



**Rhode Island Department of Health**  
Three Capitol Hill  
Providence, RI 02908-5094

[www.health.ri.gov](http://www.health.ri.gov)

## **Interim Health Advisory About Use of Masks**

Date: May 6, 2009

To: All Healthcare Providers

From: Director of Health, David R. Gifford, M.D., M.P.H.

Re: Surgical Masks, N95 Respirators and an Algorithm to assist clinicians in  
Decisions on testing and treatment for H1N1 (Swine) Influenza

### **Hospital Inpatient Setting**

- Any patients with acute febrile respiratory illness who present for care at a healthcare facility should be given a surgical mask and placed directly into individual rooms.
- The ill person should wear a surgical mask to limit the secretions when outside of the patient room
- For prolonged face-to-face contact with patients that are *probable or confirmed* cases of H1N1 influenza, healthcare providers should use respiratory protection with a surgical mask or N95 respirator if available.
- For patients with ILI (fever and cough or sore throat), including suspected, probable or confirmed cases of H1N1 influenza, procedures that are likely to generate aerosols (e.g., bronchoscopy, elective intubation, suctioning, administering nebulized medications), should use N95 respirator if available or a surgical mask with eye shield protection and close the door.
- Facilities should implement plans to ensure appropriate allocation of personal protective equipment, including surgical masks and N95 respirators.

### **Physician Offices/ Walk-in and Urgent care clinics**

- Any patients with acute febrile respiratory illness as described above who present for care at a healthcare facility should be given a surgical mask if tolerated and placed directly into individual rooms, if possible.
- Providers with prolonged face-to-face exposure to patients with influenza like illness should wear a surgical face mask.
- For patients with ILI (fever and cough or sore throat), including suspected, probable or confirmed cases of H1N1 influenza, health care providers conducting procedures that are likely to generate aerosols (e.g., bronchoscopy, elective intubation, suctioning, **administering nebulized medications**), should use a N95 respirator if available or a surgical mask with eye shield protection and close the door.

## **Emergency Medical Services (EMS)/ Emergency rooms**

When treating a patient that is a **suspected case** of H1N1 influenza as defined herein, the following PPE should be worn:

- Surgical mask or, if available, fit-tested N-95 respirator and eye protection (e.g. goggles, eye shield), and disposable non-sterile gloves when coming into close contact with the patient.
- Place a standard surgical mask on the with ILI patient, if tolerated.

## **Community**

- If you or your child is ill (acute respiratory illness, especially including fever and respiratory symptoms beyond the individual's usual seasonal allergy symptoms if applicable), use measures to cover coughs in a public setting, particularly if in a crowd.
  - Methods of covering coughs can include a surgical mask or a scarf (or similar cloth that would decrease the spread of droplets with coughing).
  - Patients should avoid public settings, especially crowded areas as much as possible if they are ill.

## **SPECIAL NOTE**

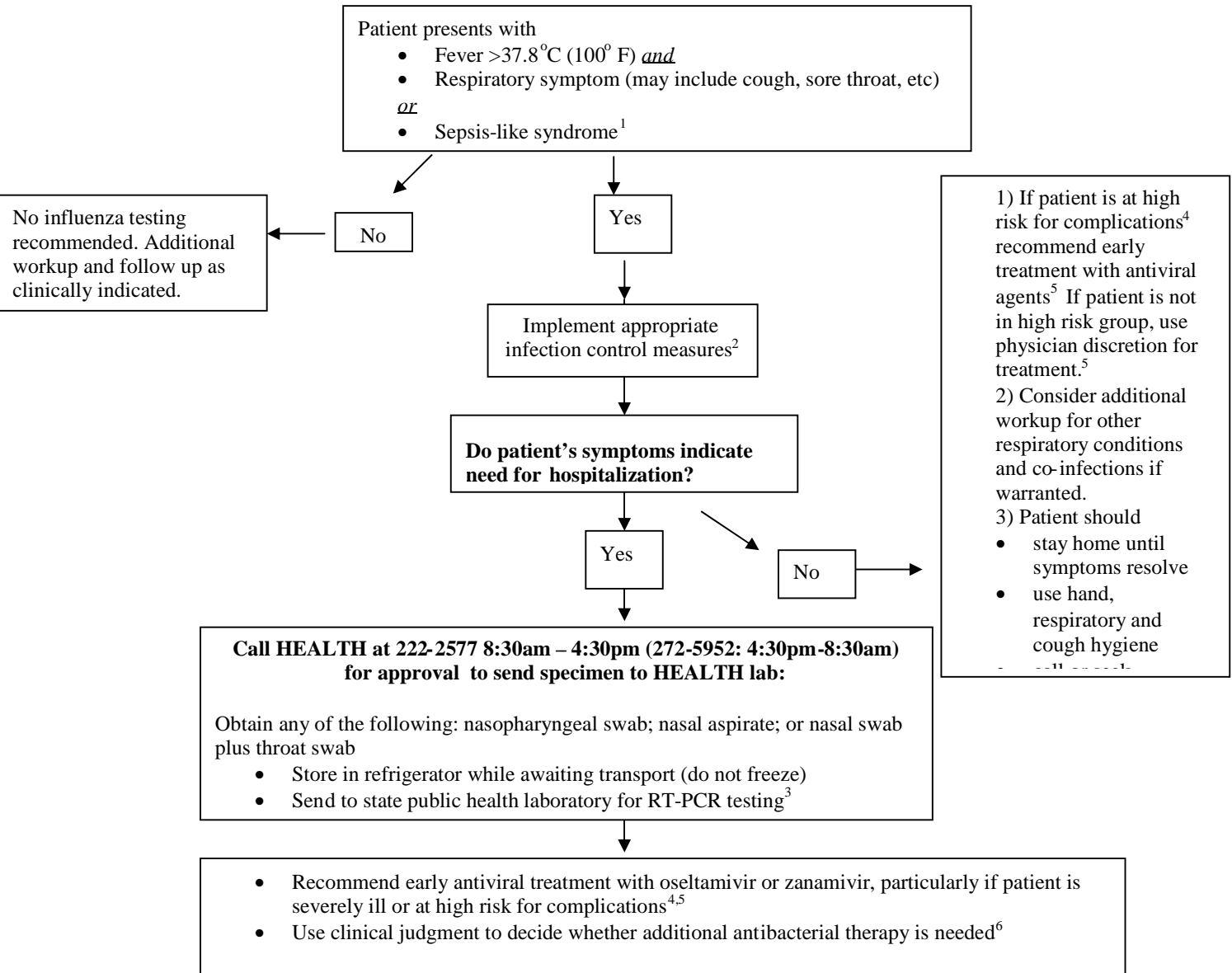
While all FDA cleared surgical N95 respirators are labeled as "single use" disposable devices, this does not mean that the respirator needs to be replaced after each patient. If N95 respirators are reused for contact with sick patients, implement a procedure for safer reuse to prevent contamination through contact with infectious droplets on the outside of the respirator.

- When removing a respirator or mask, please do not touch the front of the respirator or mask as it may be contaminated
- Consider wearing a loose-fitting barrier that does not interfere with fit or seal (e.g., surgical mask, face shield) over the respirator.
- Remove the respirator and either hang it in a designated area or place it in a bag. (Consider labeling respirators with a user's name before use to prevent reuse by another individual.)
- Perform hand hygiene after replacing the respirator mask from the face
- With appropriate care, an N95 may be worn for up to 8 hours of continuous use or potentially longer with intermittent use

## **Resources**

- CDC Swine Influenza Site: <http://www.cdc.gov/h1n1flu/>
- Rhode Island Department of Health Swine Influenza Site: <http://www.health.ri.gov/pandemicflu/swineflu/swineflu.php>
- WHO Swine Influenza Site: <http://www.who.int/en/>
- State of Connecticut Department of Public Health: <http://www.ct.gov/ctfluwatch/cwp/view.asp?a=2533&q=439092>

**Algorithm for clinicians to assist in decisions on testing and treatment for H1N1 (swine flu) virus in the event of limited resources, (i.e. clinic capacity, testing supplies, medications)**



1. As with seasonal influenza, infants, adults  $\geq 65$  years-old, and persons with compromised immune systems may have atypical presentations.  
 2. Information on infection control can be found at: [http://www.cdc.gov/swineflu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/swineflu/guidelines_infection_control.htm)  
 3. Real-time polymerase chain reaction (RT-PCR) is the preferred laboratory test for identifying H1N1 (swine flu) virus. Rapid antigen tests and immunofluorescence tests have unknown sensitivity and specificity to detect H1N1 (swine flu) virus. For more information, please see <http://www.cdc.gov/swineflu/specimencollection.htm>.  
 4. Persons at high risk of complications: Children less than 5 years old; persons aged 65 years or older; children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and residents of nursing homes and other chronic-care facilities.  
 5. Information on use of antiviral agents can be found at: <http://www.cdc.gov/swineflu/recommendations.htm>  
 6. Interim guidance for clinicians is available at: <http://www.cdc.gov/swineflu/identifyingpatients.htm>  
**Please note:** these algorithms do *not* apply to providers participating in the US Outpatient Influenza-like Illness Surveillance Network (ILINet). For guidance related to ILI Net see: <http://www.cdc.gov/h1n1flu/screening.htm>