

Current Precautions for H1N1 influenza (9/16/2009)

- Patients coming in with symptoms of influenza, defined as fever >100F (37.8C) and one or more of the following: sore throat, cough.
- Patients meeting this criterion need to be started on precautions. This includes health care workers wearing a surgical mask and performing hand hygiene.
- Because there is a risk of exposure while collecting swab specimens for influenza, precautions should be taken to perform this task. These precautions include mask, and hand hygiene. Mask with eye protection may also be used.
- If results are negative precautions can be discontinued, unless there is strong suspicion this still represents influenza.

- Routine care can be accomplished by following droplet precautions. This includes:
 - Surgical Mask if within 3 feet of the patient
 - Hand hygiene upon entering and leaving the room
- Duration of precautions should be continued for 7 days after onset of symptoms in adults and 10 days for children.
- If the patient needs to be transported (or any time they are out of their room) they wear a surgical mask, and perform hand hygiene before leaving their room.
- Visitors should be limited. They should be free of any influenza symptoms. Visitors should follow these precautions to enter the room.
 - Hand hygiene
 - Mask
 - They should be instructed to limit their movement in the hospital.
 - If participating in the care of the patient they should use gowns and gloves as appropriate for that care.
- If aerosol generating procedures* are performed on a known or suspected H1N1 patient the following precautions are utilized:
 - Procedure room or private room.
 - Hand hygiene
 - Gown
 - Gloves
 - Surgical Mask with eye protection. PAPR unit may also be worn, or an N-95 respirator with eye protection (must have been fit tested within the last 12 months)

*aerosol generating procedures include bronchoscopy, open suctioning, endotracheal intubation, cardiopulmonary resuscitation, or aerosol treatments.