

# Health Care Personnel Exposure to Patients with Suspected or Confirmed H5N1 (Bird Flu)

These guidelines are for use by health care personnel (HCP) who may care for patients with suspected or confirmed H5N1 (bird flu). While the risk to humans is low and human-to-human transmission has not yet been identified, bird flu can be transmitted to people from animals. It is important to take precautions to prevent exposure in health care settings..

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## Minimize Exposures

- Triage symptomatic patients.
- Consider the possibility of avian Influenza A virus infection in a patient with signs and symptoms consistent with acute respiratory tract infection and/or conjunctivitis AND:
  - Recent contact (past 10 days) with animals (especially dead/sick birds, cats, or farm animals, including chickens, other fowl, and cows) or humans suspected or confirmed to have avian Influenza A;
  - or recent contact with someone (even if asymptomatic) who may have above exposures;
  - or who have had exposure to raw milk or raw pet food.
- Place a facemask on symptomatic patients and family members upon entry to the facility.
- Place symptomatic patients in a single-patient room, preferably an airborne infection isolation room (AIIR) or a single-patient room with the door closed.
- Implement airborne and contact precautions with the use of eye protection.

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## Implement Engineering Controls

- Utilize physical barriers such as partitions or curtains to shield health care personnel (HCP) and other patients from infected individuals in triage areas.
- Use closed suctioning systems for airways suction in intubated patients. Avoid aerosol generating procedures (AGPs) when possible.
- Ensure appropriate air-handling systems are installed and maintained in facilities.

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## Ensure Adherence to Infection Control Practices and Transmission Base Precautions

- Practice hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and removal of personal protective equipment (PPE).
- Alcohol-based hand rub is preferred for hand hygiene in health care settings. If hands are visibly soiled, use soap and water instead of alcohol-based hand rubs.
- Any individual with suspected or confirmed H5N1 should be isolated, and if admitted to a health care facility, the patient should be placed in an airborne infection isolation room (AIIR) or single-patient room with the door closed.
  - If an AIIR is not available, use a private room, place a medical facemask on the patient, close the door if safe to do so, and transport the patient to an AIIR as soon as one is available.
- Once the patient vacates a room, unprotected individuals, including HCP, should not be allowed in that room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.
- Implement standard contact, airborne precautions, and eye protection.
  - Gown
  - Gloves
  - Eye protection (e.g., goggles or face shield that covers front and sides of face)
  - N95 respirator or PAPR
    - Health care facilities and providers should have a respiratory protection program that includes medical evaluations, training, and fit testing and is compliant with the OSHA respiratory protection standard (29 CFR 1910.134).
- Ensure signs are posted on the patient's door to inform HCP of the required PPE.
- People with H5N1 should remain in isolation for the duration of the illness.

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## Implement Environmental Infection Control

- Follow standard cleaning and [EPA List M](#) for disinfection.
- Follow standard management of medical waste, laundry, and food service utensils

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## Monitor Exposed HCP

- Definition of exposed HCP – An HCP is within 2 meters of a symptomatic patient with novel influenza A virus infection without recommended respiratory and eye protection.
- Exposed HCP who develops symptoms should not report for work and should isolate themselves at home unless medical care is needed. Symptoms should be reported immediately to their supervisor and the Illinois Department of Public Health. Empiric use of Tamiflu and testing for H5N1 may be needed.
- Only essential HCPs should enter the AIIR. Consider dedicating an HCP to care for these patients to minimize the risk of transmission to other patients and HCPs.



Please reference [CDC's Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease](#) for more information.