



Health and Community Services

Pandemic Influenza Precautions for Infection Prevention and Control – Occupational Health Hygiene Health Care Workers

These precautions are for Health Care Workers (HCWs) caring for patients with influenza-like-illness (ILI) suspected to be due to the H1N1 Influenza A virus (formerly Swine Flu). The goal of this document is to provide guidance that will prevent the transmission of the virus within facilities and to protect the patients, HCWs, and visitors from getting infected. This Newfoundland and Labrador guideline is adapted from the Public Health Agency of Canada (PHAC) guidance document. For detail on the items discussed here please see Guidelines for Routine Practices and Additional Precautions:

http://www.health.gov.nl.ca/health/hsi/Routine_Practices_and_Additional_Precautions.pdf

Please note that all information is subject to change as new information becomes available.

1. Influenza-like-illness (ILI) screening criteria

Assess each patient presenting with ILI for the following symptoms:

- Acute onset of respiratory illness with fever and cough AND one of the following: sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus.

Triage Patient

- At the time of the call for an ambulance or emergency services determine if the patient has influenza-like-illness by asking the following question:
 - Does the patient have an acute onset of respiratory illness with fever and cough?
 - If yes advise staff to follow Droplet/Contact Precautions
 - If no treat the patient with Routine Practices

2. Infection Prevention & Control –Occupation Health Hygiene Measures

- i. ***Hand Hygiene*** – This is the single most important way to prevent the spread of infection
 - HCWs must perform hand hygiene frequently using soap and water or alcohol based hand rubs (60-90%)
 - Hands must be washed before and after contact with the patient and with contact with the patient's environment
- ii. ***Respiratory Hygiene (Cough Etiquette)***

- Suspect ILI cases should be taught the following practices:
 - How to perform hand hygiene
 - How to perform respiratory hygiene – coughing into the crook of the arm, using a tissue, or wearing a surgical mask
- Suspect ILI cases should wear a surgical mask when HCWs or other staff or visitors are present

iii. ***Droplet/Contact Precautions***

- Wear a surgical mask when providing care within 2 metres (6 feet) of patient
- Wear gloves when providing direct patient care and when contamination of the hands is likely
- Remove gloves just before leaving the room and dispose of in the garbage
- Gowns are required if soiling with the secretions or excretions of the patient is anticipated
- If worn, remove the gown just before leaving the room and dispose in the linen hamper or if disposable in the garbage
- Perform hand hygiene after removing the gown and gloves **and** after leaving the room

iv. ***Accommodation***

- Suspect ILI cases should be cared for in single rooms or cohorted with cases with the same exposure history
- Place a Droplet and Contact sign on the door indicating the precautions required
- For non-urgent aerosol generating medical procedures (AGMP)¹
 - A negative pressure (airborne) isolation is preferred
 - If unavailable, use a single room
- Suctioning of intubated cases – use closed suctioning
- Suspect ILI cases should only leave their rooms for medically necessary procedures
- If the ILI suspect case must leave the room
 - a surgical mask must be worn
 - respiratory hygiene must be used

v. ***Environmental Control***

- Enhanced environmental cleaning must be instituted in high risk areas such as the Emergency Room

vi. Respiratory Protection

HCWs must wear respiratory protection when within 2 meters of a suspect ILI case. The choice of a surgical mask or an N95 respirator is as follows:

- Wear a surgical mask
 - If providing direct patient care with a patient with ILI
- Wear an N95 respirator:
 - If providing care to a patient with ILI who requires an aerosol-generating medical procedure (AGMP¹)
 - If conducting AGMP on a suspect ILI case, all individuals in the room should wear an N95 respirator
- Whenever a surgical mask or respirator is required, the HCW should also wear eye or face protection. Eye or face protection should be removed after leaving the case's room and disposed of in either a hands-free waste receptacle (if disposable) or in a separate receptacle to go for reprocessing (if reusable).
- The surgical mask or N95 respirator must be removed by the straps, being careful not to touch the mask or respirator itself, after leaving the case's room and disposed of in the garbage.
- HCWs must perform hand hygiene before and after removing the respiratory protection and after leaving the case's room.
- There is no indication for use of powered air-purifying respirators (PAPRs) in the care of a suspect ILI case.

¹Aerosol-generating Medical Procedures (AGMPs): any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include: non-invasive positive pressure ventilation (BIPAP, CPAP); endotracheal intubation; respiratory/airway suctioning; high-frequency oscillatory ventilation; tracheostomy care; chest physiotherapy; aerosolized or nebulized medication administration; diagnostic sputum induction; bronchoscopy procedure; autopsy of lung tissue.

vii. Additional Source Controls (engineering [e.g. plexiglass barrier in triage area] or administrative [e.g. patient flow])

The importance of applying administrative and engineering controls as the first strategy in protecting the HCW from exposure to infectious agents in the health care setting cannot be overemphasized. In conjunction with the above measures, health care organizations should complete assessments of each area of all their acute care facilities regarding their physical settings:

- The ability to establish a 2 metre distance between ILI cases and others (e.g. single rooms, use of plexiglass or other partitions)
- The types of patients seen, and

- The types of patient care activities undertaken

Based on this assessment, the organization needs to determine what administrative and engineering controls are needed in addition to the measures described above. This is especially important for patient care areas/settings where patients appear for initial assessment/investigation before a diagnosis of H1N1 Flu Virus (Human Swine Flu) has been made. In Emergency Departments (ED) and other acute assessment clinics (i.e. where patients present for assessment of new symptoms/illness) the following strategies are suggested:

- Post signs prior to entering the ED/acute assessment clinic to direct patients who have come with respiratory symptoms to the designated triage area. Signage should be language-specific and reading level appropriate.
- Provide surgical masks to all patients self directing to the triage area designated for patients with respiratory symptoms. Provide instructions on the proper use and disposal of masks and on how to perform hand hygiene.
- For patients who are unable to wear a surgical mask, provide tissues for use (i.e., when coughing, sneezing, or controlling nasal secretions) and instructions on how and where to dispose of them, and the importance of hand hygiene after handling this material.
- If a designated triage area is not available, designate an area in waiting rooms where patients with respiratory symptoms can be segregated (ideally by at least 2 metres) from patients, visitors, and staff who do not have respiratory symptoms.
- Provide dispensers of alcohol based hand rubs at points of care and at entrances to and exits from ED/acute assessment clinic.
- Provide hands-free garbage and laundry receptacles.
- Remove magazines and toys from the waiting rooms to reduce potential contact exposure.

Where there is a physical barrier:

- If performing triage from an enclosed area and conducting the initial interview from behind a physical barrier (e.g. Plexiglas™ partition), the HCW will not require any respiratory protection.

Where there is no physical barrier:

- If performing triage from an open area, where there is not a physical barrier, see respiratory protection to guide decisions regarding the type of respiratory protection to apply
- It should be noted that source control and practicing respiratory hygiene is often not feasible in paediatric patients
- In elective ambulatory care clinics (e.g. physiotherapy clinics, Well Baby and Well Woman clinics, outpatient follow-up clinics), where patients present for appointments:

- It is suggested that clinic visits for patients who are ill with ILI symptoms be deferred until they are well.
- This may be facilitated by reminder calls to patients to reschedule their appointments if they have ILI and by signage at the entrance to the clinic reminding patients to not attend clinic and to reschedule for when their symptoms have resolved

viii. Reporting

- Notify Infection Prevention and Control personnel in your facility that a case with symptoms compatible with influenza
- IPAC personnel will notify Public Health of suspected cases of H1N1 Influenza A virus

Resources and Additional Information

- Government of Newfoundland Labrador web site <http://www.gov.nl.ca>
- PHAC http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/pdf/interim_guidance_infection_control-eng.pdf
- For detail on Routine practices see: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/25s4/>