STANDARD HYGIENIC PRECAUTIONS

Clean patient care equipment
• Whenever possible, wear gloves while cleaning patient-care equipment.
• Handle soiled equipment to prevent contact with skin or mucous membranes and to prevent contamination of clothing or environment.
• Clean reusable equipment before and after use.
• Use soapy water, detergent, or any other disinfectant or bleach solution.

Clean your care areas
• Routinely care, clean and disinfect equipment and furnishings in patient-care areas at least once a day.
• Use soapy water, detergent, or other disinfectant or bleach solution.
• Handle used and soiled linen carefully to prevent them from touching your uncovered skin, mouth, nose or eyes. Wash or dispose of linens properly.

Dispose of sharps in safety boxes
• Do not recap needles.
• Do not remove used needles from disposable syringes.
• Do not bend, break or manipulate used needles.

Always remember – if you are exposed to a patient who is diagnosed with or is suspected of having avian (bird) influenza, MONITOR YOUR HEALTH FOR AT LEAST 7 DAYS.

Tell your supervisor or facility administrator if you have any of the following symptoms:
• Fever over 38°C
• Sore throat or cough
• Respiratory distress or failure
Also tell them you had contact with patients possibly infected with avian (bird) influenza.

AVIAN (BIRD) INFLUENZA
A Guide for Health Care Workers

Health care workers should treat all patients who arrive at a health care facility with fever and respiratory symptoms – and who have recently been in contact with sick or dead birds or potentially infected environments – as having avian influenza (bird flu) until a laboratory diagnosis can rule it out. It is important to ask patients about their recent travel history to help determine whether they may have been in or near areas with infected birds or people.

Please note: It has not yet been determined that avian (bird) influenza can be spread from person to person. However, due to the potential risks of human-to-human infection, isolation precautions similar to those recommended for Severe Acute Respiratory Syndrome (SARS) should be followed for all patients diagnosed with or under evaluation for avian (bird) influenza.

Precautions should be continued for 14 days (2 weeks) after the beginning of symptoms until test results indicate that the patient is not infected with the avian (bird) influenza virus. Patients who stay outside the health care facility before a 14-day period is completed should be isolated in the home setting, if possible.
STANDARD AND CONTACT PRECAUTIONS

If there is an avian (bird) influenza outbreak in your area, make sure to wear the proper personal protective equipment (PPE) whenever you are in contact with patients infected with (or suspected of being infected with) avian (bird) influenza. Please refer to How to Wear Personal Protective Equipment, How to Remove Personal Protective Equipment.

The following are some additional guidelines.

Wash hands with soap and water or use an antiseptic rub:
- Before and after contact with a patient or their blood or other body fluids
- Immediately after removing gloves
- In between patients

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<thead>
<tr>
<th>When washing hands with soap and water</th>
<th>When using an alcohol-based hand sanitizer</th>
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<tbody>
<tr>
<td>1. Wet your hands with clean running water and apply soap. Use warm water if it is available.</td>
<td>1. Apply product to the palm of one hand.</td>
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<td>2. Rub hands together to make lather and scrub all surfaces.</td>
<td>2. Rub hands together.</td>
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<tr>
<td>3. Continue rubbing hands for 20 seconds.</td>
<td>3. Rub the product over all surfaces of hands and fingers until hands are dry.</td>
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<td>4. Rinse hands well under running water.</td>
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<td>5. Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.</td>
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Wear gloves, face masks, goggles and gowns when handling or transporting waste.
- In addition to wearing gloves, face masks, goggles and gowns during any patient contact, it is also important to use these items when handling or transporting waste.
- An N-95 respirator mask is recommended, but a surgical mask is the next best type. See box on next page for instructions on how to put on a mask.
- Use disposable gloves and gowns that can be thrown out after one use is the best way to control the spread of disease. Reusable gloves and gowns should be cleaned with disinfectants after each use. Gowns are useful to prevent soiling of clothing during procedures that may involve contact with blood or other body fluids.

When using a mask (N-95 recommended), you should take the following steps:
1. Put the mask under your chin with the nosepiece up.
2. Pull the top strap over your head, resting it high at the top back of your head.
3. Pull the bottom strap over your head and place it around your neck below the ears. Ensure that the mask fits firmly against your face and completely covers your mouth and nose.
4. If you are using an N-95 respirator mask, place your fingertips from both hands at the top of the metal nosepiece. Using two hands, mold the nose area to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece.

AIRBORNE PRECAUTIONS

Have the patient wear a mask (surgical preferred) that covers the mouth and nose.

Masks should be worn when the patient is in a public area. If a mask cannot be tolerated, ask the patient to cover their mouth and nose with a cloth or tissue when coughing or sneezing and to sit at least one meter away from other patients, if possible.

If your facility has one, place patients in an airborne isolation room.
Maintain monitored negative air pressure in relation to the surrounding areas with 6 to 12 air changes per hour.

Avoid mouth-to-mouth patient resuscitation.
Use mouthpieces, resuscitation bags and other ventilation devices, if they are available.