placement in a negative pressure room is not necessary.

As currently recommended by the MOHLTC, health care staff working in the area housing ill young persons will wear a fit-tested N95 respirator in addition to following Routine Practices and Droplet and Contact Precautions when they are within two metres of a young person with ILI and no physical barrier exists (e.g., young person is not behind a solid door). Where N95 respirators are limited or depleted, settings should prioritize access to ensure that staff involved in high risk activities are protected at all times, as recommended in Chapter 7 of the Ontario Health Plan for an Influenza Pandemic ([www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/ohpip2/ch\\_07.pdf](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_07.pdf)). If N95 respirators are not available, a surgical / procedure mask should be worn by both health care staff and the ill young person.

## 5. Laboratory Testing

**Testing for pH1N1 is not recommended for patients with mild illness.** In the youth justice setting it is highly unlikely that laboratory results will be available within 48 hours and thus will not be useful in determining whether or not treatment should be initiated.

Currently, testing is recommended only for persons admitted to hospital and those ambulatory patients at higher risk of complications (e.g., persons with pre-existing medical conditions, pregnant women and women 6 weeks post-partum, persons under the age of 2 years and over 65 years of age) with ILI.

If a clinical decision is made to test a young person, the laboratory requisition should be clearly labelled to identify the person as 'High-Risk' or part of an outbreak to allow appropriate triage of specimens for testing. The laboratory requisition should also clearly indicate that the specimen is being sent from a Youth Justice Centre.

In the event of a cluster or suspected outbreak, laboratory testing may be warranted after consultation with the local public health unit.

## 6. Treatment

The Primary Care Physician will determine if antiviral treatment is indicated for symptomatic young persons, as per the MOHLTC treatment recommendations. Since laboratory results will not be available within 48 hours, the decision to initiate treatment should be based on current influenza epidemiology, clinical presentation, and risk factors of the individual young persons. Of note, early treatment of high-risk groups should be strongly considered.

## 7. Reporting

There is no requirement for reporting individual cases of ILI to the local PHU beyond that which is usually required for seasonal influenza (unless specifically requested by the PHU). As a reminder, young persons who have laboratory-confirmed influenza or those who are part of an unusual cluster must be reported promptly to the local PHU.

Health care staff will report suspected outbreaks of ILI to Corporate Health Care and to the local PHU.

## 8. Outbreak Management

Health care staff should notify the local PHU whenever a respiratory outbreak is suspected. The Medical Officer of Health (MOH) will determine the need to declare an outbreak and review control measures for the setting.

## 9. Definitions and Links

**Mask:** A personal protective device that covers the nose and mouth, is fastened around the head or ears, and is used by staff to protect the mucous membranes of their nose and mouth. It may also worn by an ill person to prevent spread of their respiratory secretions.

**N95 Respirator:** A personal protective device that is worn on the face and covers the nose and mouth to reduce the wearer's risk of inhaling airborne particles. A NIOSH-certified N95 respirator filters particles with a median diameter of 0.3 microns in size, has 95% filter efficiency and provides a tight facial seal.

### Links to Policies and Procedures

#### Youth Justice Services Manual

- [Routine Practices \(Standard Precautions\)](#)
- [Hand Hygiene](#)

- Additional (Transmission-Based) Precautions
- Use of Personal Protective Equipment
- Infection Prevention, Management and Control Program
- Admission to Custody/Detention
- Reprocessing of Reusable Equipment

**Ministry of Health and Long Term Care  
pH1N1 Flu Virus Website**  
<http://www.health.gov.on.ca/en/ccom/flu/>

**Ministry of Labour pH1N1 Flu Virus Website**  
[http://www.labour.gov.on.ca/english/hs/ib\\_h1n1.php](http://www.labour.gov.on.ca/english/hs/ib_h1n1.php)

**Ministry of Government Services  
OPS Wellness Portal - H1N1 Information  
Page**  
[http://intra.ops.myops.gov.on.ca/cms/tiles.nsf/\(vwReadPagesByRefId\\_Content\)/whw2009.04.27.13.13.27.N7X\\_page?open](http://intra.ops.myops.gov.on.ca/cms/tiles.nsf/(vwReadPagesByRefId_Content)/whw2009.04.27.13.13.27.N7X_page?open)

## Appendix A: Lab Testing and Antiviral Treatment Recommendations

Clinical Presentation	NP Swab Testing Recommendations	Antiviral Treatment Recommendations
Mild upper respiratory illness that does not meet the case definition for influenza like illness (ILI)	No testing recommended	Treatment not recommended
ILI with no risk factors and normal vital signs	No testing recommended	Treatment not recommended
ILI in individuals with risk factors  or  ILI in individuals with abnormal vital signs * for their age and health status	No testing recommended except where testing will affect their clinical management	Initiate treatment within 48 hours of illness unless contraindicated, with or without testing  For patients presenting more than 48 hours of illness onset, treatment is not recommended, but may be initiated if clinically warranted.
ILI symptoms and worsening clinical status - progression of signs and symptoms (including increasing signs of pneumonia, dyspnea, prostration, hypotension, tachycardia and tachypnea, dehydration, shock) indicative of pending serious illness and hospitalization	Testing recommended	Initiate treatment  Do not wait for NP swab test results to begin treatment
Diagnosed with ILI and hospitalized	Testing recommended	Initiate treatment  Do not wait for NP swab test results to begin treatment.

\*Abnormal vital signs are defined as:

- One or more of pulse, blood pressure, respirations and O<sub>2</sub> saturation (by pulse oximetry if available, that are not within range of normal for age and health status.
- Hypotension, tachycardia and tachypnea may be early indicators of serious illness.