



Hennepin County **Medical Center**

Temporary Guidelines for H1N1 Influenza Infection Prevention and Control November 11, 2009

- * The MN Department of Health (MDH) published a new *Interim 2009 H1N1 Infection Prevention and Control Guidelines Including Prioritized Respirator Use Mode for Minnesota Hospitals* on November 6, 2009. The guidelines may be viewed in their entirety at, <http://www.health.state.mn.us/divs/idepc/diseases/flu/hcp/ic/icili.html>.
- * The CDC and MDH recommend that each agency assess their inventory of respiratory protection supplies. If a shortage exists, then implement a temporary “prioritized respirator use mode.” This will help agencies preserve their supply of N95 masks for use around the highest risk encounters (ie: intubation of H1N1 patients, TB, etc).

In short, the MN Department of Health recommendations are as follows: *(the information below addresses the use of masks and respirators, in all cases, proper PPE includes the use of gloves and eye protection)*

- * If an agency has an adequate supply of N95 masks for the duration of the pandemic wave, (either currently, or after receipt of additional supplies), then a new N95 should be used at each encounter with a patient with influenza like illness (ILI). ILI is fever and either cough, sore throat, or headache when there is no other good explanation for these symptoms. After each patient use, discard the N95.
- * If the patient is undergoing an aerosol generating procedure (endotracheal intubation, CPR, suctioning) then N95s must be worn by first responder personnel instead of surgical masks.
- * If an agency has a shortage of N95 masks then a surgical masks may be used for routine contact with patients with ILI. Employees who have not yet been immunized against H1N1 and have a high risk health condition (ex. pregnant, asthma or other significant chronic respiratory illness, heart failure, renal failure, liver failure, neurologic disorder, immune deficiency, and some other less common illnesses) for complications from influenza should use an N95 until 10 days after they are vaccinated against H1N1. Ten days after vaccination they may use N95 or simple masks depending on the agency’s supply of N95s.
- * Employees using N95 masks may re-use them (if your agency has a shortage of supply) during their shift in concordance with MDH recommendations on re-use. The mask must be discarded if it fails fit-check on use, becomes contaminated by direct cough or other source, or becomes damaged prior to the end of the shift. Your service should provide paper bags or other means of storing your mask between uses as well as instructions on re-use procedures (including hand hygiene prior and after donning the mask).

For example, HCMC has performed a risk assessment and estimates the quantity of respirators available from their supplier is insufficient to meet the demand of wearing a new N95 for each case of ILI. Therefore, HCMC is implementing “prioritized respirator use mode” procedures when working with ILI patients.

Below is the current HCMC procedure.

Modified Droplet Precautions

Will be used for all patients with ILI during “prioritized respiratory use mode.”

Standard Precautions

- * Hand hygiene before and after patient contact, and before and after donning and removal of PPE (mask and eye protection).
- * Wear gloves, gown and face shield/eye protection as needed to prevent exposure with body fluids.

PLUS

Droplet Isolation

- * Standard surgical mask and eye protection for all direct patient care activities (mask with built-in eye shield or a mask with goggles). A first responder's own eyeglasses are not sufficient eye protection.

Aerosol Generating Procedures:

- * When performing an aerosol-generating procedure, an N95 or PAPR must be used. Eye protection must be worn. Aerosol generating procedures include: open suctioning of airways, CPR, and endotracheal intubation.

Reuse of N95 Respirators - If a person chooses to use an N95 respirator and your agency has a shortage, reuse is encouraged, following this procedure:

- * Perform hand hygiene before and after donning and removing respirator
- * Perform a fit check every time you don the mask
- * Keep in a paper bag, with the owners name on it, between uses – reuse for 1 day only
- * Do not keep in pocket, around neck, or on elbow between uses
- * Discard if damaged, damp, dirty, or fails fit check (seal)
- * A face shield over the N95 will prevent surface contamination (this is a clear face shield that covers the face such as many of your turnout gear helmet with the face shield down. This is *not* one of the surgical type masks that incorporates a mask and eye shield to fit over the N95 – additional masks over the N95 are not permitted).
- * If used during an aerosol generating procedure, the N95 must be thrown away

- * **To remove** respirator: lift the straps from back of head, avoid touching the inside of the respirator, perform hand hygiene
- * **To re-don** respirator: inspect the respirator to ensure that it is intact, don as usual, perform a fit check (seal), perform hand hygiene.

See the attached document demonstrating REUSE procedures

If you have questions regarding these guidelines or procedures, please feel free to contact:

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