

HEALTH CARE WORKERS IN THE HOME **Summary of Infection Prevention Guidelines** **for Influenza including PANDEMIC H1N1** **INFLUENZA**

These infection prevention and control guidelines are intended to assist health care providers in the home setting by providing guidance on routine infection prevention and control practices that are applicable to all influenzas, including pandemic H1N1. For information on precautionary measures for non-health care staff in the home setting, please see the infection prevention guidelines available for Government, Business and other Non-Health Care Workplaces available at: www.manitoba.ca/flu.

Some individuals may react to pandemic H1N1 with fear and anxiety. In order to assist people in coping, please ensure that these guidelines are shared and supported, and provide staff with access to available support services such as help line phone numbers, Employee Assistance Programs, peer support, etc.

At the present time, pandemic H1N1 influenza appears to be transmitted in the same manner as other influenza strains. Routine practices, droplet and contact precautions are recommended.

Exclusion from work

Health care workers (HCWs) with influenza symptoms are advised to stay home from work until they are feeling well enough to do their job adequately and safely.

Risk Assessment

All HCWs should follow routine measures to prevent spread of infection as per routine practices whenever they are interacting with clients/patients or other staff members. Routine practices to prevent infection are designed to limit the spread of any communicable disease, including but not limited to influenza. In addition, October 28, 2009

prior to any interaction with clients/patients, health care workers (HCWs) should assess their risk by noting whether the client/patient has symptoms of influenza. Risk also depends on frequency and duration of exposure to clients/patients with influenza such that a single exposure would not be expected to carry the same risk as multiple or prolonged exposures over the course of a shift.

Symptoms of Influenza:

Fever* greater than 38°C AND cough AND one or more of sore throat, joint/muscle aches, or weakness / severe fatigue**

Refer to the Point of Care Risk Assessment.

<http://www.gov.mb.ca/health/publichealth/sri/docs/pcra.pdf>

When a HCW is scheduled to visit a client's/patient's home, the HCW should conduct a risk assessment by phone prior to the visit. If a client/patient has influenza symptoms and the visit cannot be deferred, the HCW should be prepared to use appropriate infection prevention and control precautions.

Routine Practices

Hand Hygiene:

HCWs should perform hand hygiene using soap and water or alcohol-based hand rubs (60 – 90 per cent) both before and after all client/patient contact.

Cough/Sneeze Etiquette:

Individuals with influenza symptoms should be taught to perform hand hygiene. Individuals with influenza symptoms should also be taught how to perform cough/sneeze etiquette practices (coughing into sleeve, using tissues).

Individuals who are coughing should wear a surgical or procedure mask (if tolerated).

Personal Protection Equipment for HCWs

Gloves:

An additional measure to, not a substitute for hand hygiene. For contact with blood, body fluids, secretions or excretions and for handling items visibly soiled with blood or body fluids. Hand hygiene should be performed after removal of gloves.

Surgical/procedure masks and eye protection or face shields should be worn:

When interacting within 2 meters of patients/clients with symptoms of respiratory infection.

Where appropriate to protect membranes of the eyes, nose and mouth while giving direct care that is likely to generate splashes or sprays of blood, body fluids, secretions or excretion

Gowns:

Are recommended if blood or body fluid splashes are anticipated.

Aerosol Generating Medical Procedures (AGMP) for Patients/Clients with influenza symptoms-- any procedure or event carried out on a patient/client that can induce the production of aerosols of various sizes, including droplet nuclei.

- The general use of N95 respirators is not recommended for health care providers in community health settings who would be infrequently exposed to an aerosol generating medical procedure. However an N95 respirator may be considered if the health care provider believes that this level of protection is required.
- Fit-testing is required if N95 respiratory use is considered.
- Eye or face protection should be worn whenever an N95 respirator is used.