

OCCUPATIONAL HEALTH GUIDELINES FOR PANDEMIC INFLUENZA IN HEALTHCARE SETTINGS

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The following infection control principles apply in any setting where persons with pandemic influenza might seek and receive healthcare services.

OCCUPATIONAL HEALTH ISSUES

- Implement a system to educate personnel about occupational health issues related to pandemic flu.
- Employ measures to minimize the number of personnel required to come in contact with suspected or confirmed influenza patients.
- Screen all personnel for flu-like symptoms before they come on duty. Symptomatic personnel should be sent home until they are physically ready to return to duty.
- Healthcare personnel who have recovered from pandemic flu should develop antibodies against future infection with the same virus, and therefore should be prioritized for the care of patients with active pandemic flu and its complications. These workers would also be well suited to care for patients who are at risk for serious complications from flu (e.g., transplant patients and neonates).
- Personnel who are at high risk for complications of pandemic flu (e.g., pregnant women, immunocompromised persons) should be informed about their medical risk and offered an alternate work assignment, away from flu-patient care, until pandemic flu has abated in the community.

HAND HYGIENE

- If hands are visibly soiled, wash hands with soap and water.
- If hands are not visibly soiled, use approved alcohol-based products for hand disinfection.
- Always perform hand hygiene between patient contacts and after removing PPE.
- Ensure that resources to facilitate hand hygiene are readily accessible in areas in which patient care is provided.

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PERSONAL PROTECTIVE EQUIPMENT

N-95 Respirators

- Wear an N-95 respirator or equivalent during direct patient care activities (e.g., examination, bathing, feeding).

Masks (surgical or procedure)

- If an N-95 or equivalent respirator is not available, wear a surgical facemask for all health care activities involving patients with suspected pandemic influenza.
- Wear a facemask when entering a patient's room. A facemask should be worn once and then discarded. If pandemic flu patients are cohorted in a common area or in several rooms on a nursing unit, and multiple patients must be visited over a short time, it may be practical to wear one facemask for the duration of the activity; however, other PPE (e.g., gloves, gown) must be removed between patients and hand hygiene performed.
- Change facemasks when they become moist.
- Do not leave facemasks dangling around the neck.
- Upon touching or discarding a used facemask, perform hand hygiene.

Gloves

- A single pair of patient care gloves should be worn for contact with blood and body fluids, including during hand contact with respiratory secretions (e.g., providing oral care, handling soiled tissues).
- Remove and dispose of gloves after use on a patient; do not wash gloves for subsequent reuse.
- Perform hand hygiene after glove removal.
- If gloves are in short supply, establish priorities for their use. Reserve gloves for situations where there is a likelihood of extensive patient or environmental contact with blood or body fluids, including during suctioning. **Reinforce hand hygiene.**

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Gowns

- Most patient interactions do not necessitate the use of gowns.
- Wear an isolation gown:
 - If soiling of personal clothes or uniform with a patient's blood or body fluids, including respiratory secretions, is anticipated.
 - During procedures such as intubation and activities that involve holding the patient close (e.g., in pediatric settings).
- Gowns should be worn only once and then placed in a waste or laundry receptacle, as appropriate, and hand hygiene performed.
- If gowns are in short supply, establish priorities for their use. Limit the practice of reusing an isolation gown on the same patient.

Goggles or face shield

In general, wearing goggles or a face shield for routine contact with patients with pandemic flu is not necessary. If sprays or splatter of infectious material is likely, goggles or a face shield should be worn.

Personal Protective Equipment for Aerosol Generating Procedures

- During procedures that may generate increased small-particle aerosols of respiratory secretions (e.g., endotracheal intubation, nebulizer treatment, bronchoscopy, suctioning), healthcare personnel should wear:
 - Gloves
 - Gown
 - Face/eye protection
 - Fit-tested N95 respirator or other appropriate particulate respirator.
- When practical, use of an airborne isolation room may be considered when conducting aerosol-generating procedures.