

2009 H1N1 Flu Precautions

Frequently Asked Questions

1. What should I do if a patient presents with an influenza-like-illness (ILI - fever $>100.0^{\circ}$ F or 37.8° and cough and/or sore throat)?

Follow respiratory etiquette and screen the patient for risk of 2009 H1N1 flu. Respiratory etiquette includes:

- ◆ Promptly place an isolation/surgical mask on the patient
- ◆ Wear an isolation/surgical mask if the patient is unable to tolerate wearing one
- ◆ Immediately place the patient in a private room (if available) or separate from other patients by at least six (6) feet
- ◆ Encourage the use of tissues and proper hand hygiene

2. What isolation precautions are needed if the patient meets the H1N1 flu criteria?

Prompt isolation is imperative to prevent the spread of influenza. BJC recommends personnel follow Standard and Droplet Precautions for routine care. During aerosol-generating procedures (i.e., intubation, bronchoscopy), an N95 respirator and eye protection should also be worn.

3. What are Standard Precautions?

- ◆ Wear gloves if you anticipate hand contact with secretions, nonintact skin or mucous membranes or potentially contaminated surfaces.
- ◆ Wear a gown if soiling of clothes is anticipated.
- ◆ When gloves and gown are indicated, change them after each patient encounter or when soiled.
- ◆ Perform hand hygiene with alcohol hand gel or soap and water (if visibly soiled):
 - ◇ Before and after touching the patient
 - ◇ After touching the patient's environment or the patient's secretions
 - ◇ After removing gloves

5. What are Droplet Precautions?

- ◆ Place the patient in a private room. If a private room is not available, confirmed influenza patients with other confirmed influenza patients.
- ◆ Wear an isolation/surgical mask when entering the patient's room. Remove the mask when leaving the patient's room and dispose of the mask in a waste container.
- ◆ Place an isolation/surgical mask on the patient prior to transport.

6. Is additional personal protective equipment required during procedures that are likely to generate aerosols (e.g., bronchoscopy, elective intubation, suctions, administering nebulized medications)?

Yes. These procedures may be associated with an increased risk of transmission and should be performed while wearing an N95 respirator, eye protection, gown and gloves.

7. How long are droplet precautions required?

Droplet Precautions should be continued for seven (7) days from onset of symptoms or until the resolution of symptoms, whichever is longer.

8. Previous guidance recommended N95 respirators when caring for patients with 2009 H1N1 flu. Why has a change been made?

During the initial outbreak, the severity of the virus was still unknown and maximum precautions were employed. Based on the pattern and severity of illness over the course of the last week, the Centers for Disease Control and Prevention has determined that the H1N1 flu is following a course similar to regular seasonal flu, with transmission mainly through respiratory droplets. Isolation precautions for routine care of patients with suspected or confirmed H1N1 flu and those with ILI symptoms should focus on the control of the transmission of respiratory droplets. Droplet Precautions have been used effectively to control the spread of seasonal influenza for decades in the healthcare setting. A routine isolation/surgical mask is sufficient to protect healthcare workers against respiratory droplets.

9. Is there any reason to wear an N95 mask instead of the surgical/isolation mask while providing routine care for a patient with 2009 H1N1 influenza?

No. An isolation/surgical mask is adequate protection against influenza since it is spread by respiratory droplets. Droplet Precautions with a surgical or isolation mask have been used for decades to protect healthcare workers caring for influenza patients. When caring for a patient with 2009 H1N1 influenza, an N95 mask is only indicated during aerosol-generating procedures such as bronchoscopy and intubation that may have an increased risk of transmission.

10. What should I do if I have an unmasked exposure to a patient with 2009 H1N1 flu?

Contact your supervisor and occupational health for further guidance if you have an unmasked exposure to a patient with 2009 H1N1 flu.

For additional information on the 2009 H1N1 flu, isolation precautions and occupational health guidance, please refer to the emergency preparedness and safety intranet site on BJCNet or the Internet at www.bjc.org/swineflu.