

Basic Measures Key to Limiting Flu Cases

We're entering the 2005 flu season without our usual protection. The flu vaccine—seen by many as a primary defense against the flu—is in extremely short supply. In October, the CDC issued a list of high-risk groups to help public health officials decide who should get the doses that are available. Many of the doses available in Fayette County went to high-risk patients. Some have been issued to designated healthcare workers to help ensure that hospitals can remain open to care for the sick and to help prevent doctors and nurses from transmitting the flu to immunocompromised patients. That leaves most of the population and many of our healthcare workers without the flu shot that they have come to rely on each year.

In times like these, it's important to remember that basic infection control measures are the real key to preventing the transmission of the flu from person to person.

Follow Standard Precautions.

- Wear gloves during patient contacts or when you will come in contact with items contaminated with body fluids.
- Change gloves between patient contacts.
- Wash hands before and after touching a patient, items in a patient's environment, or items that could be contaminated with body fluids, or whenever hands are visibly soiled. If hands are not visibly soiled, you may use an alcohol-based hand gel to clean hands.

Use Droplet Precautions when caring for a patient with suspected or confirmed influenza.

- Place patient in private room or cohort patients who have the flu.

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CDC Adds Influenza to Clinician Information Line

Call toll free 1-877-554-4625.

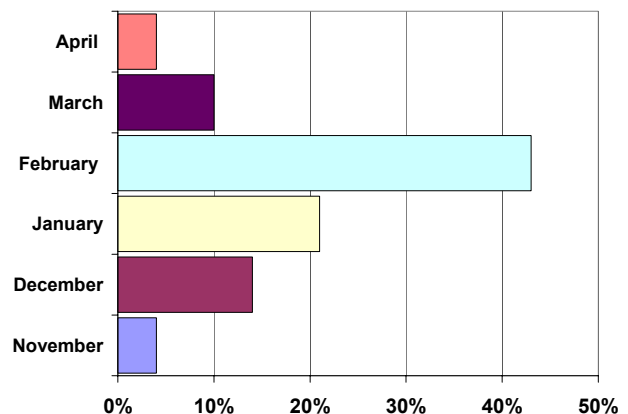
Several years ago, the CDC established a Clinician Information Line (CIL) to ensure that clinicians had rapid access to information about smallpox and other potential terrorist agents. The line is staffed 24-hours-a-day by a clinical team, ready to answer questions about diagnosis, treatment, and adverse reactions.

This year, the CDC added influenza, SARS, and hurricane recovery to the list of topics the team is prepared to address.

Flu Usually Peaks in January and February

According to the CDC, more people in the United States get influenza in January or February than in any other month. According to the statistics, gathered from 1976 to 2004, an average of 43% of flu cases are reported in February each year, 21% in January.

As of October 23, flu activity was low. Seventeen states and New York City reported sporadic influenza activity, and 32 states and the District of Columbia reported no influenza activity. Kentucky had no confirmed cases.



Basic Measures Can Limit Flu Spread

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- Wear a mask when you enter patient's room and remove it when you leave.
- Put a mask on the patient during transport.

Teach and model respiratory hygiene.



Take every opportunity to teach patients and visitors about the basics—like covering a cough or sneeze and washing hands.

- Make sure that every waiting room in the hospital has a “Cover Your Cough” sign and a box of masks.
- Provide tissues for patients and visitors.
- Place signs in waiting areas directing visitors to restrooms or handwashing facilities.
- Instruct clerks or waiting room attendants to ask people who are coughing or sneezing to wear a mask.
- Instruct supervisors and managers to ask workers who have respiratory symptoms to wear a mask.

Consider implementing visitor restrictions.

- Consult with your administrator about posting signs in waiting areas and at the entrance to units with high-risk patients asking people who have respiratory symptoms NOT to visit patients.

Influenza is a respiratory infection caused by several different viruses. The flu is characterized by fever, chills, headaches, dry cough, or muscle aches. The illness may last several days to a week.

It is not possible to estimate the risk the flu poses to each individual. We do know, however, that for the elderly, people with diabetes, or heart, lung, or kidney diseases, and people who are immuno-suppressed due to another illness or treatment, the flu may be especially serious, sometimes resulting in pneumonia or death.



Wear Face Protection to Prevent Exposures

In 2002 and 2003, Hospital employees averaged 33 bloodborne pathogen exposures from splashes and sprays. In 2004, Hospital employees reported 52 such exposures.*

Odds are that it's the reporting that's up—not the exposures, but the statistics reveal a lot of other valuable information about our infection control practices.

- Thirty-five percent of the splashes and sprays occurred in the ICUs, 33% in acute care areas, 12% in OR.
- Sixty-five percent of all exposures from splashes and sprays were to the eyes or mouth.
- Eighty-eight percent of those employees who sustained exposures to the eyes or mouth were wearing no face protection whatsoever.
- Eleven percent was wearing masks, but no goggles or face shields.

The Occupational Safety and Health Administration (OSHA) requires every employer to identify eye and face hazards and to provide appropriate personal protective equipment (PPE) to mitigate the risks. That's why masks and goggles are stocked in all areas where there is a risk of a bloodborne pathogen exposure from splash or spray.

OSHA requires employees to use the PPE that is provided. In the hospital, that means that employees must use face protection whenever they are:

- Intubating
- Extubating
- Suctioning
- Connecting and reconnecting lines
- Disposing of contaminated items
- Disposing of body fluids
- Placing tissue or body fluids in containers.

*These statistics do not include physician exposures.