

For Health Care Workers (HCW)

Prevention and Management of Health Care Worker Exposure to Pandemic (H1N1) 2009 Virus

Spread of H1N1 2009 has been almost exclusively through community exposures to this point, and is where most exposures for HCWs will occur. However, exposure to H1N1 (2009) virus can, and will, occur in healthcare settings. This document and the attached Frequently Asked Questions will help the manager/supervisor manage the risk of an H1N1 (2009) exposure for all workers, including volunteers. They are based on the most current scientific evidence about this emerging disease **but may change as new information becomes available.**

A Health Care Worker (HCW) is defined as an individual who has the potential to acquire or transmit an infectious agent during the course of his or her work in an AHS health care workplace. This guiding document applies in all AHS health care settings and to all AHS HCWs, whether providing direct patient care or supporting patient care.

Prevention for HCWs

- The most important steps in minimizing the risk of workplace exposure relate to a person suspected or confirmed to have H1N1 (2009):
 - Early assessment to recognize influenza symptoms
 - Promotion of respiratory etiquette (coughing into sleeve, using tissues, wearing a mask (if tolerated), and
 - Immediate initiation of Contact/Modified Droplet isolation
 - Use of appropriate personal protective equipment (PPE) and careful removal of PPE to prevent self-contamination
 - Immunization, when a vaccine becomes available.
- Nursing staff should isolate a patient with symptoms or a diagnosis compatible with influenza/H1N1 (2009) without a physician's order for isolation and should subsequently follow up with Infection Prevention and Control.
- Workers providing care must take steps to reduce their risk of exposure by using the appropriate personal protective equipment and following recommended practice while awaiting a definitive diagnosis and after H1N1 (2009) confirmation. Appropriate personal protective equipment includes gown, gloves, surgical/procedural mask (or N95 respirator as appropriate) and eye protection.
- Adherence to proper respiratory and hand hygiene practices is key to minimizing virus spread.

Staff Self-Assessment

- HCWs should perform daily self-assessment for symptoms of influenza (see questions below and in Appendix A) and should not work if they are experiencing an Influenza-Like Illness (ILI).

HCW Influenza Self Assessment Tool

- Acute onset of NEW cough or change in existing cough PLUS one or more of the following:
 - Fever (\geq or equal to 38°C on arrival or by history)
 - Sore throat
 - Joint pain
 - Muscle aches
 - Severe exhaustion

- HCWs who develop symptoms while on duty should perform respiratory etiquette, immediately report their illness to their supervisor and Occupational Health Services (OHS) and go home. See the section below on "Treatment". If your symptoms worsen (i.e. shortness of breath, dehydration, worsening fever, cough or weakness), contact your health-care provider or visit your nearest health-care centre.
- Despite the excellent effectiveness of most vaccines, there is a minority of people who may not be fully protected even after vaccination. Therefore, vaccinated individuals need to continue daily self-assessment for ILI. In addition, vaccinated individuals should continue to use PPE (personal protective equipment) to protect against new strains of influenza virus and other infectious respiratory agents.

Workplace Exposure

As part of modified droplet/contact precautions, Health Care Workers (HCWs) will, based on Point of Care Risk Assessment as outlined by the Public Health Agency of Canada (PHAC), determine the need for N95 respirators use in addition to other Personal Protective Equipment (PPE). A fit-tested N95 respirator is required for any encounter with a patient, who has or is suspected of having, influenza-like illness* (ILI) in the following situations:

- Any HCW encounter occurring within 2 meters of a forcefully coughing/sneezing patient who is unable/unwilling to comply with respiratory etiquette;
- Any patient undergoing an Aerosol Generating Medical Procedure (AGMP)

Aerosol Generating Medical Procedures (AGMPs) are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. The risk of infection transmission via aerosols may increase during AGMPs because of the potential to generate a high volume of respiratory aerosols that are propelled over a longer distance than that involved in natural dispersion patterns. AGMPs include:

- Intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning)
- Cardio pulmonary resuscitation
- Bronchoscopy
- Sputum induction
- Nebulized therapy
- Surgery and autopsy
- Bi-level Positive Airway Pressure (i.e. BiPAP)
- Tracheostomy care

Procedures which may result in generation of aerosols through cough/sneeze induction, requiring careful consideration of use of N95s in the Point of Care Risk Assessment:

- Chest physical therapy
- Nasopharyngeal swabs, nasopharyngeal aspirate
- High-frequency oscillatory ventilation
- Incident/Investigation reports should be completed for workers not wearing the appropriate PPE as outlined above. Reports are submitted to OHS through the usual process.
- Additionally, Workers' Compensation Board documentation needs to be filed for each worker developing symptoms. The manager or designate is to complete the appropriate documentation.
- Workers who have been exposed may continue to work unless he or she develops symptoms.

Prophylaxis

- Routine post-exposure prophylaxis is not recommended due to the potential for drug resistance in the individual receiving the antiviral agent. AHS supports the use of anti-viral medications for early treatment of influenza.
- Prophylaxis will be considered for occupational exposures on a case-by-case basis for medically compromised or pregnant HCWs at high risk for severe disease or complications if infected with influenza (in consultation with those with expertise in infectious diseases or occupational health).
- Prophylaxis will be considered in exceptional circumstances such as personnel shortages, exposure in settings where there is a high risk of severe outcome if patients are infected, e.g. high risk maternity units, bone marrow transplant units, dialysis units etc. (in consultation with those with expertise in infectious diseases or occupational health).
- Recommendations for prophylaxis in outbreak situations will be directed by the Medical Officer of Health and the outbreak management team and may include exclusion from work.
- Workers who have already had influenza should not assume they are immune unless a diagnosis of H1N1 has been confirmed.

Treatment

- Staff who develop ILI, whether at home or while on duty, should contact local OHS, or if unavailable, the local MOH on call. A decision will be made on early treatment with anti-viral medication, and if an occupational link can be established between ill patients and the symptomatic worker, access to the drug can be facilitated through OHS. Workers who become ill due to an exposure in the community are encouraged to contact their family physician or visit a walk in clinic.

Ill or Symptomatic HCWs and Fitness-for-Work

- Whether related to workplace exposure, or exposure in the community or home, any worker who exhibits influenza symptoms must contact his or her manager and be off work.
- Ill workers who are not receiving treatment must be off work seven (7) days after the onset of symptoms or until they are symptom free for 24 hours whichever occurs first.
- Symptoms such as cough may continue for longer than seven (7) days. However, if a worker is otherwise healthy, he or she is unlikely to still be infectious after seven (7) days following the onset of symptoms, and it is appropriate for him/her to return to work.
- People who receive antiviral treatment may be infectious for a shorter time. Workers who receive antiviral treatment may return to work as soon as their symptoms resolve and they have received at least three (3) full days of treatment.
- Workers exhibiting symptoms and off work will be eligible to access sick leave credits (if applicable).
- Workers who have already had influenza-like illness or symptoms should not assume they are immune unless a laboratory diagnosis of H1N1 was confirmed.

Medically Compromised or Pregnant Workers

- When management is aware of a medically compromised or pregnant HCW, he/she should be reassigned to decrease the risk of exposure to H1N1 2009. A reassignment may be to alternate duties (including alternate patients) and/or redeployment to other areas.
- Medically compromised or pregnant HCWs should not work in designated influenza assessment clinics, hospital influenza units or be present while an aerosol generating medical procedure (AGMP) is being performed on a patient suspected or confirmed to have H1N1 2009.
- In outbreak situations, HCWs with medical conditions that place them at high risk for severe diseases or complications of influenza should be reassigned to a non-outbreak area.
- Breastfeeding workers should be counseled regarding the modes of transmission of influenza and to consider using a mask while breastfeeding if symptomatic.
- In all cases, reassignments will be made by the manager in consultation with OHS and/or Human Resources.

It is important to remember that as more information becomes available regarding the Pandemic (H1N1) 2009 virus and best practices, this document may be revised to reflect that information.

Appendix A

HCW Influenza Assessment Tool

This tool is to be used for assessment of symptoms of influenza for all HCWs, including other staff, contractors, volunteers for self-assessment prior to arriving in the workplace.

HCW Influenza Self Assessment Tool

- Acute onset of NEW cough or change in existing cough PLUS one or more of the following:
 - Fever (> or equal to 38°C on arrival or by history)
 - Sore throat
 - Joint pain
 - Muscle aches
 - Severe exhaustion