ALSO FAMILIARIZE YOURSELF WITH:

- Government Health Ministry recommendations on how to obtain and use rapid tests for influenza diagnosis.
- Government Health Ministry recommendations on which laboratory tests are most useful to identify avian (bird) influenza virus in humans.
- Guidelines on how to properly collect, handle, transport and store human and animal specimens for the diagnosis of avian (bird) influenza.
- Your local or regional guidelines for the sharing of information on virus specimens, especially specimens from patients that have the potential to become a pandemic strain.
- Lists of local or regional laboratories that can identify avian influenza virus from specimens submitted by clinicians.
- Guidelines on how to treat humans potentially infected with avian (bird) influenza.

For further information, please consult "Guidelines for the Care and Treatment of Patients with Influenza" by the World Health Organization.

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.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE, including masks, gowns, face shields, gloves, eye protection, and hand protection, are an integral part of avian (bird) influenza prevention and control in health care facilities. Health care workers must have adequate supplies of PPE for all of their patients-care workers, as well as for patients and other visitors to the facility.

It is also important for health care administrators to follow the correct use of PPE by providing their health care workers with the following:

- Training on recommended infection control precautions and the basis for these recommendations.
- Training on how to use PPE correctly. Incorrect use of PPE may not protect patients and health care workers and may not prevent them from spreading disease.
- Workers should be told to properly wear their PPE while providing direct patient care or while in a patient’s room to follow the recommended protocol for removing and disposing of PPE to avoid contaminating themselves and others.

It is also important for health care administrators to follow the correct way to put on and remove PPE. (Refer to How to Wear Personal Protective Equipment, How to Remove Personal Protective Equipment, and Education on how to properly wash their hands thoroughly with soap and water using an antibacterial rub.

VISUAL ALERTS AND GUIDE TO PATIENTS

Part of preventing the spread of avian (bird) influenza is educating patients and visitors to take proper precautions. You can accomplish this by:

- Posting infection control instructions specific to avian (bird) influenza at the entrance to the health care facility.

- When patients receive care, ask them (and their family or friends) to tell health care workers if they have symptoms of a respiratory illness. Ask if they have been in contact with potentially infected poultry or if they have been to an area where an outbreak was detected.

- Posting visual alerts for patients to practice good respiratory hygiene/cough etiquette. These include:

  - Covering the nose when coughing or sneezing and refrain from spitting on the ground.
  - Avoiding using tissues to contain coughs or sneezes and disposing of them in the nearest waste bin after use.
  - Wasing hands thoroughly with soap and water after having contact with blood, mucous, sputum or other respiratory fluids.

AVIAN (BIRD) INFLUENZA: A Guide for Health Care Administrators

Health care facilities play an essential role in helping to treat sick patients, preventing health care workers and visitors from getting sick and preventing the spread of disease. The following are considerations for all health care facilities to help control avian (bird) influenza as part of an overall infection control policy.

ALL HEALTH CARE FACILITIES SHOULD FOLLOW:

- Standard and Contact Precautions, such as hand washing and wearing appropriate personal protective equipment during patient contact and waste handling.
- Airborne Precautions, such as wearing masks over the mouth and nose for health care workers and potentially infected patients, avoiding mouth-to-mouth patient resuscitation and placing infected patients in rooms separate from other patients.
- Routine Hygienic Precautions, such as cleaning patient care equipment and areas properly and disposing of sharp objects in safety boxes.

Ensuring that your facility hasIsatics and cleaning products (such as tissues, soap and water, hand towels, supplies, and washing and rinsing equipment) that patients and their families can use for good respiratory hygiene/cough etiquette. This includes:

- Providing locally accessible tissues and trash for used tissue disposal.
- Providing soap and water or other hand cleanser for hand washing in a convenient location.

EARLY IDENTIFICATION AND REPORTING OF POSSIBLE CASES OF AVIAN (BIRD) INFLUENZA

Although health care facilities should establish methods to ensure that avian (bird) influenza cases are identified and investigated, it is important to:

- Begin infection control precautions immediately when avian (bird) influenza is suspected. Have a plan for keeping people who might be infected separate from other patients.
- Ensure possible cases and report these cases to health authorities on the local and national levels.
- Educate your staff on the possible symptoms of avian influenza and how patients should be managed. (Refer to Warning Patients with Influenza.

Health care administrators should also pay attention to any of their workers who experience severe respiratory symptoms, and report these cases as soon as possible, as this might be a sign of a human-to-human spread of avian (bird) influenza.

WHEN TO CONSIDER AVIAN (BIRD) INFLUENZA:

In countries with known avian (bird) influenza (AI) in animals or humans, consider avian flu:

- *In all patients with fever over 38°C (100.4°F), cough and shortness of breath, or other severe respiratory illness (e.g., pneumonia or heart disease) in the preceding 7 days.*
- *In all patients with a history of exposure to birds/direct contact with avian influenza A(H5N1) in the past 7 days.*
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In countries without known avian (bird) influenza in animals or humans, consider avian flu:

- *In all patients with fever over 38°C (100.4°F), cough and shortness of breath, or other severe respiratory illness (e.g., pneumonia or heart disease) in the preceding 7 days.*
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Reference:


