

# H1N1 FLU

Slow the spread!

## HAND HYGIENE: Using an Alcohol Based Rub

Squirt product into the palm of one hand.



Rub hands together covering all surfaces including fingernails, web spaces, thumbs and palms.



The product will dry in 15-20 seconds; ensure hands are dry before performing another task.



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## HAND HYGIENE: Using Plain Soap

Apply soap & distribute over hands.



Wet hands under warm running water.



Rub hands together for 15 seconds to create a good lather.



Using friction, cover all hand surfaces including fingernails, thumbs, web spaces and palms.



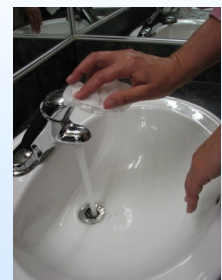
Rinse under warm running water.



Dry hands well with a paper towel or air dryer.



Use paper towel to turn off tap.



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## Putting on PERSONAL PROTECTIVE EQUIPMENT

Perform hand hygiene



Put on long sleeve gown with opening at back.



Tie neck and waist ties.



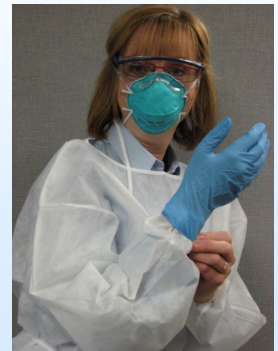
Apply mask (N95-preferably fit-tested). Seal, check to ensure good fit. Mask should move with breath. Reapply glasses.



Apply protective eyewear, safety goggles, glasses or face shield.



Apply gloves, pulling gloves up over cuffs of gown.



Personal Protective Equipment.

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## Removal of PERSONAL PROTECTIVE EQUIPMENT

Remove gloves using 'glove to glove' 'skin to skin' technique. Discard.



Perform hand hygiene.



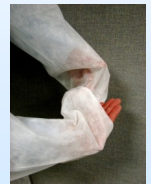
Untie neck ties first, and then waist ties on the gown.



Place fingers of one hand under the opposite cuff and pull cuff over hand.



Using the gown-covered hand, pull the gown down over the other hand.



Pull the gown down off the arms, being careful that the hands do not touch the outside of the gown.



Hold the gown away from uniform and roll it up with the contaminated side *inside*, in a way that minimizes air disturbance.



Dispose into garbage.



Perform hand hygiene.



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## Removal of PERSONAL PROTECTIVE EQUIPMENT

### Immediately After Exiting Room

Remove eye protection/  
face shield.



Remove mask or N95  
respirator carefully.



Take care to prevent  
self-contamination.



Discard into garbage.



Perform hand hygiene.



## Infection Prevention & Control in **PRE-HOSPITAL** Settings

<b>Patient Assessment</b>	<ol style="list-style-type: none"> <li>1. Ask suspect ILI case to wear a mask.</li> <li>2. Remain 2 metres from the patient during assessment if condition allows.</li> <li>3. Urgent/emergent cases will most likely require PPE.</li> </ol>
<b>Respiratory Hygiene</b>	<ol style="list-style-type: none"> <li>1. Ask suspect ILI to wear a mask.</li> <li>2. If a mask is not tolerated or feasible, ask patient to cough/sneeze into arm/shoulder or tissues and assist to perform hand hygiene.</li> </ol>

## Infection Prevention & Control for **AMBULATORY** Settings and **LONG TERM CARE** Facilities (1)

<b>Initial triage</b>	<ol style="list-style-type: none"> <li>1. Screen all patients who present to a primary care for fever &amp; respiratory symptoms.</li> <li>2. This includes passive screening (e.g. posters that alert patients to report cough and fever) and/or active screening (e.g. reception staff asking about fever and respiratory symptoms).</li> </ol>
<b>Infection prevention and control for patient</b>	<p>Patients who report fever and respiratory symptoms should be instructed to:</p> <ol style="list-style-type: none"> <li>1. Clean their hands with 60-90% alcohol-based hand rub (or soap and water),</li> <li>2. Wear a surgical mask, and</li> <li>3. Be seated at least 2 metres (6 feet) away from others. If this is not possible in the waiting room setting, they should be placed immediately in an examining room.</li> </ol>
<b>Screening</b>	<ol style="list-style-type: none"> <li>1. <b>Families/ Visitors:</b> Passive screening (e.g. posters that alert visitors to NOT enter if they are having ILI symptoms) and/or active screening (e.g. reception staff asking about fever and respiratory symptoms before entering).</li> <li>2. <b>Staff:</b> Perform self-assessment for symptoms of ILI and should not work if experiencing an ILI. Staff should be reminded of the importance of reporting their illness to those responsible for Occupational Health if they develop symptoms of ILI while on duty.</li> <li>3. <b>Residents:</b> Enhanced screening of residents for symptoms of ILI should be conducted; monitored at least once per day. Transfer to acute care as required. In the event of a local community outbreak of H1N1, monitoring should be increased to twice daily.</li> </ol>

### Infection Prevention & Control for **AMBULATORY** Settings and **LONG TERM CARE** Facilities (2)

<p>Routine practices and contact precautions for clinicians <b>Before a clinical assessment:</b></p>	<ol style="list-style-type: none"> <li>1. Perform hand hygiene,</li> <li>2. Put on gloves; wear a gown only when there is a risk of clothing or skin contamination, and</li> <li>3. Wear a surgical mask and eye protection (goggles or face shield) to protect yourself from droplet contamination. An N95 respirator is recommended when there is a risk of aerosol transmission, such as during an aerosol-generating medical procedure.</li> </ol>
<p>Routine practices and contact precautions for clinicians <b>During a clinical assessment:</b></p>	<ol style="list-style-type: none"> <li>1. Ensure coughing patients continue to wear surgical mask over their nose and mouth. If a nasopharyngeal swab is indicated, the mask can be temporarily lowered to expose the nose while still covering the mouth to provide protection if the patient coughs.</li> </ol>
<p>Routine practices and contact precautions for clinicians <b>After a clinical assessment:</b></p>	<ol style="list-style-type: none"> <li>1. Remove eye or face protection first, then remove mask by the straps (do not touch mask)</li> <li>2. Perform hand hygiene</li> <li>3. Ensure surfaces that have been touched by the patient or that are within droplet range are cleaned with a hospital-grade disinfectant.</li> </ol>
<p><b>Elective Ambulatory Care Clinics</b> (physiotherapy clinics, Well Baby and Well Woman clinics, outpatient follow-up clinics)</p>	<ol style="list-style-type: none"> <li>1. Where patients present for appointments: It is suggested that <i>clinic visits for patients who are ill with ILI symptoms be deferred</i> until they are well.</li> </ol>

## Infection Prevention & Control in **ACUTE CARE** Settings

Infection prevention and control measures in health care facilities for all ILI's or suspected cases of H1N1 should include:

<b>Contact and Droplet Precautions</b>	<ol style="list-style-type: none"> <li>1. Wear gloves when entering the room of a suspect ILI case.</li> <li>2. Wear eye or face protection</li> <li>3. Remove gloves just <b>before</b> leaving the room and dispose of in a hands-free waste receptacle.</li> <li>4. Gowns are required. When worn, remove the gown just <b>before</b> leaving the room and dispose of in a hands-free waste receptacle.</li> <li>5. HCWs should use alcohol based hand rubs or soap and water after removing gown and gloves and after leaving the room.</li> </ol>
<b>Respiratory Hygiene (Respiratory Cough Etiquette):</b>	<ol style="list-style-type: none"> <li>1. Suspect ILI cases should be taught to perform hand hygiene.</li> <li>2. Suspect ILI cases should also be taught how to perform respiratory hygiene practices (coughing into sleeve, using tissues, wearing a mask).</li> <li>3. Suspect ILI cases should wear a mask (if tolerated) when HCWs, or other staff/ visitors are present.</li> </ol>
<b>Hand Hygiene</b>	<ol style="list-style-type: none"> <li>1. HCWs should perform hand hygiene using either alcohol based hand rubs (60-90%) or soap and water.</li> </ol>
<b>Accommodation</b>	<ol style="list-style-type: none"> <li>1. Suspect ILI cases should be cared for in single rooms or placed with patients of same exposure history.</li> <li>2. Place infection control signage on the room door indicating the precautions required.</li> <li>3. A negative pressure (airborne) isolation room is preferred for non-urgent aerosol generating medical procedures (AGMP): If an airborne isolation room is unavailable use a single room.</li> <li>4. When suctioning of intubated cases is required, use closed suctioning when possible.</li> <li>5. Suspect ILI cases should only leave their rooms for medically necessary procedures; whenever a case leaves the room he/she must wear a mask if tolerated and be instructed on how to perform respiratory hygiene.</li> </ol>
<b>Reporting</b>	<ol style="list-style-type: none"> <li>1. Notify Infection Control personnel in your acute care facility that a case with ILI has been hospitalized. Infection Control personnel in your facility will in turn notify the Office of the Chief Public Health Officer of a suspected case of Swine Influenza H1N1 using the H1N1 Influenza Case Investigation Form.</li> </ol>