

## IPAC Syndromic Screening Requirements Table

| Syndromic Symptoms  | Precautions   | Action   | Disposition / Comments   |
|---|---|--|--|
| <b>Respiratory infection (RI) suspected.</b><br>New or acutely worsening cough and fever, and/or chills, joint/muscular pain, extreme exhaustion/fatigue, sore throat, headache, runny nose, loss of sense of smell or taste <sup>1</sup> . | <a href="#">Droplet &amp; Contact</a>                 | <b>Place medical mask on a patient.</b><br>Patients with respiratory infections should be placed directly into a single room.<br>If this is not possible separate in waiting area and ensure masking and distancing (2m) from other patients | Single room is preferred.<br><br>Restrict to bed space with dedicated toilet / commode and equipment if no single room available   |
| <b>Unknown Respiratory Infection &amp; history of travel outside of Canada &amp; United States</b> in last 10 days (Possible emerging respiratory pathogen).  | <a href="#">Airborne,<br/>Droplet &amp; Contact</a>   | Place medical mask on a patient.<br><br>Remove immediately from waiting area to Airborne Infection Isolation Room (AIIR) or SINGLE ROOM WITH DOORS CLOSED.<br><br><b>Notify IPAC immediately.</b>  | For patients with unknown RI/ILI and history of international travel outside of Canada / USA <b>isolation required until etiology of infection is established / organism confirmed.</b><br><br>Follow IPAC instructions. |
| <b>Avian Influenza (Birdflu) suspected<sup>2</sup>.</b>   | <a href="#">Airborne,<br/>Droplet &amp; Contact</a>   |  |  |
| <b>Tuberculosis</b> suspected (cough/hemoptysis AND fever, fatigue, night sweats, weight loss).   | <a href="#">Airborne</a>                              |  |  |
| <b>Rash, Fever, Conjunctivitis</b> suggestive of <b>Measles</b> .   | <a href="#">Airborne,<br/>Droplet &amp; Contact</a>   |  |  |
| <b>Vesicular rash</b> suggestive of chickenpox, disseminated shingles or mpox.  | <a href="#">Airborne<br/>&amp;<br/>Contact</a>        |  |  |
| <b>Fever, Rash, Headache, altered LOC*</b><br>Suggestive of an infectious process such as meningitis.   | <a href="#">Droplet &amp; Contact</a><br>if pediatric | Place medical mask on a patient.   | Restrict to bed space with dedicated toilet / commode and equipment if no single room available.   |
| <b>Necrotizing fasciitis suspected.</b>   | <a href="#">Droplet &amp; Contact</a>                 | Place medical mask on a patient.   |  |
| <b>Diarrhea and / or vomiting</b> of suspected infectious origin within last 48 hours.  | <a href="#">Droplet &amp; Contact</a><br>if vomiting  | Single room preferred, if no available, restrict to bed space area with dedicated toilet / commode and equipment.  |  |
| <b>Diarrhea &amp; suspected <i>C. Difficile</i> infection<sup>3</sup>.</b>  | <a href="#">Contact Plus</a>                          | Single room preferred, if no available, restrict to bed space area with dedicated toilet/commode and equipment.  |  |
| <b>Patient received medical care outside of Canada in last year.</b>  | <a href="#">Contact Plus</a>                          | Single room and dedicated equipment required.  | <b>Carbapenemase-producing Organisms (CPO) and/or <i>Candida auris</i>.</b><br><b>Must be placed in a single room and dedicated equipment required</b>   |
| <b>History of Carbapenemase-Producing organisms (CPO) or <i>Candida auris</i>.</b>  | <a href="#">Contact Plus</a>                          | Single room and dedicated equipment mandatory.<br><b>Notify IPAC immediately.</b>  |  |
| <b>History of MRSA**.</b>   | <a href="#">Contact</a>                               | Single room preferred, if no available, restrict to bed space area with dedicated toilet/commode and equipment.  | Restrict to bed space with dedicated toilet/commode and equipment if no single room available  |
| <b>Abscess or Draining Wound</b> not contained by dressing.   | <a href="#">Contact</a>                               | Confine drainage.  |  |

1. Clinically suspected RI: In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent. **2.** Does the patient report close exposure within 10 days before symptom onset to birds, animals or another human with suspected or confirmed avian (bird) influenza A virus infection Exposure may include: being in the same close airspace (< 2meters); touching or handling; consuming under- or uncooked poultry or egg products; direct contact with contaminated surfaces; exposure to manure or litter containing high concentration of virus or a contaminated air space/environment; visiting a live poultry market with confirmed bird infections or associated with a case of human infection. **3.** History of hospitalization or antibiotic use within past 90 days, residence at a long-term care facility, history of *C. difficile* infection; \*Level of consciousness; \*\* Methicillin-resistant *Staphylococcus aureus*; **If the patient is unable to answer any of the following questions initiate appropriate precautions based on best information available**