ROUTINE HYGIENIC PRECAUTIONS

Clean patient care equipment
- Wear gloves while changing 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 patient care areas
- 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. Wear or dispose of them properly.

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

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

>38°C

Tell your supervisor or facility administration 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 CENTRE

During an outbreak of avian influenza, 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 (H5N1) 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 for human-to-human infection, isolation precautions 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 or 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 at home (away from other people) 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, respiratory, or other body fluids.
- Immediately after removing gloves.
- In between patients.

When washing hands with soap and water:
1. Wet your hands with clean running water and apply soap.
2. Rub hands together to make lather and scrub all surfaces.
3. Continue rubbing hands for 20 seconds.
4. Rinse hands well under running water.
5. Dry your hands using a paper towel or air dryer, if possible. Use your paper towel to turn off the faucet.

When using an antiseptic rub:
1. Apply product to the palm of one hand.
2. Rub hands together.
3. Rub the product over all surfaces of hands and fingers until hands are dry.

When using a mask (N95 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 N95 respirator mask, place your fingers from both hands to the top of the metal nosepiece. Using two hands, mold the nose piece to the shape of your nose by pushing inward while making sure your fingers do not touch the surface on both sides of the nosepiece.

AIRBORNE PRECAUTIONS

When the patient wears a mask (surgical preferred) that covers the mouth and nose:

Masks should be used 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 possible, place patients in a separate room away from other patients.

Avoid mouth-to-mouth patient resuscitation.

Use mouthpieces, resuscitation bags and other ventilation devices, if they are available.

Wear gloves, face masks, goggels and gowns when handling or transporting waste.

In addition to wearing gloves, face masks, goggels and gowns during any patient contact, it is also important to use these items when handling or transporting waste.

An N95 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 of disposable gloves and gowns that can be thrown out after one use is the best way to control the spread of disease. Disposable gloves and gowns should be cleaned with disinfectants after each use. Gloves are useful to prevent cross-contamination during procedures that may involve contact with blood or other body fluids.

Dry hands using a paper towel or air dryer, if possible. Use your paper towel to turn off the faucet.

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