

- Until placement in a private room, and if patient movement or transport is necessary, place a surgical mask on the patient.

Additional precautions are advisable during a pandemic. Airborne Precautions may be necessary in the following special circumstances [see CDC October 2006 guideline at <http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html>]:

- Airborne Precautions (including eye protection) should be considered for performing all procedures that generate aerosols (e.g., sputum induction, aerosol medication therapy, bronchoscopy, intubation). If possible, Airborne Infection Isolation Rooms (AIIRs) should be used when performing high-risk aerosol-generating procedures.
 - i. Limit the use of aerosol-generating procedures on pandemic influenza patients to those that are deemed medically necessary.
 - ii. Use clinically appropriate sedation during intubation and bronchoscopy to minimize resistance and coughing during the procedure.
 - iii. Eye protection should consist of goggles that fit snugly around the eyes.
 - iv. A face shield may be worn over goggles to protect exposed areas of the face but should not be used as a primary form of eye protection for these procedures.
- Airborne Precautions should be considered for managing strains of influenza exhibiting increased transmissibility.
- Airborne Precautions should be considered during the initial stages of an outbreak of an emerging or novel strain of influenza, as early in a pandemic, it may not be clear that a patient with severe respiratory illness has pandemic influenza.
- Should Airborne Precautions be necessary, determine the number and location of Airborne Infection Isolation Rooms available. For example:
 - i. The AIIRs in the [-----] (e.g., PICU) are [-----].
 - ii. The AIIRs in the [-----] (e.g., MICU) are [-----].
 - iii. The AIIRs in the [-----] (e.g., general medicine unit) are [-----].

7. Criteria for escalating Infection Control measures

During a pandemic, adherence to infection prevention and control policies and procedures is critical to minimize the transmission of pandemic influenza and other infectious diseases. Transmission risk in healthcare facilities (including hospitals, long-term care, and outpatient facilities) depends on the extent of pandemic influenza activity in the community and pandemic influenza activity in the facility. The pandemic influenza response for escalating infection control measures will be based on pandemic influenza activity and transmission risks. As the epidemiologic characteristics of the pandemic virus are more clearly defined, the state of North Carolina will, in conjunction with the CDC, provide updated infection control guidance.

- It is anticipated that immunization (for the pandemic influenza strain) will not be available in the early stages of a pandemic and perhaps not even available in later stages, necessitating an emphasis on infection prevention, control practices, and personal protective equipment (PPE)
- Strict adherence to hand hygiene recommendations is the cornerstone of infection prevention and, in conjunction with adherence to isolation precautions, may be the only preventative measures available during a pandemic.

The primary strategies for preventing pandemic influenza are the same as those for seasonal influenza: vaccination, early detection and treatment with antiviral medications, and the use of infection control measures to prevent transmission during patient care. However, when a pandemic begins, a vaccine may not yet be widely available, and the supply of antiviral drugs may be limited. The ability to limit transmission in healthcare settings will, therefore, rely heavily on the appropriate and thorough application of infection control measures.

C. Interpandemic Phases 1 and 2

1. Encourage Vaccination of All Healthcare Workers

NC Pandemic Influenza Plan
February 2007

Healthcare - 3