



**January 2013**

**KEMPTVILLE DISTRICT HOSPITAL  
PANDEMIC  
CONTINGENCY PLAN**

## ***Background***

Kemptville District Hospital is a community hospital that provides healthcare to the town of Kemptville, the amalgamated municipality of North Grenville and the surrounding areas of Rideau, Edwardsburg, Mountain, South Mountain and the village of Merrickville. Approximately 10% of the patient population comes from Osgoode, Wolford, Augusta and Ottawa-Carleton.

Six core programs are provided on site:

- Emergency Services
  - open 24 hours / 7days a week
  - physician coverage, along with back-up on call, provided 24 hours a day
- Inpatient Medical Unit – 16 beds
- Complex Continuing Care – 5 beds
- Interim Long Term Care – 12 beds
- Surgical Inpatient Unit – 12 beds
- Ambulatory Care/ Clinics and Outpatient services (i.e. laboratory, diagnostic imaging, physiotherapy)

The following information outlines the responses that could be undertaken by Kemptville District Hospital in the event of a pandemic outbreak.

### A. Plan to increase bed capacity:

#### **Inpatient Unit (Medical and Surgical Units)**

The discharge of all inpatients whose needs could be safely met at home, either with support of the Community Care Access Centre (CCAC) or other resources would be an ongoing process.

The present 16 acute and 12 surgical bed capacity could be enhanced to 50 beds by using the following:

- Medical and CCC: 21 beds + 4 additional beds put into use (see table below)
- Interim LTC Beds: 12 beds + 1 additional medical bed put into use
  
- Assess discharge status and awaiting placement status of inpatients and ensure that the acute care beds are being used appropriately, transfer to CCC beds as indicated
- Admit acute care patients to these beds if no other resources available.

Total Beds:           16 – Inpatient Medical Unit  
                               5 – Complex Continuing Care beds  
                               12 – Surgical Inpatient beds  
                               4 – Medical and CCC additional beds  
                               13 - ILTC beds  
                               **50 – Total Beds**

Medical and Complex Continuing Car			Ortho	
100-1	105-1	108-3	117-1	121-2
	105-2	108-4	117-2	121-2
101-1	106-1	109-1	118-1	122-1
101-2	106-2	109-2 *	118-2	122-2
103-1	107-1	110-1	119-1	
103-2	107-2 *	110-2	119-2	
104-1	108-1	110-3 *	120-1	
104-2	108-2	110-4 *	120-2	

\* = **additional bed**

**Responsible Person:** Manager Nursing Services or designate

Access to other facilities:

Bayfield Nursing Home in Kemptville and Hilltop Manor in Merrickville have been identified as local facilities where beds might be accessed.

If these facilities are not closed to new admissions because of the outbreak, alternate level of care (ALC) patients could be transferred in the interim.

**Responsible Person:** CCAC Case Manager/Discharge Planner or designate

Alternative Sites:

Utilizing the Kemptville District Hospital Disaster Plan, existing agreements have been made with:

University of Guelph – KCAT use of the W.B. George Centre; North Grenville District High School. Refer to disaster manual for contacts.

Staffing off site facilities would be maintained through the Nursing and Central Scheduling Office, using established professional personnel pools and unregulated or support staff.

**Responsible Person:** Director Patient Services with Scheduling Clerk or designate

Transportation:

- During an outbreak access to transportation must be prioritized based on need.
- Acute care patients – Ambulance Services, Fire Emergency Vehicle.
- Non Acute patients – Family, North Grenville Accessible Transportation.

**Responsible Person:** CCAC Case Manager/Discharge Planner or designate

B. Plan to manage increase in demand for health care services:

Use of Off-Site Facility or Additional On-Site locations:

- Consideration to set up an off-site facility will be based on the availability of appropriate staffing compliments and the acuity level of the patient population. The W.B. George Centre KCAT would be used. On-site the Outpatient Physio Department would be used.
- Off-site facilities will only be used for outpatient management – defined by requiring less than 8 hours of care.
- If demands for inpatient care can be met on-site at Kemptville District Hospital, inpatient management will be based on availability of staff and equipment. This would be determined by the Senior Team or designate.
- A clear communications and education strategy that directs the public to either the off-site location or the Kemptville District Hospital Emergency Department will be developed.
  - Consider use of CTAS triage criteria to direct patients to the correct location.

Depending on the type of pandemic outbreak consider establishing a strategy to immunize acute care patients – based on provincial criteria.

**Responsible Person:** Senior Team or designate

C. Plan to increase/maintain workforce:

**Professional Goal**

Utilizing the internal fan out lists all full time, part time and casual nursing staff and PCAs will be contacted to determine availability and to alert them of the response plans.

Personnel pools for regulated care providers; RN and RPNs will be established.

Physician pools will be established using the existing on-call roster.

Personnel pool for support staff; PCAs, volunteers, retired staff and nursing students will be established. Existing schedules will be placed on hold and emergency response schedules will be put into place. Patient care areas will be staffed based on patient activity.

**Responsible Person:** Director Patient Services, Manager Nursing Services or designate  
Chief of Staff or designate

## **Support Pool**

Staffing from Plant Services, Housekeeping and Dietary Department will be pooled using the same process. Focus will be on staffing essential services. Redeployment of staff will be coordinated through the Nursing Office.

**Responsible Person:** Manager Building Services or designate

## **Immunization Management**

The Kemptville District Hospital will be utilizing the recommendations about priority groups for vaccination as outlined by the Public Health Agency of Canada and the Public Health Ontario, and Leeds Grenville and Lanark District Health Unit. During a pandemic those considered to be most important for health care and overall infrastructure will be vaccinated first.

- 1<sup>st</sup>) Health Care Workers – internal priorities for Kemptville District Hospital
  - 1) Emergency Department and Support staff – to include Registered Nurses and Physicians (Locum Privileges and Active Privileges). This also includes the front line providers in the admitting and outpatient care areas; laboratory and radiology.
  - 2) Inpatient care providers; Registered Nurses, Registered Practical Nurses, Personal Care Assistants, Physiotherapist, Physiotherapist Assistant and Support staff. See policy on immunization of Kemptville District Hospital staff.
    - IC 327 - Influenza Prevention & Control.
- 2<sup>nd</sup>) Essential Service Providers – (fire, police, corrections, public transport and transport of essential goods). The Public Health Unit will provide immunizations to this target group. Kemptville District Hospital will only provide immunizations if available supply meets hospital requirements.
- 3<sup>rd</sup>) High-risk patients as defined by Ministry of Health guidelines.
  - **NOTE:** There is a possibility that no vaccine or a limited supply of vaccine will be available for the duration of an influenza pandemic.

**Responsible Person:** Senior Team, Director Patient Services or designate

## **Antiviral Management**

The utilization and procedure for dispensing these medications will be determined in consultation with the Medical Officer of Health.

**Responsible Person:** Senior Team, Director Patient Services, or designate

D. Plan to minimize the spread of infectious agent:

- i) Education blitz regarding the transmission, spread, side effects and prevention strategies.
  - Target: All hospital staff professional and support.
  - Promote Routine Practices and Additional Precautions - personal protective equipment (barriers) and hand washing.

**Responsible Person:** Infection Control Nurse, Manager Nursing Services or designate

- ii) Bed Management:
  - Cohort these patients based on ARI, symptoms and management.
  - ARI (Acute Respiratory Illness) screening will continue to be done on admission.

**Responsible Person:** Manager Nursing Services, Team Leader or designate

- iii) Guidelines for patient transfers:
  - Utilize existing procedure for Outbreak Management
  - Routine Practices and Additional Precautions to be followed.
  - Alert all personnel internal and external to the risk of exposure.

**Responsible Person:** Infection Control Nurse, Manager Nursing Services or designate

- iv) Guidelines for visitors:
  - During an outbreak all hospital programs and activities will be halted.
  - Directions for closing the hospital to the public will be taken from the Medical Officer of Health.
  - All entrances will be posted with signs indicating the restrictions.

**Responsible Person:** Communications or designate in consultation with Senior Team

E. Plan to manage supplies and equipment:

Utilize existing network contracts to maintain and obtain adequate supplies – refer to disaster plan.

**Responsible Person:** Materials Management or designate

F. Plan to manage increase in Emergency Department volumes:

**Plan A:** meet with physicians to explore possible expanded role of medical centres to decrease ED volumes.

**Signage at ED Entrance:** i.e. KDH Influenza Assessment Clinic Open – If you are here to see a Doctor for outbreak symptoms, check in with the Nurse at the entrance.

**Additional Signage at ED, Front and Back Door Entrances:** Signage as appropriate for type of outbreak occurring.

**Role of RPN at ED Entrance:**

1. Inform patients they can choose to go to an assessment centre if they have outbreak symptoms and no other symptoms requiring an emergency room visit.
2. Send ED patients directly to Patient Registration desk.
3. Determine if the patients choosing the outbreak clinic have any chest pain, SOB – alert Triage.
4. For clinic patients: Complete outbreak screener, have patient wear a mask; send patient to Patient Registration desk with clinic designation check off and clinic Q and A sheet (Appendix A).
5. With clinic documentation, do vital signs; have patient wait in hallway chairs beside Clinic Room.

**Location of Forms for Outbreak Assessment Clinic:**

KDH Shared Drive → Emergency Preparedness Folder

Under Folder - Pandemic Forms:

*Appendix A - Form 295 – Acute Respiratory Illness (ARI) Management (For Patient to complete)*

*Appendix B – Form 602 - Out Patient Prescription for H1N1 Treatment  
Oseltamivir Tamiflu*

*Appendix C – Form 431 - Emergency Department Acute Respiratory Illness  
Rapid Assessment Form*

*Appendix D – Form 464 - Acute Respiratory Illness Assessment*

*Appendix E - Primary Assessment Record Combined Adults & Pediatric*

*Appendix F – Policy IC 234 Outbreak Management*

*Appendix G – Policy IC 261 – Routine Practices and Additional Precautions.*

G. Plan to manage corpses:

On-site: Refer to disaster plan – use of Clinic Room # 6

Off-site: Establish a plan with McGarry Funeral Home regarding storage and available space.

Consider discussion with the municipality to use the local arena

Consider use of refrigerated transport truck

H. Reporting of Outbreak cases to the Medical Officer of Health:

Follow guidelines for reporting to the Health Unit

I. Reporting of Adverse Vaccine Reaction:

Follow current protocol for documenting the immunizations and reporting reactions, See *Appendix H - Report of Adverse Events Following Immunizations*



**INFLUENZA - LIKE ILLNESS (ILI) MANAGEMENT****(for Hospital Entry Points)****Step 1: Active Febrile Respiratory Illness (FRI) Screening Nurse**

1. Do you have new/ worse cough or shortness of breath?

NO If "NO" stop here, FRI screener is negative.

YES If "YES" use routine practices, ask patient to wear a mask if tolerated and ask;

2. Are you feeling feverish or have you had shakes or chills in the last 24 hours?

NO If "NO", take temperature;

➤ If greater than 38 FRI screener is positive, continue

➤ If less than 38 FRI screener is negative, stop here\*

➔ \* NB fever may not be present in patients under 2 years old and over 65 years old, if in doubt use additional precautions as below ↓

\_\_\_\_ temperature

YES If "YES", take temperature, FRI screener is positive, continue

***Initiate additional precautions if within 2 metres of patient;***

***> eye protection***

***> fit tested N 95 respirator (if unavailable contact Occupational Health or Nurse Manager)***

***> gloves and gown if there is a risk of clothing or skin contamination***

**Step 2: ILI Assessment (By MD)**

**IF:** Acute onset of respiratory symptoms with fever\* AND new/worse cough or shortness of breath

**AND**

one or more of the following:

sore throat

arthralgia

myalgia

prostration (severe exhaustion)

**Step 3:**

Assess as per "Risk Factors, Abnormal Vital Signs, Worsening Clinical Status" (see Risk Factors on reverse)

**1. Risk Factors**

- People with chronic health conditions, including
  - Cardiac disease
  - Pulmonary disorders, particularly asthma
  - Diabetes mellitus and other metabolic diseases
  - Cancer
  - Immunodeficiency (e.g. HIV)
  - Immunosuppression (e.g. transplant patients)
  - Renal disease
  - Anemia or hemoglobinopathy
  - Conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration (e.g. chronic neurologic/ neuromuscular/ cognitive disorders that increase risk of aspiration)
- Morbid obesity (i.e. BMI greater than 40)
- People over 65 years old
- Children under 5 years old (risk greater under 2 years old)
- Children under 18 years old on long-term acetylsalicylic acid therapy
- Pregnant women and women up to 4 weeks post-partum (the risk of developing complications from pH1N1 is higher later in pregnancy – 2<sup>nd</sup> and 3<sup>rd</sup> trimester – and up to 4 weeks post – partum)
- Persons living in rural areas remote from hospital care (e.g. remote First Nations communities)
- Residents of long-term care homes (most of whom have chronic conditions that put them at risk of complications)

**2. Abnormal Vital Signs**

- One or more of pulse, blood pressure, respirations and oxygen 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.

**3. 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.

(Posted on MD board) Go to Algorithm of treatment Ministry of Health and Long-term Care Management of patients with influenza.

**OUTPATIENT PRESCRIPTION FOR OSELTAMIVIR (TAMIFLU®)**

Weight: _____ kg	Allergies: _____
<p>_____ Patient meets Ontario Ministry of Health requirements for Pandemic Supply</p> <p><b>MEDICATIONS:</b>      Contact pharmacy for dosing patients with renal dysfunction.</p> <p>_____ Administer first dose in Emergency Department</p> <p><b>PREMATURE INFANTS AND NEONATES:</b> <i>Please consult Infectious Diseases.</i></p> <p><b>LESS THAN 9 MONTHS OF AGE:</b></p> <p>_____ Oseltamivir (Tamiflu®) _____ mg (3 mg/kg/dose, MAX 30 mg/dose) PO BID x 5 days</p> <p><b>9 MONTHS TO 12 MONTHS OF AGE:</b></p> <p>_____ Oseltamivir (Tamiflu®) _____ mg (3.5 mg/kg/dose, MAX 45 mg/dose) PO BID x 5 days</p> <p><b>GREATER THAN 12 MONTHS TO 12 YEARS OF AGE:</b></p> <p>_____ Less than or equal to 15 kg: <b>Oseltamivir (Tamiflu®)</b> 30 mg PO BID x 5 days</p> <p>_____ 15 to less than 23 kg: <b>Oseltamivir (Tamiflu®)</b> 45 mg PO BID x 5 days</p> <p>_____ Greater than 23 to 40 kg: <b>Oseltamivir (Tamiflu®)</b> 60 mg PO BID x 5 days</p> <p>_____ Greater than 40 kg: <b>Oseltamivir (Tamiflu®)</b> 75 mg PO BID x 5 days</p> <p><b>GREATER THAN 12 YEARS OF AGE:</b></p> <p>_____ <b>Oseltamivir (Tamiflu®)</b> 75 mg PO BID x 5 days</p> <p>NO REFILLS</p> <p><b>CAPSULES OR SUSPENSION MAY BE DISPENSED DEPENDENT ON AVAILABILITY AND/OR PATIENT PREFERENCE.</b></p> <p><i>Oseltamivir (Tamiflu®) capsules may be opened and mixed in a small amount of apple sauce or sweetened liquids, such as regular or sugar-free chocolate syrup. Once mixed, give immediately.</i></p>	

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME OF PHYSICIAN

\_\_\_\_\_  
CPSO#

\_\_\_\_\_  
DATE AND TIME



**Kemptonville District Hospital  
EMERGENCY DEPARTMENT  
ACUTE RESPIRATORY ILLNESS  
RAPID ASSESSMENT FORM**

Form # 431

Appendix C

<b>Assessment Date</b> _____ / _____ / _____ <small>Day Month Year</small>	<b>Time:</b> ____:____
<b>Patient:</b> ____ yr <input type="checkbox"/> M <input type="checkbox"/> F <b>Hx From:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
<b>PMHx:</b> <input type="checkbox"/> Healthy <input type="checkbox"/> IUTD                      Seasonal Flu Vaccine: <input type="checkbox"/> 2008/09 <input type="checkbox"/> 2009/2010 <input type="checkbox"/> H1N1 Vaccine <input type="checkbox"/> Antipyretic taken    Time last taken: _____                      Dose last taken: _____	
<b>** High Risk:</b> <input type="checkbox"/> Age under 2 yr <input type="checkbox"/> Chronic asthma/resp <input type="checkbox"/> Diabetes <input type="checkbox"/> Immunodeficiency (eg: HIV) <input type="checkbox"/> Morbid obesity <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Neurologic disorder/impairment <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Renal disease <input type="checkbox"/> Cardiac <input type="checkbox"/> Immunosuppression (eg: transplant) <input type="checkbox"/> Cancer <input type="checkbox"/> Anemia or hemoglobinopathy <input type="checkbox"/> Other _____	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/> No Meds <input type="checkbox"/> Meds: _____ <input type="checkbox"/> No Allergy <input type="checkbox"/> Allergy: _____	
<b>Current Illness:</b> Started on: _____ <input type="checkbox"/> Fever: Started: _____ Last: _____ Max: _____ Response: _____ <input type="checkbox"/> Cough/Difficulty Breathing: _____ <input type="checkbox"/> Sore Throat: _____ <input type="checkbox"/> Headache: _____ <input type="checkbox"/> Myalgias: _____ <input type="checkbox"/> Arthralgias: _____ <input type="checkbox"/> Lethargy: _____ <input type="checkbox"/> Dizziness/Pre-syncope: _____ <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting x ____ days (d); ____ x/d; Last: _____ <input type="checkbox"/> Diarrhea x ____ d; ____ x/d; Last: _____ <input type="checkbox"/> Drinking well <input type="checkbox"/> Eating well <input type="checkbox"/> Poor intake: _____ <input type="checkbox"/> Normal urine output <input type="checkbox"/> Decreased urine output: # _____ in last 24 hours   Last void: _____ <input type="checkbox"/> Other symptoms: _____	
<b>Sick Contacts / Social:</b> _____	
<b>Physical Exam:</b> V/S (if repeated since triage) T: _____ °C HR: _____ RR: _____ BP: ____/____ SaO2: ____% Appearance: <input type="checkbox"/> Non-toxic <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Other: _____ Head & Neck: <input type="checkbox"/> Normal <input type="checkbox"/> Findings: _____ Resp: <input type="checkbox"/> Normal <input type="checkbox"/> Findings: _____ C / V: <input type="checkbox"/> Normal <input type="checkbox"/> Findings: _____ Abd: <input type="checkbox"/> Normal <input type="checkbox"/> Findings: _____ Extremity/Other: <input type="checkbox"/> Normal <input type="checkbox"/> Findings: _____	
<b>Investigations:</b> <input type="checkbox"/> Nasopharyngeal swab/auger (*High Risk /Admitted Patients ONLY) <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine dip: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal: _____ <input type="checkbox"/> CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal: _____ <input type="checkbox"/> Labs: (CK/Trop for decreased BP, admitted) _____ <input type="checkbox"/> ECG: _____ <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Patient transferred to Main Department for extended stay / admission at: ____:____	
<b>Impression / Dx:</b> <input type="checkbox"/> Viral URTI <input type="checkbox"/> Influenza <input type="checkbox"/> Croup <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Pneumonia: _____ <input type="checkbox"/> Other: _____	
<b>Discharge Plan:</b> <input type="checkbox"/> Fever Info <input type="checkbox"/> H1N1 Info <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other Advise: _____ <input type="checkbox"/> Rx Oseltamavir (*High Risk/Admitted Patients ONLY) <input type="checkbox"/> Rx Other: _____	
<b>Discharge Date:</b> _____ / _____ /20 <b>Time:</b> ____:____	
<b>Physician Name:</b> _____ <b>Signature:</b> _____	



**Kemptonville District Hospital  
EMERGENCY DEPARTMENT  
ACUTE RESPIRATORY ILLNESS  
RAPID ASSESSMENT FORM**

Form # 431

Appendix C



# ACUTE RESPIRATORY ILLNESS ASSESSMENT

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Registration Information:

**Is the patient here for Acute Respiratory Illness (ARI)?**

No <input type="checkbox"/>  <b>Register as Emergency</b>	Yes <input type="checkbox"/>  With Chest Pain, SOB & Cough <b>Register as Emergency</b>	Yes <input type="checkbox"/>  With Fever on presentation, Cough and Body Ache <b>Register as Clinic</b>
<b>Vitals if Clinic Visit</b>		Resp. Rate _____ BP _____ Temp. _____ Pulse _____ SaO <sub>2</sub> _____

ARI = Acute Respiratory Illness  
 SOB = Shortness of Breath



**Sections 1-3 to be filled out by patient**

<b>Patient</b> ( <i>first name, last name</i> ) please print	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Date</b> ( <i>dd/mm/yy</i> ) / /	<b>Time</b> ( <i>hh:mm</i> ) :
--	-------------------------------	---------------------------------	--	-----------------------------------

**Address:** \_\_\_\_\_

**Telephone:** Home \_\_\_\_\_ **Business** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**OHIP Number:** \_\_\_\_\_ **Patient Identifier Number** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Section 1 - History**

Onset of symptoms: Date (*dd/mm/yy*) / / Time (*hh:mm*):

**Check all that applies below (✓)**

	Yes	No			Yes	No
<b>a. Respiratory and General</b>			<b>b.</b>	<b>Digestive</b>		
Fever (greater than 38°C or 100.4°F)				Vomiting		
Cough				Diarrhea		
Shortness of breath/ difficulty breathing				Abdominal pain		
Sore Throat						
Aching joints				<b>c.</b>	<b>Neurological</b>	
Aching muscles			Confusion, drowsiness			
Very tired/ decreased energy			Seizures/ Convulsions			
			<b>d.</b>	<b>Other Symptoms</b>		

History of travel outside of country within last 14 days?  No  Yes, Country: \_\_\_\_\_

**Section 2- Medical Conditions**

Medical Conditions  No  Yes (Please detail below)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Surgeries  No  Yes (Please detail below)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Section 3 – Allergies to Medication**

- 1. Reaction:
- 2. Reaction:
- 3. Reaction:
- 4. Reaction:
- 5. Reaction:
- 6. Reaction:

Do you take any medication (pills, inhalers, needles, etc) on a regular basis?

No  Yes, please complete the Medication List.

**Medication List**

Drug *(the dose, how often you take it, and how you have to take it (pill, injection, etc.))*

**Immunization Status**

Immunization status with the seasonal vaccine (date):

Immunization status with the pH1N1 vaccine (date of 1<sup>st</sup> dose or 2<sup>nd</sup> dose):

Have you been issued a 2009/10 Flu Pass? Yes/No

Do you have it with you? Yes/No

Signature of Patient

Date (dd/mm/yyyy)

/ /

If completed by someone other than patient  
Name (first name, last name) please print  
Relationship to patient:

Signature





Sections 4-6 to be filled out by healthcare provider

**Section 4 – Assessment**

**Physical Exam**

Heart rate: \_\_\_\_\_/min  
Temperature: \_\_\_\_\_ °C

Resp rate: \_\_\_\_\_/min  
SpO<sub>2</sub> \_\_\_\_\_ %

Blood Pressure \_\_\_\_ / \_\_\_\_ mmHg  
Weight \_\_\_\_ kg

Head/ Eyes/ Ears/ Nose/ Throat

Cardiovascular

Respiratory

Gastrointestinal/ Abdomen

Genitourinary

Neurological

Musculoskeletal

**ARI Clinical Case Definition**

Acute onset of respiratory symptoms with fever **AND** new/ worse cough or shortness of breath

**AND**

one or more of the following:

- sore throat
- arthralgia (joint pain)
- myalgia (muscle pain)
- prostration (extreme exhaustion)

Fever may not be present in young children and the elderly. Some people have reported diarrhea and vomiting associated with pandemic H1N1 (pH1N1) influenza.

When influenza is circulating in the community, the ILI clinical definition is a good predictor of influenza. The positive predictive value increases when fever is higher than 38°C and when the onset of clinical illness is acute (less 48 hours after the prodromes).



## Section 5 – Antiviral Assessment

### Risk Factors (Check all that apply)

- People with conditions that increase their risk of complications, such as:
  - Cardiac disease
  - Chronic pulmonary disorders, particularly asthma
  - Diabetes mellitus and other metabolic diseases
  - Cancer
  - Immunodeficiency (e.g., HIV)
  - Immunosuppression (e.g., transplant patients)
  - Renal disease
  - Anemia or hemoglobinopathy
  - Morbid obesity (i.e. BMI>40)
  - Conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration (e.g., neurologic, neuromuscular, and cognitive disorders)
- People over age 65 years old (although people over 65 years of age have the lowest risk of contracting pH1N1, they are still at highest risk of complications when they are infected)
- Children under 5 years old (the risk is greater for children under 2 years old)
- Children under 18 on long-term acetylsalicylic acid therapy
- Pregnant women and women up to 4 weeks post-partum (the risk of developing complications is higher later in pregnancy – 2nd and 3rd trimester – and 4 weeks post-partum)
- Persons living in rural areas remote from hospital care (e.g., remote First Nations communities)
- Residents of long-term care homes (most of whom have chronic conditions that put them at risk of complications)

### Antiviral treatment is recommended for those who present within 48 hours of onset of symptoms

#### AND

**A) have conditions that increase their risk for complications**

#### OR

**B) have no risk factors but have abnormal vital signs<sup>1</sup> for his/her age and health status**

<sup>1</sup> 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.

**Antiviral treatment is also recommended for individuals with worsening clinical status<sup>2</sup> indicative of pending serious illness and hospitalization. Note that patients with worsening clinical status should be treated with antivirals and appropriate clinical management (which may include referral to hospital if clinically indicated).**

<sup>2</sup> **Worsening clinical status** is defined as 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.

Assessor's name, Designation	Discharge date (dd/mm/yyyy)	Discharge time (hh:mm)
Assessor's signature		



**Section 6 a – Orders**

Orders	Discharge date (dd/mm/yyyy)	Discharge time (hh:mm)
<input type="checkbox"/> Discharge home on self-care with self-care instructions	/ /	:
<input type="checkbox"/> Discharge home with telephone follow-up in 48 hours	/ /	:
<input type="checkbox"/> Follow-up booked	/ /	:
<input type="checkbox"/> Discharge to hospital for Secondary Assessment	/ /	:
<input type="checkbox"/> Transfer arranged	/ /	:
<input type="checkbox"/> ARI Assessment Record sent with patient	/ /	:
<input type="checkbox"/> Diagnostic testing ordered	/ /	:

**Section 6 b – Prescriptions**

**Oseltamivir x 5 days (normal renal function)**

- Children < 9 months ⇒ 3.0 mg/kg q12h
- Children ≥9 months but < 12 months ⇒ 3.5 mg/kg q12h
- Children ≥ 12 months (by weight)
  - ≤ 15 kg ⇒ 30 mg q12h
  - > 15 kg to 23 kg ⇒ 45 mg q12h
  - > 23 kg to 40 kg ⇒ 60 mg q12h
  - > 40 kg ⇒ 75 mg q12h
- Adults > 18 years of age ⇒ 75 mg q12h

**\*Adult renal impairment dosing** (for patients with creatinine clearance (CrCL) between 10 mL/min and 30 mL/min) is 75 mg once daily for 5 days. Not recommended for use when CrCL is less than 10mL/min. No recommended dosing regimens are available for patients undergoing routine hemodialysis and continuous peritoneal dialysis treatment with end-stage renal disease.

First dose given of oseltamivir	
Time (hh:mm) ____:____	Assessor's initials

**OR**

**Alternative Choice**

**Zanamivir** 10 mg (2 inhalations) q12h x 5 days for adults and children > 7 years of age

First dose given of zanamivir Time (hh:mm) ____:____	Assessor's initials
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Physician's or health care provider's (under medical directive) name Physician's CPSO Number: \_\_\_\_\_

Physician's or health care provider's signature

Date (dd/mm/yyyy)

/ /



<b>Kemptville District Hospital Infection Control Departmental Manual Policy</b>	
Department: HOSPITAL WIDE	Policy Number: <b>IC-234</b>
Subject: <b>OUTBREAK MANAGEMENT</b>	Date Approved: December 2007
Approval:  Director of Patient Services	Revision Dates: April 2011 <sup>1</sup>

## PURPOSE

Early recognition of symptoms of infectious illness by Health Care Providers (HCPs) will help to reduce the transmission of microorganisms to patients, staff and visitors and prevent or reduce outbreaks.

## DEFINITIONS

**"Additional Precautions (AP)"**: Specific precautions (contact, droplet, airborne) which are carried out, in addition to Routine Practices for specific organisms or clinical presentations.

**"Cohort"**: The assignment of a geographic area to two or more patients who are either colonized or infected with the same microorganism, with staffing assignments restricted to the cohorted group of patients.

**"Outbreak"**: An increase in the number of cases (colonized and/or infected) above the number normally occurring. Case definition of an outbreak is defined by Infection Prevention and Control Practitioner and Public Health. Outbreak criteria will vary depending on the suspected organism.

Enteric: 2 or more patients on the same unit exhibit vomiting, and/or diarrhea in a 48 hour period.

Respiratory: 2 or more patients on the same unit exhibiting 2 or more signs and symptoms of acute respiratory illness including sudden onset of fever (38C), and cough, headache, sore throat, rhinitis (runny nose), myalgia (muscle pains), malaise, pharyngitis, in a 48 hour period.

**"Barrier Equipment / Personal Protective Equipment (PPE)"**: Clothing or equipment worn by health care providers for protection against hazards (gown, gloves, mask/N95 respirator, face/eye protection)

**"Routine Practices (RP)"**: The system of infection prevention and control practices recommended by The Public Health Agency of Canada to be used by all HCPs with all patients during all care to prevent and control the transmission of micro organisms in all health care settings.

<sup>1</sup> This revision combines previous Policies 234, 320, 321, and 324.

## PROCEDURE

### Suspected Outbreak

- Immediately place symptomatic patients on contact and /or droplet precautions to prevent spread of infectious illness.
- Do **not wait for confirmation** of the pathogen involved.
- Assess patients carefully as medical conditions or treatments may contribute to the symptoms; e.g., medications may contribute to diarrhea.
- Immediately communicate concerns of infection transmission to the Team Leader / Infection Control.

### Meeting Called

As soon as a suspected or confirmed outbreak is identified the Infection Control Nurse will call an outbreak team meeting (OMT).

Meetings are to be held daily for the duration of the outbreak unless the team decides otherwise. At the end of each meeting the next meeting time will be determined. These meetings will include:

- Infection Control Practitioner (ICP) (Chairperson)
- Director Patient Services
- Manager(s) of Patient Units
- Team Leaders, affected unit(s)
- Director of Operations and/or Delegate
- Laboratory Manager Public Health representative (PHN- respiratory outbreak, PHI-enteric outbreak)
- Recording secretary (minutes)
- Others as deemed necessary (e.g. other managers, team leaders, Chief of Staff and/or Infection Control Physician, dietician, pharmacist, Manager Hospital Communications)

### **Confirmed Outbreak:**

#### **Infection Control / OMT**

- Notifies Public Health Unit. **ONLY** the Medical Officer of Health/delegate can declare an outbreak and declare it to be over.
- Establishes the case definition and route of transmission.
- Reviews the implementation of infection control measures and revises accordingly.
- Ensures that specimens are properly collected and sent.
- Reviews the patient Enteric/Respiratory Outbreak Line Listing (**Appendices A / B**).
- Reviews lab reports.
- Ensures ongoing identification of all cases and potential carriers.
- Ensures admissions and discharges, are restricted in collaboration with the Medical Director and the Medical Officer of Health.

#### **Occupational Health**

- Maintains Enteric/Respiratory Outbreak Line Listing of all affected staff on the outbreak unit during the outbreak (**Appendices A / B**).
- Faxes Outbreak Line Listing daily (9:30 AM) to Leeds, Grenville, and Lanark District Health Unit.
- Fills out appropriate WSIB forms for affected staff.
- Notifies Ministry of Labour of any staff affected by the outbreak.

#### **Nursing**

- Posts signs at hospital / unit entrances restricting visitors and others from entering the outbreak area.
- Uses appropriate barrier equipment (PPE). Isolation Carts available in clean utility room.
- Collects appropriate specimens as required (**Appendices C & D**)
- Documents the signs and symptoms of affected and recovered patients **daily** on the Enteric/Respiratory Outbreak Line Listing.
- Sends Line listing **daily** (by 09:30 AM) to Public Health Unit.

- Isolates and/or cohorts patients infected with the same organism to the same room
- Separates, if necessary, those exposed to infected cases but who do not yet show signs of infection from those who have not been exposed until the incubation period is over.
- Assigns **one washroom** if possible. .
- Ensures that all group activities on the unit are cancelled for the duration of the outbreak.
- Informs the patients and families of the outbreak and the need for compliance with enhanced infection control measures; i.e., hand washing, isolation precautions, and limitation to visitors.
- Cleans and disinfects vomit / feces spills promptly.

### **Environmental Services**

- Cleans all rooms adhering to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections for cleaning isolation rooms (ICM protocol). (see reference document in Building Services Department)

### **Dietary**

- Uses regular dishes and cutlery should be used – and considers all dishes infectious at all times.

### **Visitors / Volunteers**

- Volunteers will be restricted for the duration of the outbreak.
- Visitors will be restricted for the duration of the outbreak.

### **Antiviral Prophylaxis / Treatment (Influenza A&B only)**

During a confirmed outbreak, in the consultation with the Public Health Unit, the Attending Physician will make risk assessments and decisions regarding antiviral prophylaxis / treatment for patients and staff on the affected units.

### **Patient Transportation within the Facility**

- If transportation is necessary, staff must ensure personnel receiving the patient have prior notification and are aware of the infection control precautions to follow with the patient.
- Symptomatic patients should wear PPE, including mask.
- Staff transporting should wear PPE. Remove when finished transporting.

### **Communication**

- Director of Patient Service shall serve as the spokesperson.
- Updates will occur daily to staff via email and/or communication books.







## Specimen Collection

### Enteric

- Collect stool specimens as directed in Specimen Kit.
- 3 bottles to fill line or as directed by Health Inspector.
- Need up to a maximum of 3 specimens only per outbreak unit.
- Refrigerate. These can be left over weekend.

### Respiratory

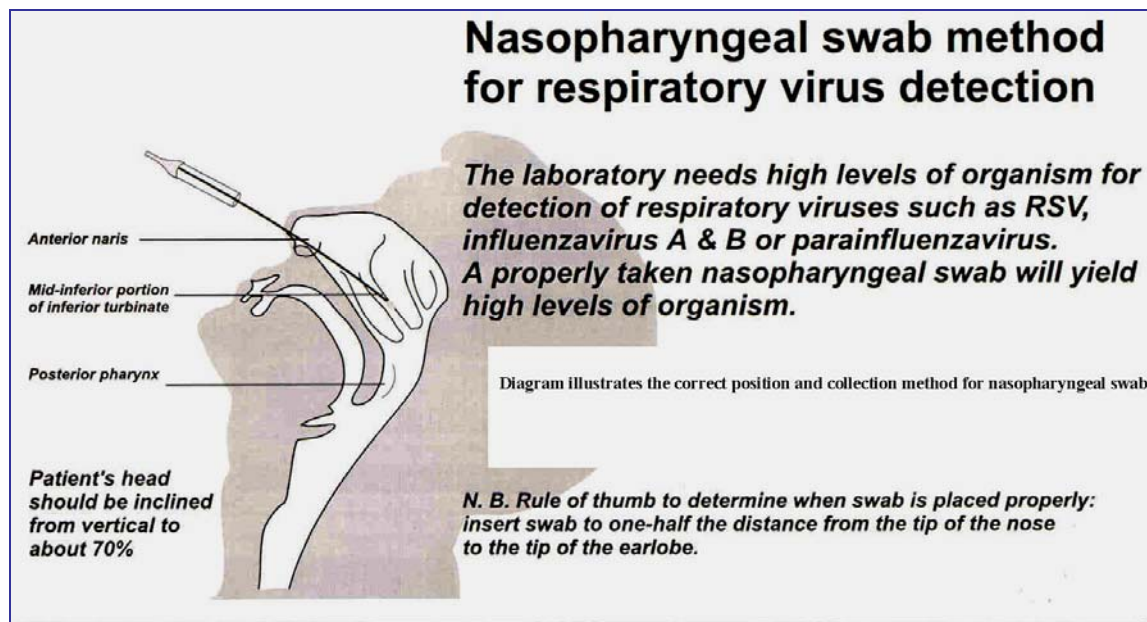
- Obtain NP kit from M&S or the lab.
- 1<sup>st</sup> choice is nasal pharyngeal swab (NPS), if unable to obtain then try to obtain a throat swab.
- Collect within 48 hours of 1<sup>st</sup> symptoms.
- Need 3 specimens only per outbreak. Unit.
- Refrigerate. Do not keep specimen over the weekend.
- Specimen should be sent via lab courier (1100) unless required urgently.
- If required urgently, mark “STAT”. Courier, via taxi to CHEO Virology lab.

CHEO processing times:

Mon. – Fri.: 0700, 0930, 1330


Sat. and Sun: 0930

- Lab and nursing supervisor to notify CHEO of incoming test. 613-737-7600.
- Ask time test completed. Manager to call for result.
- Name and phone number of person to receive report must be on requisition.



## Procedure

- Perform hand hygiene.
- Don appropriate PPE (safety glasses, mask, gown, and gloves).
- Have the patient tilt his head back so the nose points upwards.
- The swab is inserted so that it reaches a point midway between the tip of the nose and the earlobe; rotate the swab slowly 2- 3 times. Don't be overly gentle; you need to scrape off epithelial cells from the nasopharynx.
- Remove and insert into the pink viral transport media.
- Insert swab into viral transport medium and break swab at scored line. Recap tube and place in a specimen bag to be sent to the lab. Specimen must be refrigerated.
- Remove PPE.
- Perform hand hygiene.

<b>Kemptonville District Hospital Infection Control Departmental Manual Policy</b>	
Category: HOSPITAL WIDE	Policy Number: <b>IC-261</b>
Subject: <b>ROUTINE PRACTICES AND ADDITIONAL PRECAUTIONS</b>	Date Approved: October 13, 1988
Approval:   Director Patient Services	Revision/Review Dates: June 1991    Jan 1993    Sept 1996 Oct. 1997    May 2000    July 2000 Aug 2000    Oct 2003    July 2005 Sept 2007    April 2011 <sup>1</sup>

## PURPOSE

To provide guidelines that serve as the foundation for preventing the transmission of infectious agents.

## DEFINITIONS

**“Additional Precautions (AP)”**: Specific precautions (i.e., Contact, Droplet, and Airborne) which are carried out **in addition to** Routine Practices for specific organisms or clinical presentations. These may include physical separation from other individuals and/or the use of personal protective equipment to prevent or limit the transmission of potentially infectious agents from colonized or infected individuals to others.

**“Hand Hygiene”**: A process for the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or the use of alcohol-based hand rubs that contain between 60-90% alcohol.

**“Routine Practices (RP)”**: Based on the premise that **all** patients are potentially infectious even when asymptomatic. It is a system of infection prevention and control practices to be applied to **all** patients in **all** settings at **all** times by **all** health care providers to prevent and control the transmission of microorganisms.

## PROCEDURE

Routine Practices (RP) consists of the following elements aimed at minimizing exposure to microorganisms:

### Risk Assessment

a) Perform risk assessment **before each interaction** with the patient to determine required interventions to prevent exposure and transmission to self and others. Questions to ask:

1. What contact am I going to have with the patient?

<sup>1</sup> This revision dates combines Policies 261, 262 I), ii), iii) and v).

2. What task am I going to perform?
3. What is my risk of exposure to blood, body fluids, respiratory secretions, excretions, non-intact skin, mucous membranes, body tissues and contaminated equipment.
4. Will the patient be cooperative while I perform the task?

**Risk Reduction**

a) Hand Hygiene:

- The single most important measure to prevent the spread of organisms. Alcohol-based hand rub or soap and water.

b) Respiratory / Cough Etiquette

- Cover the nose/mouth with a tissue when coughing or sneezing.
- If you don't have a tissue cough or sneeze into your upper sleeve not your hands.
- Throw tissue into garbage immediately after use.
- Perform hand hygiene after disposal of tissues.

c) Mask and Eye Protection or Face Shield:

- Wear to protect eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

d) Gown:

- Wear long sleeved gown if contamination of uniform or clothing is anticipated.

e) Gloves:

- Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects.

f) Environment and Equipment Cleaning:

- Environmental cleaning in the facility should be performed on a routine and consistent basis to provide for a safe and sanitary environment.
- All equipment that is being used by more than one patient should be cleaned in between patients including transport equipment.
- Personal items (e.g., lotions, creams soaps, razors) should not be shared between patients.

- Refer to environmental cleaning check lists for protocol for daily and discharge cleaning.
- Housekeeping will manage the clean up of all spills, blood and bodily fluids.
- Housekeeping staff must not walk from room to room and other areas of the health care facility wearing the same pair of gloves.
- Gloves must be removed and hand hygiene must be performed on leaving each client/patient/resident room or bed space.

g) Dishware and Eating Utensils:

- Dishware and eating utensils are effectively decontaminated in commercial dishwashers with hot water and detergents.
- Reusable dishware and utensils should be used for all patients including those on Additional Precautions.
- Disposable dishes are not recommended during infectious illnesses. An exception to this would be when patient safety is an issue i.e. aggression

h) Linen and Waste:

- Handle soiled linen and waste carefully to prevent personal contamination and transfer of microorganisms to patients.
- Double bagging of linen is not required.
- All soiled linen, including that contaminated with blood, body fluids, secretions or excretions, should be handled as though infectious. The same precautions should be used, regardless of whether the patient is on Additional Precautions and regardless of the source or health care setting.
- Waste handlers should wear protective apparel appropriate to their risk (e.g. gloves, protective footwear).

i) Patient Placement:

- Use a single room for a patient who contaminates the environment.
- Designate a bathroom for the patient.
- Patients who can practice appropriate personal hygiene and who will not contaminate the environment may leave their room for short periods provided they do not have contact with other patients.

- Normal patient care activities should be maintained despite Contact Precautions (e.g. MRSA and VRE) to maintain quality of care.

j) Sharps Injury Prevention:

- Use only Safety Engineered Medical Sharps/Devices whenever possible.
- Never recap used needles.
- All sharps to go in sharps container, filling on only to marked fill line on container (¾ full).
- Community nurses will use the small red sharps containers. When full, the red container is to be sealed and placed inside a larger yellow sharps container. The yellow container will be sealed when full in preparation for pickup and disposal.

k) Healthy Workplace:

**Immunizations:** Recommended immunizations for staff include:

- Annual influenza immunization
- Hepatitis B Immunization (series of 3 injections, followed by blood work for confirmation of immunity)
- Tetanus / diphtheria vaccine ( every 10 years)
- Varicella vaccine (if required after blood test to confirm immunity)
- Acellular pertussis vaccine (if required)
- Measles, mumps, rubella (MMR) vaccine (if required after blood test for immunity)

In addition, Patient immunization should be available for those patients due for vaccines.

**Not Working when Ill:** The Communicable Disease Surveillance Protocols from the Ontario Hospital Association (OHA)/Ontario Medical Association (OMA)/MOHLTC state:

“Health care workers have a responsibility to their patients and colleagues regarding not working when ill with symptoms that are likely attributable to an infectious disease. This includes staff with influenza-like illness, febrile respiratory illness, gastroenteritis and conjunctivitis.”

**Staff Food in Inpatient Units:** Care desk areas are considered biohazard spaces. No food, drink, tobacco or cosmetics shall be consumer, applied or kept in areas where



infectious materials, hazardous chemicals or hazardous drugs are used, handled or stored. Food and drinks should only be consumed in areas such as designated staff lounges and cafeterias.

### **Education**

- a) Health Care Providers are required to receive training and education in Routine Practices and Additional Precautions (including hand hygiene).
- b) Patient and visitor teaching should include correct hand hygiene, basic hygiene practices that prevent the spread of microorganisms, such as respiratory etiquette and not sharing personal items.
- c) Visitors should be educated about not visiting people in health care facilities when they are acutely ill with a respiratory or other infectious illness.

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### **APPENDICES:**

- Appendix 1:** Routine Practice Fact Sheet for Health Care Settings
- Appendix 2:** Precautions and Mode of Transmission
- Appendix 3:** Donning Personal Protective Equipment.
- Appendix 4:** Removing Personal Protective Equipment.
- Appendix 5:** Airborne Precaution Sign
- Appendix 6:** Droplet / Contact Precaution Sign
- Appendix 7:** Droplet Precaution Sign
- Appendix 8:** Contact Precaution Sign

**Appendix 1: Routine Practice Fact Sheet for Health Care Settings**

Fact Sheet



Feuille de renseignements

PIDAC Provincial Infectious Diseases Advisory Committee

CCPMI Comité consultatif provincial des maladies infectieuses

<b>ROUTINE PRACTICES to be used with <u>ALL PATIENTS</u></b>
<p><b><i>Hand Hygiene</i></b>            Hand hygiene is performed using alcohol-based hand rub or soap and water:</p> <ul style="list-style-type: none"> <li>⌚ Before and after each client/patient/resident contact</li> <li>⌚ Before performing invasive procedures</li> <li>⌚ Before preparing, handling, serving or eating food</li> <li>⌚ After care involving body fluids and before moving to another activity</li> <li>⌚ Before putting on and after taking off gloves and PPE</li> <li>⌚ After personal body functions (e.g. blowing one's nose)</li> <li>⌚ Whenever hands come into contact with secretions, excretions, blood and body fluids</li> <li>⌚ After contact with items in the client/patient/resident's environment</li> </ul>
<p><b><i>Mask &amp; Eye Protection or Face Shield</i></b></p> <ul style="list-style-type: none"> <li>⌚ Protect eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions</li> <li>⌚ Wear within 1 meter of a coughing client/patient/resident</li> </ul>
<p><b><i>Gown</i></b></p> <ul style="list-style-type: none"> <li>⌚ Wear a long-sleeved gown if contamination of uniform or clothing is anticipated</li> </ul>
<p><b><i>Gloves</i></b></p> <ul style="list-style-type: none"> <li>⌚ Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects</li> <li>⌚ Wearing gloves is NOT a substitute for hand hygiene</li> <li>⌚ Perform hand hygiene after removing gloves</li> </ul>
<p><b><i>Environment</i></b></p> <ul style="list-style-type: none"> <li>⌚ All equipment that is being used by more than one client/patient/resident must be cleaned between clients/patients/residents</li> <li>⌚ All touched surfaces in the client/patient/resident's room must be cleaned daily</li> </ul>
<p><b><i>Linen &amp; Waste</i></b></p> <ul style="list-style-type: none"> <li>⌚ Handle soiled linen and waste carefully to prevent personal contamination and transfer to other clients/patients/residents</li> </ul>
<p><b><i>Sharps Injury Prevention</i></b></p> <ul style="list-style-type: none"> <li>⌚ NEVER RECAP USED NEEDLES</li> <li>⌚ Place sharps in sharps containers</li> <li>⌚ Prevent injuries from needles, scalpels and other sharp devices</li> </ul>
<p><b><i>Patient Placement/Accommodation</i></b></p> <ul style="list-style-type: none"> <li>⌚ Use a single room for a client/patient/resident who contaminates the environment</li> <li>⌚ Perform hand hygiene after leaving the room</li> </ul>

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## Appendix 2: Mode of Transmission and Precautions

- A. **Droplet Transmission:** Respiratory viruses are spread by large droplets, particularly within 2 metres of the patient, especially while the patient is coughing or sneezing. These droplets are spread either directly or indirectly. **Droplet precautions** are to be used while caring for patients with droplet spread illnesses such as influenza.

### Precautions include:

- Fluid resistant surgical mask or FIT tested N95 respirator and eye protection if within 2 metres of the client.
- Gloves.
- Gowns if contamination of clothing likely to occur.
- Hand washing before and after contact with client and after removing gloves.

- B. **Contact Transmission:** This is the most common spread of infections.

**Direct:** Occurs from direct physical contact between an infected or colonized person to a susceptible host.

**Indirect:** Occurs via an intermediate object such as hands, instruments or other hard surfaces from an infected or colonized person to a susceptible host. Type of additional Precautions (gloves and gown) used to prevent or limit the transmission of potentially infectious agents via contact with an infected person, contaminated objects, or equipment. **Contact Precautions** are used to prevent the spread of infections by direct or indirect contact such as enteric illnesses, and MRSA.

### Precautions include:

- Hand washing before and after contact with client, and after removing gloves.
- Gloves.
- Gowns.
- Fluid resistant mask if within 2 metres of the client and splash is likely to occur.

- C. **Airborne Transmission:** Occurs when very small microorganisms <5 um remain in the air for long periods of time. They are spread via the air currents and inhaled by susceptible hosts who may be a distance away from the source patient. Airborne precautions are to be used for airborne spread illnesses such as tuberculosis, and pandemic influenza.

### Precautions include:

- Fit tested N 95 respirator.
- Gowns if contamination of clothing likely to occur.
- Eye protection if splashing is likely to occur.
- Hand washing before and after contact with patient and after removing gloves.

### Procedure:

- N95 respirator see policy.
- For measles, varicella, and disseminated zoster, only immune staff to enter the room, N95 respirator not required.

**Appendix 3: Donning Personal Protective Equipment.**

**DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)  
COMMENT REVÊTIR L'ÉQUIPEMENT DE PROTECTION INDIVIDUELLE (ÉPI)**





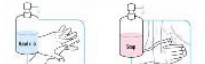



<p><b>1. Perform Hand Hygiene</b> <i>Images courtesy of justcleanyourhands.ca</i></p>		<p><b>1. Assurer l'hygiène des mains</b> <i>Images courtoisie de justcleanyourhands.ca</i></p>
<p><b>2. Put on Gown</b></p> <ul style="list-style-type: none"> <li>Select appropriate size and type</li> <li>Opening to the back</li> <li>Secure neck and waist</li> <li>If gown is too small, use two gowns: <i>Gown #1 ties in front - Gown #2 ties in back</i></li> </ul>		<p><b>2. Mettre la blouse</b></p> <ul style="list-style-type: none"> <li>Choisir la taille et le type appropriés</li> <li>L'ouverture se trouve dans le dos</li> <li>Resserrer au niveau du cou et à la taille</li> <li>Si la blouse est trop petite, en porter deux : <i>La 1<sup>re</sup> blouse attachée à l'avant - La 2<sup>e</sup> blouse attachée à l'arrière</i></li> </ul>
<p><b>3. Put on Mask Or N95 Particulate Respirator</b></p> <ul style="list-style-type: none"> <li>Use a fluid resistant procedure mask or surgical mask or one step mask with attached eye protection</li> <li>Place over nose, mouth and chin</li> <li>Fit flexible nose piece over nose bridge</li> <li>Secure on head with ties or ear loops</li> <li>Fit check N95 respirator</li> </ul>		<p><b>3. Mettre le masque ou le respirateur à filtre N95</b></p> <ul style="list-style-type: none"> <li>Utiliser un masque résistant aux liquides ou un masque chirurgical ou à visière</li> <li>Couvrir le nez, la bouche et le menton</li> <li>Ajuster la partie souple du nez</li> <li>Bien tenir en place au moyen des lacets ou des boucles</li> <li>Vérifier l'ajustement du respirateur N95</li> </ul>
<p><b>4. Put on Eye Protection (if needed)</b></p> <ul style="list-style-type: none"> <li>Position goggles over eyes and secure to the head using the ear pieces or headband</li> <li>Position face shield over face</li> <li>Adjust to fit comfortably</li> </ul>		<p><b>4. Mettre le protecteur oculaire (si nécessaire)</b></p> <ul style="list-style-type: none"> <li>Placer les lunettes de sécurité devant les yeux et tenir en place au moyen des boucles aux oreilles ou du bandeau</li> <li>Placer l'écran facial devant le visage</li> <li>Ajuster pour le confort</li> </ul>
<p><b>5. Put on Gloves last</b></p> <ul style="list-style-type: none"> <li>Select correct type and size</li> <li>Insert hands into gloves</li> <li>Extend gloves over isolation gown and cuffs</li> </ul>		<p><b>5. Mettre les gants en dernier</b></p> <ul style="list-style-type: none"> <li>Choisir le type et la taille appropriés</li> <li>Insérer les mains dans les gants</li> <li>Étirer les gants de façon à couvrir les poignets de la blouse</li> </ul>
<p><b>HOW TO SAFELY USE PPE</b></p> <ul style="list-style-type: none"> <li>➢ Keep gloved hands away from face</li> <li>➢ Avoid touching or adjusting other PPE</li> <li>➢ Remove gloves if they become torn; clean hands before donning new gloves</li> <li>➢ Limit surfaces and items touched</li> </ul>		<p><b>POUR L'UTILISATION SECURITAIRE DE L'ÉPI</b></p> <ul style="list-style-type: none"> <li>➢ Garder les mains gantées loin du visage</li> <li>➢ Éviter de toucher ou d'ajuster autre ÉPI</li> <li>➢ Enlever les gants s'ils se déchirent; se nettoyer les mains avant d'en mettre de nouveaux</li> <li>➢ Toucher un minimum de surfaces et d'articles</li> </ul>

*Adapted/Adaptation de: Center for Disease Control: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

**Appendix 4: Removing Personal Protective Equipment.**




**REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)  
COMMENT RETIRER L'ÉQUIPEMENT DE PROTECTION INDIVIDUELLE (ÉPI)**







Remove PPE At doorway, before leaving room or in anteroom Remove N95 respirator outside room, after door has been closed	Enlever l'ÉPI la porte, avant de quitter la chambre ou dans l'antichambre Enlever le respirateur N95 à l'extérieur de la chambre, après que la porte a été fermée
<b>1. Remove Gloves</b> <ul style="list-style-type: none"> <li>Grasp outside edge near wrist</li> <li>Peel away from hand, turning glove inside-out</li> <li>Hold in opposite gloved hand</li> <li>Slide ungloved finger under the wrist of the remaining glove</li> <li>Peel off from the inside, creating a bag for both gloves. Discard.</li> </ul>	
<b>2. Remove Gown</b> <ul style="list-style-type: none"> <li>Unfasten ties</li> <li>Peel gown away from neck and shoulder</li> <li>Turn contaminated outside toward the inside</li> <li>Fold or roll into a bundle</li> <li>Discard in designated receptacle for reprocessing or disposal</li> </ul>	
<b>3. Perform Hand Hygiene</b> <i>Images courtesy of justcleanyourhands.ca</i>	
<b>4. Remove Eye Protection</b> <ul style="list-style-type: none"> <li>Grasp ear or head pieces with ungloved hands</li> <li>Lift away from face</li> <li>Place in designated receptacle for reprocessing or disposal</li> </ul>	
<b>5. Remove Mask or N95 Particulate Respirator</b> <ul style="list-style-type: none"> <li>Untie the bottom, then top tie or remove ear loops</li> <li>Lift away from face while holding the ties or loops</li> <li>Discard</li> </ul>	
<b>6. Perform Hand Hygiene</b> <i>Images courtesy of justcleanyourhands.ca</i>	
<b>1. Enlever les gants</b> <ul style="list-style-type: none"> <li>Saisir le bord extérieur près du poignet</li> <li>Glisser le gant de votre main en le retournant à l'envers</li> <li>Tenir ce gant dans la main gantée</li> <li>Glisser un doigt non ganté sous la manchette du gant en place</li> <li>Retourner ce gant sans dessus dessous, de manière à former un sac pour les deux gants. Les jeter.</li> </ul>	
<b>2. Enlever la blouse</b> <ul style="list-style-type: none"> <li>Dénouer les attaches</li> <li>Dégager votre cou et vos épaules</li> <li>La faire retomber sur elle-même, retourner la surface contaminée vers l'intérieur</li> <li>Plier ou rouler en boule</li> <li>Envoyer au retraitement ou le jeter</li> </ul>	
<b>3. Assurer l'hygiène des mains</b> <i>Images courtoisie de justcleanyourhands.ca</i>	
<b>4. Enlever la protection oculaire</b> <ul style="list-style-type: none"> <li>Saisir les attaches aux oreilles ou à la tête de vos mains non gantées</li> <li>Retirer le protecteur oculaire du visage</li> <li>Le placer dans le réceptacle destiné à son retraitement</li> </ul>	
<b>5. Enlever le masque ou le respirateur à filtre N95</b> <ul style="list-style-type: none"> <li>Détacher l'attache du bas, puis celle du haut, ou dégager les boucles des oreilles</li> <li>Retirer le masque du visage en tenant les attaches ou les boucles</li> <li>Jeter</li> </ul>	
<b>6. Assurer l'hygiène des mains</b> <i>Images courtoisie de justcleanyourhands.ca</i>	

*Adapted/Adaptation de: Center for Disease Control: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

Appendix 5: Airborne Precaution Sign

**Visitors: Speak with nurse before entering**

	<p><b>Hand Hygiene</b>          Upon entering and exiting</p>
	<p><b>Patient Placement</b>          Single room,                  negative pressure          Door remains closed</p>
	<p><b>N95 Respirator</b>          Fit-tested, seal-checked          Remove outside of room</p>
	<p><b>Patient Transport</b>          Patient to wear a mask                  during transport          Staff to wear N95 respirator</p>

Your logo here

Appendix 6: Contact/Droplet Precaution Sign




**Visitors: Speak with nurse before entering**

	<p><b>Hand Hygiene</b>                  Upon entering and exiting</p>
	<p><b>Mask and Eye Protection or Face Shield</b>                  Wear within 2 metres of patient</p>
	<p><b>Gloves</b>                  When entering room or space  <b>Gown</b>                  Based on risk assessment</p>
	<p><b>Dedicated Equipment</b>                  Disinfect all equipment that comes out of the room</p>




Your logo here




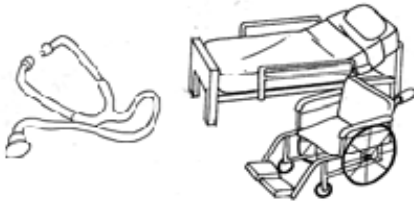
Appendix 7: Droplet Precaution Sign



DROPLET



**Visitors: Speak with nurse before entering**




	<p><b>Hand Hygiene</b>          Upon entering and exiting</p>
	<p><b>Mask and Eye Protection or Face Shield</b>          Wear within 2 metres of patient</p>
	<p><b>Patient Transport</b>          Patient to wear a mask during transport</p>
	<p><b>Dedicated Equipment</b>          Disinfect all equipment that comes out of the room</p>

KEMPTVILLE DISTRICT HOSPITAL  
 KEMPTVILLE DISTRICT HOSPITAL  
 Droplet  
 Getting ahead in helping hands... Choosing an appropriate method of transport





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Appendix 8: Contact Precaution Sign

**Visitors: Speak with nurse before entering**

	<p><b>Hand Hygiene</b>          Upon entering and exiting</p>
	<p><b>Gown</b>          Based on risk assessment</p>
	<p><b>Gloves</b>          When entering patient room or space</p>
	<p><b>Dedicated Equipment</b>          Disinfect all equipment that comes out of the room</p>

Your logo here



**REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)**

**INSTRUCTIONS:** *For more complete instructions and definitions, refer to the user guide at:*  
<http://www.phac-aspc.gc.ca/im/ae-fi-form-eng.php>

Report events which have a temporal association with a vaccine and which cannot be clearly attributed to other causes. A causal relationship does not need to be proven, and submitting a report does not imply causality.

- Of particular interest are those AEFIs which meet one or more of the following criteria:
- a. Is of a serious nature
  - b. Requires urgent medical attention
  - c. Is an unusual or unexpected event

Refer to the user guide, Background Information, for additional clarification.

**NOTE:**

- The numbers below correspond to the numbered sections of the form.
- All dates should be captured in the following format: Year/Month/Day.
- When reporting an AEFI, check one of the boxes on the top right hand corner of the first page of the AEFI form to indicate whether it is an INITIAL or FOLLOW UP report. For all follow up reports, please specify the Unique Episode number.

- 1a. The “**Unique episode number**” is assigned by the Province/Territory. Leave it blank unless authorized to assign it.
- 1b. The “**Region number**” is a number that corresponds to a given health unit. Leave it blank if it doesn’t apply to your locale.
- 2. The “**IMPACT LIN**” is assigned by IMPACT nurse monitors (LIN: Local Inventory Number).
- 3. The information provided in this section is confidential and should not be sent to the Public Health Agency of Canada.
- 4a. Indicate the Province/Territory where the vaccine was administered, abbreviations may be used.
- 4c. Provide all information as requested in the table. For the “Dose #”, provide the number in series (1, 2, 3, 4, or 5) if known. For the Influenza vaccine, unless a patient receives two doses in one season, the “Dose #” should be recorded as “1”.
- 7a. Indicate the highest impact of the AEFI on the patient’s daily activities as assessed by the patient or the parent/caregiver.
- 7c. Provide details of any investigations or treatments in section 10. If the patient was already in hospital when immunized and the immunization resulted in a longer hospital stay, indicate “Resulted in prolongation of existing hospitalization” and provide the number of days by which the patient’s hospital stay was prolonged. For all hospitalizations, indicate the date of admission and discharge.
- 8. MOH/MHO: Medical Officer of Health, MD: Medical Doctor, RN: Registered Nurse.
- 9. Choose, from section 9 (AEFI details), the description that best fits the AEFI being reported. Make sure to record the time of onset and duration of signs/symptoms using the most appropriate time unit:
  - If the interval is <1 hour, indicate in minutes;
  - If it is >1 hour but <1 day; indicate in hours;
  - If it is ≥ 1 day; indicate in days

Report the time in one time unit only. Provide additional detail about associated fever, investigation, therapy, and other information as appropriate in section 10.

- 11. This section is to be completed by the MOH/MHO, MD, RN or their designate who provides public health recommendations. Additional comments may be provided in section 10 when applicable.
- 12b. Information in this section is not collected by all P/Ts.

**Return completed form to your local public health unit address at:**

Alberta (AB)	Northwest Territories (NT)	Quebec (QC)
British Columbia (BC)	Nova Scotia (NS)	Saskatchewan (SK)
Manitoba (MB)	Nunavut (NU)	Yukon (YT)
New Brunswick (NB)	Ontario (ON)	Public Health Agency of Canada (PHAC)
Newfoundland and Labrador (NL)	Prince Edward Island (PE)	

## REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

**1a. Unique episode #:** \_\_\_\_\_ **1b. Region #:** \_\_\_\_\_ **2. IMPACT LIN:** \_\_\_\_\_

### 3. Patient Identification

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Health number: \_\_\_\_\_  
 Address of usual residence: \_\_\_\_\_  
 Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_ Phone: ( ) - (ext#: )  
**Information Source:** First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_  
 Contact info, if different: \_\_\_\_\_

### 4. Information at Time of Immunization and AEFI Onset

#### 4a. At Time of Immunization

Province/Territory of immunization: \_\_\_\_\_  
 Date vaccine administered: YYYY / MM / DD (hr: am/pm)  
 Date of Birth: YYYY / MM / DD Age: \_\_\_\_\_  
 Sex:  Male  Female  Other

#### 4b. Medical History (up to the time of AEFI onset)

(Check all that apply and provide detail in section 10)  
 Concomitant medication(s)  
 Known medical conditions/allergies  
 Acute illness/injury

4c. Immunizing agent	Trade name	Manufacturer	Lot number	Dose #	Dosage/unit	Route	Site
					/		
					/		
					/		
					/		
					/		

### 5. Immunization Errors

Did this AEFI follow an incorrect immunization?  No  Unknown  Yes  
 (If Yes, choose all that apply and provide detail in section 10)  
 Given outside the recommended age limits  Product expired  
 Dose # exceeded that recommended for age  Incorrect route  
 Wrong vaccine given  Other, specify: \_\_\_\_\_

### 6. Previous AEFI

Did an AEFI follow a previous dose of any of the above immunizing agents (in Table 4c)?  
 (Choose one of the following)  
 No  Yes (Provide details in section 10)  
 Unknown  Not applicable (no prior doses)

### 7. Impact of AEFI, Outcome and Level of Care Obtained

#### 7a. Highest impact of AEFI: (Choose one of the following)

Did not interfere with daily activities  
 Interfered with but did not prevent daily activities  
 Prevented daily activities

#### 7b. Outcome at time of report:

Death \* Date: YYYY / MM / DD  Permanent disability/incapacity \*  
 Not yet recovered \*  Fully recovered  Unknown  
 (Provide details in section 10 for items with \*)

#### 7c. Highest level of care obtained: (Choose one of the following)

Unknown  None  Telephone advice from a health professional  Non-urgent visit  Emergency visit  
 Required hospitalization (----- Days) **OR**  Resulted in prolongation of existing hospitalization (by ----- Days)  
 Date of hospital admission YYYY / MM / DD Date of hospital discharge YYYY / MM / DD

**7d. Treatment received:**  No  Unknown  Yes (Provide details of all treatments, including self treatment in section 10)

### 8. Reporter Information

Setting :  Physician Office  Public Health  Hospital  Other, specify: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: ( ) - (ext#: ) Fax: ( ) -  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov/Terr: \_\_\_\_\_ Postal code: \_\_\_\_\_ Date reported: YYYY / MM / DD  
 Signature: \_\_\_\_\_  MD  RN  IMPACT  Other, specify: \_\_\_\_\_

**9. AEFI Details: Complete sections a, b, c, d and/or e as appropriate; for each, check all signs/symptoms that apply. Use section 10 for clinical details and test results. Any item marked with asterisk (\*) must be diagnosed by a physician.**

<input type="checkbox"/> <b>9a. Local reaction at or near injection site</b>	<b>Interval:</b> → __Min __Hrs __Days from immunization to onset of 1 <sup>st</sup> symptom or sign <b>Duration:</b> → __Min __Hrs __Days from onset of 1 <sup>st</sup> symptom/sign to resolution of all symptoms/signs
--	---

Infected abscess    Sterile abscess    Cellulitis    Nodule    Reaction crosses joint    Lymphadenitis    Other, *specify*:

**For any injection site reaction indicated above, check all that apply below and provide details in section 10:**

Swelling    Pain    Tenderness    Erythema    Warmth    Induration    Rash    Largest diameter of injection site reaction: \_\_\_\_ cm  
 Site(s) of reaction \_\_\_\_\_ (e.g. LA, RA)    Palpable fluctuance    Fluid collection shown by imaging technique (e.g. MRI, CT, ultrasound)  
 Spontaneous/surgical drainage    Microbial results    Lymphangitic streaking    Regional lymphadenopathy

<i>Choose one of the following:</i> <input type="radio"/> <b>9b. Anaphylaxis</b> <input type="radio"/> <b>9c. Other allergic events</b>	<b>Interval:</b> → __Min __Hrs __Days from immunization to onset of 1 <sup>st</sup> symptom or sign <b>Duration:</b> → __Min __Hrs __Days from onset of 1 <sup>st</sup> symptom/sign to resolution of all symptoms/signs
---	---

<b>Skin /mucosal</b>	<input type="checkbox"/> Injection Site Urticaria   GENERALIZED: <input type="checkbox"/> Urticaria <input type="checkbox"/> Erythema <input type="checkbox"/> Pruritus <input type="checkbox"/> Prickle sensation <input type="checkbox"/> Red AND itchy eyes   ANGIOEDEMA: <input type="checkbox"/> Tongue <input type="checkbox"/> Throat <input type="checkbox"/> Uvula <input type="checkbox"/> Larynx <input type="checkbox"/> Lip <input type="checkbox"/> Eyelids <input type="checkbox"/> Limbs <input type="checkbox"/> Other, <i>specify</i> :
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<b>Cardio-vascular</b>	<input type="checkbox"/> Measured hypotension <input type="checkbox"/> ↓ central pulse volume <input type="checkbox"/> Capillary refill time >3 sec <input type="checkbox"/> Tachycardia <input type="checkbox"/> ↓ or loss of consciousness
------------------------	---

<b>Respiratory</b>	<input type="checkbox"/> Sneezing <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Sensation of throat closure <input type="checkbox"/> Stridor <input type="checkbox"/> Dry cough <input type="checkbox"/> Tachypnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Indrawing/retractions <input type="checkbox"/> Grunting <input type="checkbox"/> Cyanosis
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<b>Gastrointestinal</b>	<input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting
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<input type="checkbox"/> <b>9d. Neurologic events</b>	<b>Interval:</b> → __Min __Hrs __Days from immunization to onset of 1 <sup>st</sup> symptom or sign <b>Duration:</b> → __Min __Hrs __Days from onset of 1 <sup>st</sup> symptom/sign to resolution of all symptoms/signs
---	---

\* Meningitis    \* Encephalopathy/Encephalitis    \* Guillain-Barre Syndrome (GBS)    \* Bell's Palsy    \* Other Paralysis  
 Seizure    \* Other neurologic diagnosis, *specify*:

**For any neurologic event indicated above, check all that apply below and provide details in section 10:**

Depressed/altered level of consciousness, lethargy or personality change lasting ≥24hrs    Focal or multifocal neurologic sign(s)  
 Fever (≥ 38.0°C)    CSF abnormality    EEG abnormality    EMG abnormality    Neuroimaging abnormality  
 Brain/spinal cord histopathologic abnormality

**Seizure details:**  Witnessed by healthcare professional    Yes    No    Unknown  
 Sudden loss of consciousness    Yes    No    Unknown  
 Focal OR  Generalized (*Specify*:  Tonic    Clonic    Tonic-Clonic    Atonic)  
 Previous history of seizures (*Specify*:  Febrile    Afebrile    Unknown type)

<input type="checkbox"/> <b>9e. Other defined events of interest</b>	<b>Interval:</b> → __Min __Hrs __Days from immunization to onset of 1 <sup>st</sup> symptom or sign <b>Duration:</b> → __Min __Hrs __Days from onset of 1 <sup>st</sup> symptom/sign to resolution of all symptoms/signs
--	---

<input type="checkbox"/> <b>Hypotonic-Hyporesponsive Episode (age &lt;2 years)</b> <input type="checkbox"/> Limpness <input type="checkbox"/> Pallor/cyanosis <input type="checkbox"/> ↓responsiveness/unresponsiveness <input type="checkbox"/> <b>Persistent crying</b> ( <i>Crying which is continuous and unaltered for ≥ 3 hours</i> ) <input type="checkbox"/> <b>Rash</b> <input type="checkbox"/> Generalized <input type="checkbox"/> Localized at non-injection site <i>(NOTE: for Rash at injection site, use section 9a and for Rash in allergic reaction use section 9b/9c)</i> <input type="checkbox"/> * <b>Intussusception</b> <input type="checkbox"/> <b>Arthritis</b> <input type="checkbox"/> Joint redness <input type="checkbox"/> Joint warm to touch <input type="checkbox"/> Joint swelling <input type="checkbox"/> Inflammatory changes in synovial fluid <input type="checkbox"/> <b>Parotitis</b> ( <i>Parotid gland swelling with pain and/or tenderness</i> )	<input type="checkbox"/> * <b>Thrombocytopenia</b> <input type="checkbox"/> Clinical evidence of bleeding <input type="checkbox"/> Platelet count <150 x10 <sup>9</sup> /L <input type="checkbox"/> <b>Oculo-Respiratory Syndrome (ORS)</b> <i>(NOTE: this is different from allergic/respiratory symptoms)</i> <input type="checkbox"/> Bilateral red eyes <input type="checkbox"/> Cough <input type="checkbox"/> Wheeze <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Chest tightness <input type="checkbox"/> Hoarseness <input type="checkbox"/> Facial Swelling ( <i>Provide details in section 10</i> ) <input type="checkbox"/> <b>Fever ≥ 38.0°C</b> ( <i>NOTE: report ONLY if fever occurs in conjunction with another reportable event. For fever in a neurological event, use section 9d</i> ) <input type="checkbox"/> <b>Other severe event(s) not listed above</b> ( <i>Describe in section 10</i> )
--	--

Unique episode #:

Region #:

IMPACT LIN:

10. Supplementary information (Please indicate the section # when providing details; please provide details of any investigation or treatment for the recorded AEFI).

Multiple horizontal dashed lines for text entry.

11. Recommendations for further immunization (Provide comments, use section 10 if extra space needed)

- Checkboxes for immunization recommendations: No change to immunization schedule, Expert referral, Determine protective antibody level, Controlled setting for next immunization, No further immunizations with, Active follow-up for AEFI recurrence after next vaccine, Other, specify.

Name: Professional status: O MOH/MHO O MD O RN O Other, specify: \_\_\_\_\_

Comments:

Phone: ( ) - (ext#: ) Date: YYYY / MM / DD Signature: \_\_\_\_\_

12) Follow-up information for a subsequent dose of same vaccine(s) (Please provide details in section 10)

- Checkboxes for follow-up information: Vaccine administered without AEFI, Vaccine administered with recurrence of AEFI, Vaccine administered, other AEFI observed, Vaccine administered without information on AEFI, Vaccine not administered.