

DIRECTIVE PANDEMIC (H1N1) 2009

Subject/Title: <h3 style="text-align: center;">Point of Care Risk Assessment</h3>	Reference: 01-007 Effective Date: FROM: 10 02 2009 TO: Until Further Notice Revised:
Authorized by: EXECUTIVE MANAGEMENT	

PURPOSE

To provide clarification of the use of Personal Protective Equipment (PPE) specific to N95 respirators.

DIRECTIVE

In an effort to ensure a safe and healthy working environment for our workers, Alberta Health Services (AHS) has endeavored to keep current with the expertise regarding Pandemic (H1N1) 2009 Influenza. As more is known about the virus and its transmission, there is a need to revise practice standards to reflect new learnings. An example is the use of Personal Protective Equipment (PPE), specifically N95 respirators. Over the past few weeks AHS has been assessing the organization's emergency preparedness and staff knowledge regarding the use of PPE when caring for an individual with suspect or confirmed Pandemic (H1N1) 2009 Influenza. As a result, AHS Infection, Prevention and Control and AHS Workplace Health, Safety and Employee Wellness would like to make staff aware of the following shift in practice regarding the use of PPE, specifically N95 respirators:

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 (PHAC¹), 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;

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

Influenza-like-illness (ILI) is defined as:

- 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
- PEDIATRIC: Acute onset of any of the following symptoms: runny nose, cough, sneezing +/- fever.

**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

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- 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

The change is in line with the recommendations set out in the *Government of Alberta (2009) Best Practice Guideline for Workplace Health & Safety during Pandemic Influenza* document. There should be a copy of this document in your area or go to: http://www.employment.alberta.ca/documents/WHS/WHS-PUB_bp002.pdf for the online version.

APPLICABILITY

This Directive will affect documents posted on the AHS intranet site, thus they will be revised to show the change. IPC and OHS will provide training to compliment the shift in practice.

CONTACT

For more information or clarification, please contact AHS Infection Prevention and Control Professional or AHS Workplace Health, Safety and Employee Wellness in your zone.