



HEALTH CARE WORKERS (HCWs) WITH INFLUENZA-LIKE ILLNESS (ILI)

HCWs with ILI (fever of 100 degrees F (37.8 degrees C) or greater plus at least cough and/or sore throat) at arrival to work or who become ill during the day should be given a surgical mask and sent home.

SOURCE CONTROL OF PATIENTS WITH ILI:

The importance of applying administrative (e.g., patient flow) and engineering (e.g., Plexiglass barriers in triage area) controls as the first strategy in protecting the HCW from exposure to infectious agents in the healthcare setting cannot be overemphasized. Healthcare organizations should complete assessments of each area of all their acute care facilities (outpatient, ambulatory care, emergency rooms, inpatient) regarding their physical settings, the types of patients seen, and the types of patient care activities undertaken.

The following are ESSENTIAL measures that apply to all settings caring for patients:

1. Post signage outside and inside the setting that directs people with ILI to immediately inform a staff person if they have ILI. These individuals should be provided with a mask and alcohol-based hand sanitizer. If possible, these individuals should be directed to a waiting area (or private exam room) away from other patients in the office, clinic or emergency room. The area designated for ILI patients should be at least 6 feet away from other waiting patients and, if possible, should be separated from other patients by a physical barrier.
2. Assign staff to triage individuals as they enter the setting and have staff direct individuals with ILI to a designated ILI area. If staff performing triage are not separated from patients with suspect ILI by a physical barrier (e.g., a Plexiglass partition), then the staff should wear a surgical mask if within 6 feet of the patient.
3. Provide language appropriate educational materials to all suspect ILI patients that instruct them in hand hygiene, cough etiquette, and proper use and disposal of surgical masks. Ensure that suspect ILI cases have access to hand sanitizer, soap and water, and facial tissue.

STANDARD PRECAUTIONS:

Hand hygiene is a major component of standard precautions and the most effective method to prevent transmission of pathogens associated with health care. In addition to hand hygiene, the use of personal protective equipment (PPE) should be guided by risk assessment and the extent of contact anticipated with blood and body fluids, or pathogens. The control of spread of pathogens from the source is key to avoid transmission. Among source control measures, respiratory hygiene/cough etiquette is considered as part of standard precautions. HCWs should perform hand hygiene frequently (as per the healthcare organization's policies) using either alcohol-based hand sanitizers (60-90% ethanol) or soap and water.

1. Wear gloves when entering the room of a suspect ILI case. Remove gloves just before leaving the room and dispose of them in a hands-free receptacle. Gowns are required as per routine practices if there is risk of contact with bodily fluids or splash incidents. When worn, remove the gown just before leaving the room and dispose of in a hands-free waste receptacle. HCWs should use alcohol-based sanitizer or soap and water after removing gloves and gown and after leaving the room. Ensure disposal or disinfection of patient equipment per local protocol.

2. Suspect ILI cases should be taught to perform hand hygiene (e.g., wash hands vigorously for 15-20 seconds with soap and water) and respiratory hygiene practices (using tissues, coughing into sleeve if tissue not available, wearing a surgical mask if around other people). Suspect ILI cases should wear a surgical mask (if tolerated) when HCWs, or other staff or visitors are present. Provide educational materials (in appropriate languages) to ILI patients that instruct them in hand hygiene and cough etiquette and ensure that they have access to hand sanitizer or soap and water, facial tissue and trash receptacles.

PATIENT PLACEMENT:

ILI cases should be examined and cared for in separate rooms. Hospitalized ILI cases should be admitted to private rooms, or cohorted with other ILI cases. Place infection control signage on the room door and the patient chart indicating the precautions required. Cases should only leave their exam or hospital rooms for medically necessary procedures. When a case leaves a room he/she must wear a surgical mask if tolerated and be instructed on how to perform respiratory hygiene.

DROPLET AND EXPANDED PRECAUTIONS:

HCWs should wear a surgical mask upon entry into an exam or hospital room with a case or when within 6 feet of a suspect or confirmed influenza case. For pediatric and immunocompromised patients, the duration of precautions should be the duration of their hospitalization since these two groups may shed influenza virus for extended periods.

AN N95 RESPIRATOR SHOULD BE WORN WHEN conducting an aerosol-generating medical procedure (AGMP) on an ILI case. In this situation, all individuals in the room should wear an N95 mask. Only essential personnel should participate and be present during an AGMP. AGMPs include: bronchoscopy, OPEN suctioning of airway secretions, resuscitation involving emergency intubation or cardiopulmonary resuscitation, endotracheal intubation or extubation.

Whenever a surgical mask or respirator is required, **AND** there is a risk of exposure to body fluids/splashes, the HCW should also wear eye or face protection. Eye or face protection should be removed after leaving the case's room and disposed of in a hands-free waste receptacle.

Surgical masks and N95 respirators should be removed by the straps, being careful not to touch the mask or respirator itself, after leaving the case's room, and disposed of in a hands-free waste receptacle. HCWs should wash their hands after removing the respiratory equipment and after leaving the case's room.

All facilities, particularly acute care facilities, should limit visitation of patients and should develop procedures for screening visitors for illness. Visitors should be monitored for adherence to standard and droplet precautions. Visitors should be excluded from the room when AGMPs are performed.

If you have any questions about the information in this advisory, you can call the NMDOH 24/7/365 number at 505-827-0006 and ask for the epidemiologist on call.