



## Guidance for the Prevention and Management of Influenza-like Illness in Ontario Provincial Correctional Institutions - Summary

VERSION: 2  
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### What you need to know...

During the fall and winter 2009/10, correctional institutions 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 correctional institutions (*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. Sections 3 and 4 of this document outlines recommended measures for staff, inmates, and visitors. It is recommended that staff working in the area housing inmates 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 an inmate and no physical barrier exists. In the absence of a fit-tested N95 respirator, a mask should be worn by both staff and the ill inmate. 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 to the institution for ILI and encourage inmates to speak with health care providers if they feel ill. Post a "Notice to Visitors" at entrances reminding persons to refrain from entering the institution if they are having symptoms of ILI. Staff are required to self-screen, and to remain home if they are ill with symptoms of 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 4 weeks post-partum, persons under the age of 2 years and over 65 years of age, persons living in rural areas remote from hospital care) with ILI.

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# Guidance for the Prevention and Management of Influenza-like Illness in Ontario Provincial Correctional Institutions – Full Document

VERSION: 2

DATE: October 30, 2009

## 1. Purpose

This guidance document is being provided by the Ministry of Health and Long Term Care (MOHLTC) in consultation with the Ministry of Community Safety and Correctional Services (MCSCS) in response to the pH1N1 influenza. It is based on current, available scientific evidence and expert opinion about this emerging disease and is subject to review and change as new information becomes available. It is intended to provide correctional institutions with advice that will protect and promote the health of staff, inmates, and visitors.

## 2. 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.

The designation of Pandemic Phase 6 is based on the observation of sustained human-to-human transmission in more than one WHO Region, and does not indicate the clinical severity of the circulating virus. In the fall and winter of 2009/10, it is anticipated that pH1N1 will be the predominant circulating influenza strain. Seasonal influenza is expected to circulate to a lesser degree, later in the winter.

Evidence indicates that:

- pH1N1 is currently similar to seasonal influenza in overall clinical features, severity and mortality;
- pH1N1 has an incubation period of up to 4 days. People with pH1N1 are infectious for 24 hours before and up to 7 days after onset of symptoms, and

possibly up to 10 days for children and people who are very ill. This is longer than is the case with seasonal influenza;

- most people who contract pH1N1 will have a typical course of influenza: they will be sick for a few days with cough and fever, and then recover;
- most people born before 1957 are less susceptible to the pH1N1 influenza virus; and,
- although pH1N1 is a relatively mild strain, influenza can still be a serious illness, especially for people with conditions that increase their risk for complications.

Some groups have been identified as being at higher risk of complications (e.g., persons with certain pre-existing medical conditions<sup>1</sup>, pregnant and post-partum women, persons under the age of 2 years and over the age of 65 years). It is important to note that the

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<sup>1</sup> Conditions that increase the risk of complications include:

- cardiac disease
- chronic pulmonary diseases (especially asthma)
- diabetes mellitus and other metabolic diseases
- cancer
- immunodeficiency (e.g., HIV)
- immunosuppression (e.g., transplant patients)
- renal disease
- anemia or hemoglobinopathy
- morbid obesity (BMI>40)
- conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration (e.g., neurologic, neuromuscular, cognitive disorders)

Children under 18 years of age on long-term acetylsalicylic acid therapy

likelihood of pregnant women contracting pH1N1 is no higher than that of the general public.

Each institution has a current pandemic plan in place which identifies controls that will be implemented locally to manage inmates with influenza-like illness (ILI) including but not limited to: screening for symptoms of acute respiratory illness, isolation of ill inmates, movement of inmates and availability of personal protective equipment. Staff must be provided with information on the pandemic plan.

All institutions 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 a 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(s) pain
  - muscle pain
  - extreme exhaustion

Like regular seasonal influenza, pH1N1 may cause a worsening of underlying medical conditions..

## **3. Screening**

### **3.1 For inmates**

All new admissions to the institution are screened for febrile respiratory illnesses (FRI), including ILI, by health care staff during the Part A (Health Assessment) process. Non-health care staff may also participate in symptom screening.

Appropriate personal protective equipment (e.g., respiratory protection, eye protection,

gown and gloves) shall be available for use in the Admitting and Discharge if an inmate presents with ILI.

An inmate presenting with symptoms of ILI requires further assessment. If consultation with health care staff is not available, the Operational Manager (OM) will initiate Droplet and Contact Precautions, and place the inmate in single cell accommodation.

**Placement in a negative pressure cell is not necessary.** The inmate shall be referred to health care staff for assessment as soon as possible.

Inmates serving intermittent sentences will be screened for symptoms of ILI upon arrival at the institution and will be managed as per the direction of Adult Institutional Services.

### ***Inmate Information***

Information will be provided to inmates 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, where available
- 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)
- pH1N1 and seasonal influenza vaccines

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

### **3.2 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 with ILI should remain off work until the fever has been gone for 24 hours and the person is feeling well enough to turn to work.

*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 may consult their health care provider or call **Telehealth Ontario** at 1-866-797-0000.

### ***Staff Information***

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

Staff are encouraged to obtain pH1N1 and seasonal vaccinations as they become available.

### **3.3 For visitors**

A “Notice to Visitors” posted at entrances will request any visitor who has symptoms of ILI to refrain from visiting. Information contained in the notice is consistent with the recommendations of the MOHLTC.

## **4. Infection Prevention and Control Practices**

The MCSCS has evidence-based policy and procedures related to infection, prevention, management and control for use in Ontario provincial correctional institutions.

Frequent and thorough hand hygiene by staff, inmates, and visitors should be performed.

All institutions must ensure hand hygiene options are available (i.e., access to running water and soap or a 60-90% alcohol-based hand sanitizer). Staff, inmates 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 institutions, equipment and surfaces that are used by more than one person and may become contaminated with droplets or respiratory secretions are to be cleaned (e.g., telephones, keyboards, washrooms, radio microphones and security equipment) using Ministry approved environmental cleaning products.

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

## **5. Management of Inmate Health**

*Routine Practices* should be followed at all times and *Additional Precautions* to be used as necessary.

Inmates with symptoms of ILI will be asked to perform hand hygiene and wear a mask. The inmate should be kept separate from others until health care staff (or in the absence of health care staff, the OM) determines appropriate placement. Inmates with ILI should be cared for using *Routine Practices* and *Droplet and Contact Precautions*.

Inmates with ILI should remain in an area separate from the rest of the population. A sign indicating the precaution(s) in effect is to be clearly visible outside the inmate’s cell (e.g., Droplet and Contact Precautions).

An inmate on Droplet and Contact Precautions will be placed in single cell accommodations during the course of illness,

as directed by health care staff (normally 24 hours after all symptoms have resolved except cough, **or** to a maximum of 7 days from the onset of symptoms). In consultation with health care staff inmates presenting with similar illness may be housed together (cohorting) if necessary.

As currently recommended by the MOHLTC, staff working in the area housing ill inmates will wear fit-tested N95 respirators in addition to following Routine Practices and Droplet and Contact Precautions when they are within 2 metres of an inmate and no physical barrier exists (e.g., inmate is not behind a solid door). In the absence of a fit-tested N95 respirator, a mask will be worn by staff.

## 6. Laboratory Testing

**Testing for pH1N1 is not recommended for patients with mild illness.** In non-hospital settings 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 and post-partum women, persons under the age of 2 years and over 65 years of age) with ILI.

Indications for testing are detailed in Appendix A.

If a clinical decision is made to test an inmate, the Laboratory Requisition should be clearly labelled to identify the person as 'Hospitalized' or 'High-Risk' to allow appropriate triage of specimens for testing. The laboratory requisition should also clearly indicate that the specimen is being sent from a correctional institution.

In the event of a cluster or suspected outbreak, laboratory testing may be

warranted after consultation with the local PHU.

## 7. Treatment

The Primary Care Physician will determine if anti-viral treatment is indicated for symptomatic inmates, as per the MOHLTC treatment recommendations. Because 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 inmate. Of note, early treatment of high-risk groups should be strongly considered.

When anti-viral treatment of a symptomatic inmate is initiated, the inmate should remain on Droplet and Contact Precautions for the duration of therapy (usually 5 days) and 24 hours after symptoms have resolved (whichever is greater).

## 8. 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, inmates 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, MCSCS, and to the local PHU.

## 9. Outbreak Management

Correctional institutions should consult with the local PHU whenever a cluster of respiratory illness is detected.

NOTE: Antiviral prophylaxis may be considered in specific circumstances under the direction of the local PHU.

## 10. 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

#### Health Care Manual

- [Routine Practice-Standard Precautions](#)
- [Hand Hygiene](#)
- [Additional \(Transmission-Based\) Precautions](#)
- [Use of Personal Protective Equipment](#)
- [Infection Prevention, Management and Control Program](#)

#### Adult Institutions Manual

- [Admitting Process](#)
- [Cleaning, Sanitizing and Disinfecting Security Equipment and Radio Microphones](#)

#### [Ministry of Health and Long Term Care pH1N1 Flu Virus Website](#)

[www.ontario.ca/flu](http://www.ontario.ca/flu)

#### [Ministry of Labour pH1N1 Flu Virus Website](#)

[http://www.labour.gov.on.ca/english/hs/ua\\_h1n1flu.html](http://www.labour.gov.on.ca/english/hs/ua_h1n1flu.html)

#### [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.