



Nursing Practice and Patient Advocacy Alert **H1N1 Influenza Vaccine Benefits and Risks**

The CNA/NNOC board has taken a position on RNs and the H1N1 influenza vaccine:

CNA/NNOC Position

1. As frontline caregivers at the heart of the health care system, CNA/NNOC strongly recommends that all registered nurses (RNs) are vaccinated against the H1N1 influenza virus.
2. Any vaccination program for RNs should include extensive education on the risks and benefits of vaccination with an emphasis on patient protection and the need to be prepared for a serious pandemic outbreak.
3. CNA/NNOC supports an RN's right to decline vaccination.
4. RNs should be granted presumptive eligibility for workers compensation benefits as a result of contracting the H1N1 influenza virus, and should not be subject to disciplinary action by an employer due to absenteeism or illness resulting from the vaccine.

The Center for Disease Control (CDC) is strongly recommending all Health Care Workers receive the H1N1 vaccine, but has not taken a position on whether the H1N1 vaccination should be mandatory for health care workers. **People who have a severe (life-threatening) allergy to chicken eggs or to any other substance in the vaccine should not be vaccinated.**

The flu shot: The viruses in the flu shot are killed (inactivated), so you cannot get the flu from a flu shot. The viruses in the nasal-spray vaccine (**LAIV**) are weakened and do not cause severe symptoms often associated with influenza illness. **LAIV** is a very good option for most health care providers who are healthy, younger than 50 years old, and not pregnant. However, health care providers **should not get LAIV** if they are providing medical care for patients who require special environments in the hospital because they are profoundly immunocompromised. The risks from inactivated 2009 H1N1 vaccine are: soreness, redness, tenderness, or swelling where the shot was given, headache, muscle aches, fever and nausea. Most of these problems manifest soon after receiving the vaccine and can last 1- 2 days.

There is a lot of fear and rumor surrounding the H1N1 vaccine, as a Registered Nurse it is your responsibility to remain informed and help alleviate others fears with current validated information on the vaccine. Most of the fear/rumor is based on the relatively swift development and clinical trials of the vaccine. The current H1N1 vaccine had been developed in the same way as the seasonal flu vaccine, using the same facilities and the same methods, which have a proven safety record. There is also controversy concerning the use of thimerosal, which contains mercury. **Vaccinations will come in multi-dose vials containing thimerosal as a preservative, others will be available in single-dose units, which do not contain thimerosal. The nasal-spray vaccine (LAIV), is produced in single-units and does not contain thimerosal.**

The CDC has a plan in place with the American Academy of Neurology to monitor the effects of the H1N1 vaccine. The Vaccine Adverse Event Reporting System (VAERS); it will be managed by the CDC and the Federal Drug Administration. It will only be determining if incidents require further investigation, not immediately deciding that any injury was caused by the vaccine.

You can file a report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967



**Position Statement on the
H1N1
(Swine Influenza)
Pandemic**

Position Statement on the H1N1 (Swine Influenza) Pandemic

Introduction

This position statement addresses the following questions:

- 1. What is the role of the Registered Nurse in the case of an H1N1 swine influenza pandemic?**
- 2. Should Registered Nurses be mandated to be vaccinated against the H1N1 swine influenza?**

Given the novel nature of this influenza virus and the ever changing information available regarding its spread, virulence and other factors such as effective immunization and treatment of this influenza, this position statement reflects the current standards recommended by CNA/NNOC as of September 11, 2009. As this is a fluid situation updates of this position statement can be anticipated.

I. Background

Novel influenza A (H1N1) is a new flu virus of swine origin that was first detected in April, 2009. Human influenza is transmitted from person-to-person via virus-laden large droplets that are generated when infected persons cough or sneeze; these large droplets can then be directly deposited onto the mucosal surfaces of the upper respiratory tract of susceptible persons who are near (i.e., within 3 feet) the droplet source. Transmission may also occur through direct and indirect contact with infectious respiratory secretions.

Influenza-like illness can include fever, body aches, runny noses, sore throat, nausea, or vomiting or diarrhea. The Center for Disease Control and Prevention (CDC) has posted emergency warning signs for children and adults requiring emergency medical care. See <http://www.cdc.gov/flu/swine>, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348(TTY).

As of September 25, 2009 the Center for Disease Control reported that there had been 8,392 hospitalized cases and 822 deaths from pandemic influenza H1N1 in the USA.

As of 20 September 2009, there have been more than 300,000 laboratory confirmed cases of pandemic influenza H1N1, 3,917 deaths in 191 countries and territories reported to the World Health Organization (WHO), including the first healthcare worker in Northern California, United States. WHO believes the reported number of cases is understated due to fact that the hardest hit countries no longer test everyone with flu-like symptoms.

II. Statement of the Problem

On June 11, 2009, WHO raised the worldwide pandemic alert level to Phase 6 in response to the ongoing global spread of the novel influenza A (H1N1) virus. A Phase 6 designation indicates that a global pandemic is underway. Dr Margaret Chan, director-general of the WHO said: "The virus is contagious, spreading easily from one person to another and from one country to another". WHO emphasized that this does not mean the virus is causing more severe illness or more deaths and has cautioned against overreactions to the increased alert level.

WHO's decision to raise the pandemic alert level to Phase 6 is a reflection of the spread of the virus, not the severity of illness caused by the virus. It is uncertain at this time how serious or severe this novel H1N1 pandemic will be in terms of how many people infected will develop serious complications or die from novel H1N1 infection. Experience with this virus so far is limited and influenza is unpredictable. However, because novel H1N1 is a new virus, many people may have little or no immunity against it, and illness may be more severe and widespread as a result.

III. Immunization

In early July, 2009 the Strategic Advisory Group of Experts (SAGE) working with the World Health Organization recommended that health care workers worldwide should be immunized as a first priority but, acknowledged that ultimately, national authorities will identify priority groups for vaccination based on circumstances within their own countries.

In late July the Advisory Committee on Immunization Practices (ACIP) in the USA recommended five target groups for initial immunization using the criteria of increased risk of H1N1 influenza infection, complications or contact with vulnerable people:

- Pregnant women
- Household contacts of babies under 6 months of age
- Healthcare and emergency medical services (EMS) workers
- Children and young people aged 6 months through 24 years
- People between 25 and 64 years who have chronic medical conditions

The Center for Disease Control's Advisory Committee on Immunization Practices has made recommendations for a voluntary novel H1N1 vaccination effort to counter a possibly severe upcoming flu season. Various clinical trials have begun, some under the direction of the National Institutes of Health and others by manufacturers under contract with Health and Human Services.

The launch of clinical trials is a precursor to planned mass vaccinations for October 2009. As of September 24, 2009 regulatory authorities have licensed pandemic vaccines in Australia, China and the United States of America, soon to be followed by Japan and several countries in Europe.

Given the understandably hurried nature of the clinical trials of the H1N1 vaccine it is anticipated that some Registered Nurses and other health care workers will have serious concerns about both the safety and efficacy of any vaccine. While strongly recommending that all RNs are vaccinated against the H1N1 influenza virus, CNA/NNOC supports an RN's right to decline vaccination.

RNS have the responsibility to ensure that they engage in activities to protect the patients in their care and should ensure that they, whether vaccinated or not, uphold best practice standards to protect patients from infection. Some healthcare employers are currently insisting that staff who decline the vaccine wear a surgical mask at all times, CNA/NNOC does not support this policy as it is not supported by scientific evidence. Multiple studies have been conducted on the efficacy of surgical mask vs. N-95 masks, based on the results of these studies and the need to uphold the highest standards of patient safety CNA/NNOC strongly recommends the use of N95 masks by healthcare staff caring for patients with H1N1 influenza.

IV. Registered Nurse Role

The centrality of the RN role in preparing for and responding to any disaster is critical in all practice settings. The key functions are:

- (1) to achieve optimal public health through provision of preventative care in order to prevent, mitigate or contain a potential pandemic; and,
- (2) to provide safe, therapeutic, and effective restorative care so patients can achieve optimum health.

RNs are at the front line of communicable disease prevention and control through outreach screening, case finding, resource coordination and the delivery and evaluation of care of individuals, families and communities. RN skills and expertise are critical in restoring and protecting the health, welfare and safety of individuals, families and communities in any disaster. Engaging in social advocacy and social mobilization is incumbent on all RNs especially since the profession is held in high esteem with respect to the public trust.

Levels of prevention; Primary prevention relies on epidemiological information to identify those behaviors which are protective, or will not contribute to an increase of disease, and those that are associated with an increased risk. Health promotion includes actions taken to foster a safe environment or healthful lifestyle. Specific protections include immunizations to protect against and reduce the incidence of a disease.

Secondary prevention (after pathogenesis) are screening and physical exams aimed at disease detection and early diagnosis; and, interventions that provide early treatment or cure.

Tertiary prevention includes: limiting complications, disability, and rehabilitation/restoration to optimum level of health, function, and well-being.

A. Preventative Care

The primary focus of preventative care nursing is to engage in health promotion and disease prevention activities for entire population groups. This means the provision of direct care through a process of assessments and evaluation of the needs of individuals in the context of their population group. The goal of preventative care is to improve the health of the community. Public Health Nurses, School Nurses and Outpatient/Clinic Nurses play a key role in the prevention and early detection of the spread of swine influenza, with a strong focus on mitigation or containment to avoid it reaching pandemic proportions. These RNs are the community primary responders.

RN role in preventative care:

- Case finding: surveillance, intervention and assessment of health care needs of individuals and populations.
- Case management: referral, follow-up, counseling and consultation.
- Community-focused intervention, interdisciplinary collaboration, coalition building, community organization and system-focused interventions.
- Making recommendations regarding closure of schools and/or public institutions and cancellation of public events designed to mitigate and contain any outbreak.

The Public, Community and Outpatient RN Role in Preventative Care

In general; only registered nurses and licensed physicians with current demonstrated and validated competency can perform assessments, prescribe/implement treatment, conduct evaluation, and determine the need for follow-up surveillance vs. “quarantine”. RNs must apply the following;

- Secure the reporting by non-public health clinics of suspect pandemic H1N1 influenza patients to the local Public Health Department.
- Recognize that emergency departments play a key role in the tracking and reporting of suspected H1N1 influenza cases and must remain a key member of the state or county notification network.
- Ensure that RNs and MDs control their practice environment and are able to provide care in the exclusive interest of the patient particularly in a pandemic environment.
- Identify individuals who have health problems that put themselves and others in the community at risk, such as those with infectious diseases like the H1N1 influenza.

- Collaborate with other providers of care to plan, develop, and support systems and programs in the community to prevent problems and provide access to equitable care.
- Assess health and health care needs of individuals.
- Identify nursing diagnoses, plan interventions to meet identified needs, and implement the plan effectively and equitably.
- Evaluate the extent to which the interventions impact the health status of individuals, families and communities.
- Advocate in the exclusive interest of the individual and the community.
- Provide education about the H1N1 influenza infection and how transmission occurs.
- Provide education about H1N1 influenza infection, how and where viral transmission occurs. Disseminate information on the appropriate PPE (Personal Protective Equipment), such as gowns, gloves, eye protection and fit-tested disposable N95 respirator or better. (Note, persons who have certain chronic pulmonary conditions, such as, asthma, emphysema, or restrictive airway disease may require alternate respirators).
- Present education to workers on hand washing, appropriate respirator use, gloves and triaging patients who come into the clinic or hospital setting coughing or febrile.
- Educate patients and families to: (1) Stay home if symptomatic but seek medical help if very high fever (greater than 101) with Tylenol/or other appropriate fever-reducing medications, uncontrollable diarrhea, shortness of breath/difficulty breathing. Also if parents are unwilling or unable to follow simple directions at home then they should seek medical care (2) Cover mouth/nose if coughing or sneezing (3) Identify their primary care provider, hospital, health insurance or local public health system.

B. Restorative Care - Acute and Long Term Care

Direct care RNs in acute care and long term care facilities have a pivotal role in the early detection of signs and symptoms of the disease, the implementation of scientific-based intervention, and the evaluation of the patient's response to the treatment prescribed, including patient advocacy intervention when in the independent professional judgment of the RN the treatment regimen is not in the best interest of the patient. Infection prevention and control play a vital role in our patient's safety and well being. This is even more crucial in our hospitals where our patients may already be compromised due to illness, injury or disease and are at very high risk of life threatening infections.

RN Role in Restorative Care - Acute and Long Term Care

- Early detection and intervention.
- Continuous environmental surveillance and monitoring.

- Minimizes and seeks to eliminate patients' risk of preventable complications.
- Reduces susceptibility and exposure to risk factors.
- Modifies, removes, or treats problems to prevent serious or long term effects.
- Alleviates the effects of disease and injury by providing competent care that is safe, therapeutic and effective.

RN Role in Acute Care

- Insist that your hospital immediately implement, at a minimum, state and federal, OSHA, HHS/Public Health Department and CDC guidelines on disaster preparedness and response including facility-based policies on disaster preparedness and response.
- Insist that your facility, at a minimum, provide protection for health care personnel by providing personal protective equipment (PPE) in accordance with state and federal OSHA, HHS/Public Health Department and CDC guidelines.
- Insist that your facility make H1N1 and seasonal flu vaccines, once proven safe and effective, readily available to all RNs, as well as other health care workers susceptible to occupational exposure free of charge
- Enforce acute care hospitals requirement to immediately staff-up. There shall be no violation of safe staffing ratios or any state work rules and no retaliation for sick-calls or care of a family member suffering from H1N1 influenza.
- Insist that medical facilities monitor and track all caregiver and patient unprotected exposures to H1N1 influenza patients and or patients with flu-like symptoms and provide treatment and follow-up in accordance with state and federal OSHA guideline, including timely notice of exposure and access to anti-viral medications, when medically indicated/recommended.
- Assess all patients for signs and symptoms of abrupt onset of fever, myalgia, headache, malaise, nonproductive cough, sore throat, and rhinitis; because the typical incubation period for influenza is 1-4 days a patient admitted for an accident or other illness may develop symptoms after hospitalization. Patients and visitors with the above symptoms should immediately be isolated as if they had H1N1 influenza until H1N1 influenza can be ruled out.
- RNs caring for adult patients will observe for primary influenza, viral pneumonia, exacerbation of underlying medical conditions (e.g., pulmonary or cardiac disease), secondary bacterial pneumonia, sinusitis, and otitis media; and for co-infections with other viral or bacterial pathogens.
- Provide care for each individual patient as needed. All patients and families need teaching and reassurance.

C. RN Role in Infection Control for Patients

In general; the Center for Disease Control (CDC) recommends that nurses should consider the possibility of H1N1 influenza virus infections in patients presenting with febrile respiratory illness. A combination of infection control strategies is recommended to decrease transmission of influenza in health care settings. These include;

- Placing any patient with confirmed H1N1 influenza or flu like symptoms in a private negative air-pressure isolation room when possible and having health care personnel observe contact and droplet isolation precautions, plus eye protection. All healthcare personnel who enter the rooms of patients in isolation with confirmed, suspected, or probable novel H1N1 influenza should wear a fit-tested disposable N95 respirator or better. Respiratory protection should be donned when entering a patient's room. Personal protective equipment must be disposed of after each use.
- Applying current knowledge and demonstrating competency in infection prevention and control procedures.
- Understanding and implementing Primary, Secondary, and Tertiary prevention measures in all practice settings.
- Performing ongoing assessments and science-based interventions to eliminate the risk of nosocomial infection and the spread of multi-drug resistant organisms.
- Observing and monitoring compliance with infection surveillance standards and protocols.
- Maintaining professional vigilance and self awareness to promote a safe and therapeutic environment of care.
- Providing appropriate education to co-workers, visitors, patients, friends, and families regarding hygiene and infection prevention and control measures.
- Engaging in case finding of possible undiagnosed patients with influenza.
- Advocating for laboratory confirmation of diagnosis because the symptoms may or may not be influenza, H1N1 or other form.
- Observe visitors, physicians, and others for respiratory symptoms. These people will be restricted from visiting patients and encouraged to stay at home until recovered.

D. RN Role in Clinical Facility Based Enforcement of Patient Health and Safety Regulations

- Collectively and professionally hold employers accountable for following licensing and certification regulations pertaining to the maintenance of a safe care environment when managing an unusually high census or influx of patients due to an unexpected event such as a disease outbreak or mass casualty incident.
- Enforce safe staffing ratios and standards to secure that staffing is based on the severity of illness, need for specialized equipment and technology, complexity of clinical judgment needed to design, implement, and evaluate the patient's plan of care, the dependency/ability for self care of the patient, and the licensure of personnel required to provide the care.
- Notify supervisory personnel when unsafe working conditions exist.
- Carry out the principles of the Nursing Practice Act, Scope of Practice mandates, and applicable institutional Licensing and Certification Regulations of health facility employer.

- Assess each patient's needs, planning the nursing care, and determining the care that can be safely and appropriately assigned to other health care team members.
- Change decisions and activities which interfere with or override the direct care RN's professional judgment in determining the health facility non-compliance with state or federal regulatory standards for patient health and safety and file a report with such agencies.

V. RNRN Call to Action

CNA/NNOC has issued a an RNRN Call to Action notice to encourage a nationwide social advocacy movement of RN patient advocates to fight for achieving the demands identified in the RNRN Call to Action www.calnurses.org/rnrn

The RN Response Network (RNRN) is a national network of direct care RNs- powered by the California Nurses Association/National Nurses Organizing Committee (CNA/NNOC) that:

1. Recruits and coordinates sending volunteer RNs to disaster evacuation sites where and when their help is needed most. When disasters like pandemics, hurricanes, tsunamis, earthquakes, and other emergencies strike, RNs are needed to relieve the human suffering, provide hands-on care and relief for exhausted local RNs.
2. Provides consultation on how RNs can prepare for disaster response which include social advocacy for the provision of preventative, restorative patient care provided in a safe, therapeutic and effective manner, regardless of age, gender, ability to pay, social status, ethnicity, lifestyle, religion, or belief.

VI. Action Plan

Every registered nurse regardless of practice setting must immediately engage in the CNA/NNOC social advocacy action plan in order to mitigate or contain this imminent pandemic.

RNs affirm the CNA/NNOC campaign declaring health care is a human right. RNs must exercise their duty, inherent in the social contract, as clinical, professional, social and political advocates in support of a Single Payer and Single Standard of Universal Health Care for all.

A. Social /Political

- The United States government has a responsibility to ensure the health and safety of its citizens.
- Single payer/single standard of care removes barriers to identifying, treating and preventing the spread of a flu pandemic. No one is denied care.

- Citizens including registered nurses must hold government accountable for reinvesting tax dollars in to the public health system.
- Cease and desist the lay off of public health nurses and all other public health workers, including registered nurses in the school systems, acute and long term care facilities and outpatient clinics.
- Federal, state, county and city governments must lift any freeze on public health funding.
- Secure and disseminate science-based knowledge of viral infections/organisms, prevention and treatment standards, rather than hype.

B. Economics

Address and resolve US relative ineffectiveness of current vaccine technology in producing anti influenza vaccines.

Redirect funds earmarked for health care information technology to;

1. Expand the number of laboratories able to effectively analyze the virus.
2. Add to the number of personnel employed to gather raw data for analysis.
3. Government must stop its incentive which diverts resources to private interest drug corporations and commercial enterprise at the expense of public health.
4. It is more cost effective to reinvest in public health clinics in each community- have access to preventive and restorative care provided in a safe, therapeutic and effective manner for the benefit of a broad segment of populations.
5. Insurance companies must waive all out-of-pocket co-payments, co-insurance, and deductible mandates, so as not to discourage patients from seeking preventative care at early signs of infection.
6. There must be immediate funding for recruitment and retention of school nurses, public health nurses, including funding for public health clinics.
7. Insist on a public and private moratorium on closure of any health facility, including the closure of emergency departments as well as the reduction of bed capacity.
8. Address the critical need for several thousand ventilators/respirators.

C. Clinical/Practice

- Only registered nurses and licensed physicians with current demonstrated and validated competency can perform assessments, prescribe/implement treatment, conduct evaluation, and determine the need for follow-up surveillance vs. “quarantine”.
- Non-public health clinics must report suspect H1N1 influenza patients to the local Public Health Department.
- Emergency departments play a key role in the tracking and reporting of suspected swine flu cases and must remain a key member of the state or county notification network.
- Ensure that RNs and MDs control their practice environment and are able to provide care in the exclusive interest of the patient particularly in an imminent pandemic environment.

- Acute care hospitals must immediately implement state, HHS and CDC guidelines on disaster preparedness and response including facility-based policies on disaster preparedness and response.
- Secure protection for health care personnel by providing personal protective equipment (PPE) including fit-tested disposable N95 respirator or better.
- Acute care hospitals must immediately staff-up, there shall be no violation of safe staffing ratios or any state work rules and no retaliation for sick calls or care of a family member suffering from swine flu.
- Health care providers, first responders, medically fragile and vulnerable populations must be given timely access to anti-viral medications, such as oseltamivir or zanamivir, when medically indicated/recommended.

Conclusions:

In order to reduce the incidence of Novel H1N1 (swine) influenza, the United States needs to implement a nation-wide surveillance, prevention and containment policy. It is critical that all facilities follow the same standards consistently; H1N1 influenza knows no geographic boundaries.

CNA/NNOC recognizes the Registered Nurses' role as patient advocates who are at the front lines of all serious health care problems and as such must be the leaders in influenza control.

CNA/NNOC Position

1. As frontline caregivers at the heart of the health care system, CNA/NNOC strongly recommends that all registered nurses (RNs) are vaccinated against the H1N1 influenza virus
2. Any vaccination program for RNs should include extensive education on the risks and benefits of vaccination with an emphasis on patient protection and the need to be prepared for a serious pandemic outbreak.
3. CNA/NNOC supports an RN's right to decline vaccination
4. RNs should be granted presumptive eligibility for workers compensation benefits as a result of contracting the H1N1 influenza virus, and should not be subject to disciplinary action by an employer due to absenteeism or illness resulting from the vaccine

Appendix A

NNOC/CNA calls on hospitals to meet minimum standards to protect RNs and Patients in the H1N1 Pandemic

References

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Protecting RNs and Patients in the H1N1 Pandemic

Preliminary results of a NNOC/CNA survey shows many hospitals are not doing enough to adequately protect patients and nurses, and fully inform nurses of proper H1N1 infection control procedures.

NNOC/CNA calls on all hospitals to meet the highest standards set by the CDC and state health and occupational safety agencies – and will monitor hospitals to assure compliance.



NNOC/CNA calls on hospitals to meet minimum standards now on the books in some states including:

- 1 Provide initial and annual training on the hospital's exposure control plan, including signs and symptoms of airborne transmissible diseases, screening methods for patients, isolation procedures, personal protective equipment, responding to exposure incidents, and available vaccines. Repeat training when procedures change.
- 2 Establish, implement, and maintain written procedures for screening patients for flu-like illness, to identify suspected H1N1 cases quickly. Immediately communicate to employees which patients have a suspected or confirmed diagnosis as cases are identified.
- 3 Place new patients with flu-like illness in a separate negative pressure isolation room or area. Place all patients suspected of H1N1 in surgical masks until they can be moved to a separate isolation area. Take measures to protect patients and caregivers from exposure anytime patients are not in airborne isolation rooms. Ensure that isolation rooms function correctly and that negative pressure is verified daily.
- 4 Provide personal protective equipment to all healthcare personnel who enter the rooms of patients being evaluated or in isolation for H1N1. This equipment includes respiratory protection that consists of a disposable N95 respirator or better, non-sterile gloves and gowns, and eye protection or face shields.

CDC guidelines say all healthcare personnel who enter rooms of patients in isolation for swine influenza should wear a fit-tested disposable N95 respirator or equivalent (e.g., powered air purifying respirator). Disposable N95 masks should not be reused.

- 5 Implement procedures for employees to follow in the event of an exposure incident. Investigate how the exposure occurred, and determine which employees had significant exposure. Notify exposed employees within a timeframe that will give adequate time for the employee to receive effective medical intervention to prevent disease or mitigate the disease course.
- 6 Provide medical care and follow up for employees who are exposed to the virus. Ensure that, if a physician or other licensed healthcare professional recommends that an employee should remain away from the hospital because he or she is contagious, the hospital maintains the pay, seniority, and all other rights and benefits of that employee, including the right to his or her job.

What You Can Do:

- ◆ Does your facility have enough masks and negative pressure rooms? Is it adhering to the latest guidelines? Inform your PPC of any problems or concerns.
- ◆ See the NNOC/CNA website, www.nnoc.net, for our Nursing Practice/Patient Advocacy Alert on the role of the RN in the H1N1 pandemic, our hospital survey results and to monitor updates of upcoming actions to protect nurses and patients
- ◆ Support NNOC/CNA legislative efforts to assure whistle-blower protection for RNs who report safety problems, and presumptive eligibility for workers' comp for healthcare personnel exposed to H1N1.
- ◆ See the latest CDC guidelines at www.cdc.gov/h1n1flu/guidelines_infection_control.htm

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