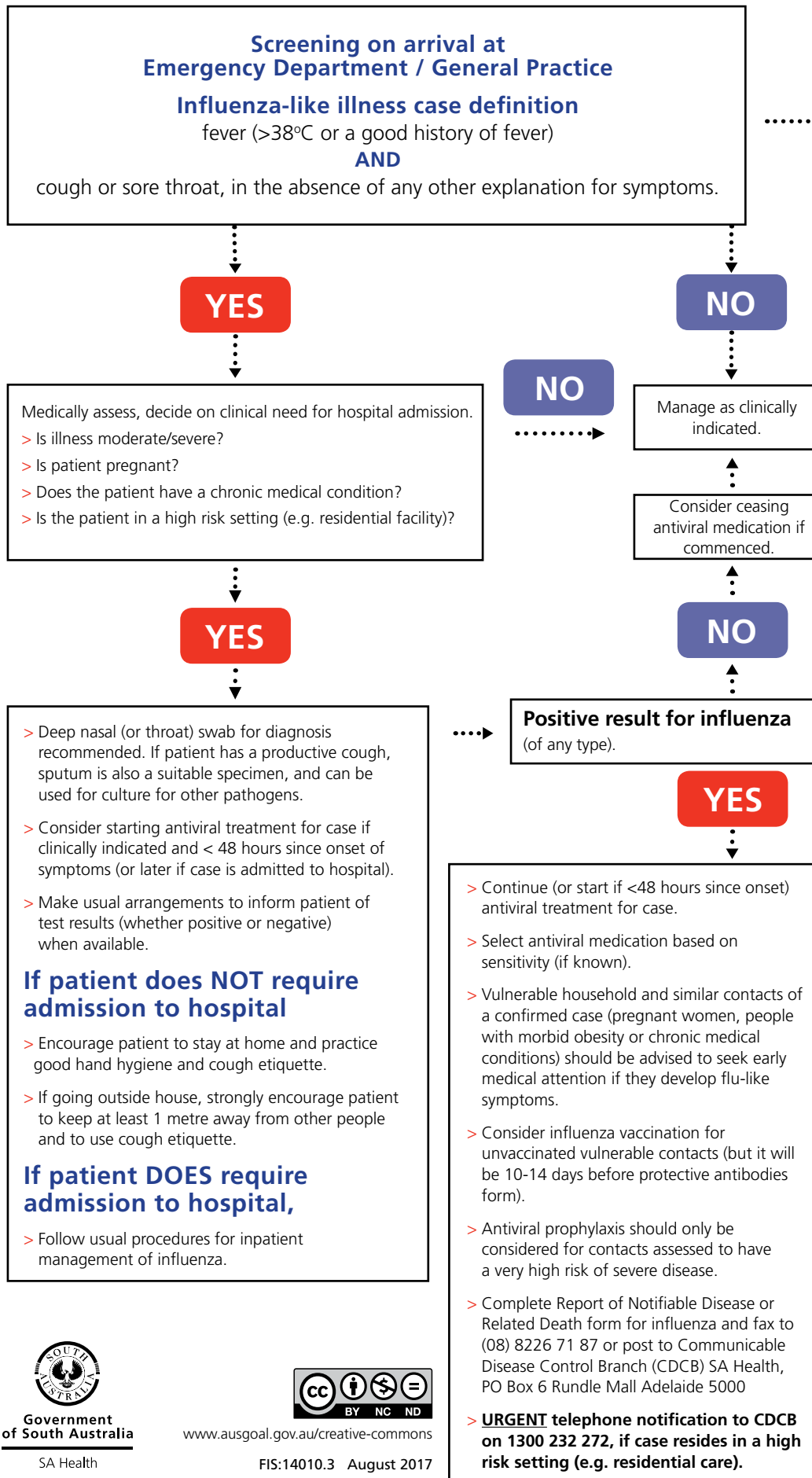


Influenza Management Guideline for Emergency Departments and General Practice



Infection Control in ED or GP Clinic

Preferred location: isolation room (negative pressure room **not** required)

Patient: to wear surgical mask if not in isolation room

Staff: Personal Protective Equipment (PPE) required when within 1 metre of patient, including:

- > surgical mask
- > long sleeved gown
- > eye protection
- > gloves

When deep throat or nasal swab is being taken, use surgical mask and eye protection. A P2 or N95 mask is **NOT** needed for obtaining a swab.

If aerosol generating procedures are being undertaken, staff in the same room as the patient should wear a P2 or N95 mask.

- > endotracheal intubation
- > open airway suctioning
- > non-invasive ventilation (CPAP or biPAP)
- > nasopharyngeal aspirate collection
- > diagnostic sputum induction

Nebulised medication is not considered an aerosol generating procedure, however spacer devices should be used whenever possible.

If isolation room cannot be used, cohort in a separate area with patient wearing surgical mask and at least 1 metre apart from other patients.

Infection Control in Hospital

Patient: arrange hospital admission to an isolation room or ICU if condition warrants. If isolation room unavailable, consider cohorting according to hospital infection control guidelines.

To remain isolated until:

a. plausible alternative diagnosis for the illness is confirmed

or

b. viral culture or PCR on nasal or throat swab is negative

or

c. until well **and** no fever for 24 hours (without fever-reducing medication) - usually 5 to 7 days after onset of illness. Infectious period may be longer in children and immunosuppressed people.

