

SWINE FLU INFECTION PREVENTION

Key Information for Healthcare Workers & Clinicians providing care for patients with suspected or known infection with H1N1 (Swine Flu)

The following applies to both **inpatient** and **outpatient** areas.

Every patient coming for medical care should be screened for symptoms of an acute febrile respiratory illness on arrival (see algorithms for Triage and Testing)

If the patient has symptoms of acute febrile respiratory illness

- They must wear a mask (the yellow mask or a surgical mask) covering their nose and mouth whenever they are in a public area (waiting room, hall, corridor).
- They should also use a hand sanitizer and be provided with tissues if needed.

As soon as possible they should be placed in a private room: it does not need to be a negative pressure room.

Once in a private room the patient may remove their mask.

LIMITING HEALTHCARE PERSONNEL ENTERING THE ROOM

Only those healthcare personnel performing *direct patient care* should enter the room.

Post a **Contact Precaution** sign and an **Airborne Isolation Precaution** sign at the entrance to the room.

(Unlike TB, a negative pressure room is not needed for routine inpatient care.)

This means that every HCW who enters the room must wear:

- **an N95 mask (3M or Moldex) or a PAPR unit**
- **a gown**
- **double gloves**
- **eye protection (face shield or goggles)**

After use of this equipment:

- The N95 mask should be disposed of in the regular trash as soon as it is removed: **DO NOT REUSE the N95 MASK!**
- Re-usable gowns should be placed in the regular laundry as soon as they are removed. Cloth and disposable gowns should not be reused. Be careful to reduce dust generation. Fold or roll into a bundle and discard.
- If a PAPR was worn remove fan body and breathing tube. Place in plastic bag for decontamination with Dimension III or PDI wipe. Remove gown and outer gloves by turning inside out.
- Dispose of face shields in the regular trash.
- Goggles should be cleaned with disinfectant (like PDI wipes) by the person who used them as soon as they are removed.

PERFORM HAND HYGIENE IMMEDIATELY AFTER TAKING OFF EQUIPMENT!!

Hand Hygiene must be done at the usual times, before and after patient care, after removing gloves. It can be done with Purell or soap & water. Hand Hygiene is as important in protecting staff as masks and other PPE.

The patient should remain in their room, leaving only for medically necessary procedures that cannot be done in the room.

- Notify the area the patient is traveling to about the need to follow **airborne** and **contact** precautions as above.
- When the patient leaves the room, they must wear a surgical mask and do hand hygiene when leaving the room.

Procedures that are likely to generate aerosols (bronchoscopy, elective intubation, suctioning, administering nebulized medications) should be done in a negative pressure room.

Patient Care Equipment

When possible equipment should left in the room. Equipment that can not be left in the room must be cleaned by the person who used it before use on another patient. Portable vital sign equipment should not be used.

Computers

Do not take computers or non-essential equipment into the patient rooms.

Meal trays

If possible meals should be taken into the patient room by the patient's nurse. There is no need for paper trays.

Laundry

Follow the usual procedures.

Trash

Follow the usual procedures.

Room Cleaning

The usual procedures for cleaning rooms should be followed using the disinfectants that we normally use (Dimension III, PDI wipes). As always pay attention to the surfaces that the patient and providers touch, the "frequently touched surfaces".

Limit Visitors

Visitors should be encouraged not to spend time in the room, but visit by other means such as telephone or e-mail or instant messaging. Limit visitors who actually go into the room to those necessary for the patient's emotional well being. If they must enter the room they should wear a surgical or N95 mask gown and gloves and perform HH before and after entering the room. No one with symptoms of acute respiratory illness with fever should visit.

Duration of Precautions

Contact and Droplet Precautions should be continued for 7 days from symptom onset or until resolution of symptoms, whichever is longer (even if patient has received antiviral treatment).