

**Interim IDPH Personal Protective Equipment and Infection Control Recommendations for Prevention of Influenza for First Responders (e.g., Fire and Law Enforcement Personnel) Who Are Not Routinely Involved in Patient Care Activities**

Note: Key strategies for the prevention and control of seasonal influenza include the following: annual influenza vaccination, implementation of Standard and Droplet Precautions when working with infected individuals, and use of Respiratory Hygiene/Cough Etiquette strategies.

<b>When working within 6 feet of an individual who is coughing or otherwise suspected of having significant respiratory illness (i.e., cough, shortness of breath at rest or difficulty breathing):</b>	
<b>WHO Global Pandemic Phase<sup>i</sup>:</b>	<b>3, 4</b> <sup>ii</sup> (Phase 5 recommendations will vary based on updated information pertaining to situation in Illinois)
Personal protective equipment (PPE) and infection control (IC) recommendations:	<ul style="list-style-type: none"> <li>• Hand hygiene<sup>iii</sup>: perform proper hand hygiene.</li> <li>• Offer a mask to coughing persons</li> <li>• Implement an agency respiratory hygiene/cough etiquette program, modified for non-healthcare facilities</li> <li>• Droplet Precautions</li> <li>• Universal gloving for hands-on contact</li> <li>• Utilize Standard Precautions per Agency protocol. <sup>iv</sup></li> <li>• Follow agency protocol regarding obtaining medical clearance for ill individuals prior to confinement.</li> </ul>
<b><i>Follow local protocols based on risk assessment for use of additional respiratory precautions. Some localities may choose to routinely use N-95 respirators for respiratory protection; however it should be recognized that this is not standard practice in most health care settings, and may diminish the supply of respirators available during an emergency.</i></b>	
<b>When in the same room or vehicle, or within 6 feet of any individual who is suspected of having H5N1 infection (based on internal medical protocols, or opinion of healthcare provider involved with management of patient or local public health agency)</b>	
<b>WHO Global Pandemic Phase:</b>	<b>3, 4, 5</b>
PPE and IC recommendations if supplies available, i.e., demand does not exceed supply:	<ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Respiratory Hygiene/Cough Etiquette</li> <li>• Standard Precautions</li> <li>• Airborne Precautions<sup>v</sup> i.e., wear a respirator at least as protective as a NIOSH-certified N95 respirator<sup>vi</sup></li> <li>• Contact Precautions<sup>vii</sup></li> <li>• Eye Protection (face shield/goggles)</li> <li>• Follow agency protocol regarding obtaining medical clearance for ill individuals prior to confinement</li> </ul>
<b><i>If a shortage of respirators is anticipated during a pandemic, face shields or surgical masks may need to be used to protect N95 respirators in order to allow repeated use. See additional information regarding repeated use of N95 respirators below. In the event N-95 respirators are not available, use a tightly fitting surgical mask for respiratory protection.</i></b>	

**When within the same room or vehicle, or working within 6 feet of an individual with respiratory illness (i.e., cough, shortness of breath at rest, or difficulty breathing):**

<b>WHO Global Pandemic Phase:</b>	<b>6</b>
PPE and IC recommendations:	<p>High risk situations: (as defined by updated information regarding pandemic strain)</p> <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Respiratory Hygiene/Cough Etiquette</li> <li>• Standard Precautions + universal gloving</li> <li>• Airborne Precautions, i.e., wear a respirator at least as protective as a NIOSH-certified N95 respirator</li> <li>• Contact Precautions</li> <li>• Eye Protection (face shield/goggles) recommendations will be based on updated information</li> <li>• Follow agency protocol regarding obtaining medical clearance for ill individuals prior to confinement</li> </ul>
	<p>Situations defined as low risk:</p> <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Standard Precautions</li> <li>• Universal gloving for hands-on contact</li> <li>• Droplet Precautions when within 6 feet of individual</li> <li>• Follow agency protocol regarding obtaining medical clearance for ill individuals prior to confinement</li> </ul>

***If a shortage of respirators is anticipated during a pandemic, face shields or surgical masks may be used to protect N95 respirators in order to allow repeated use. See additional information regarding repeated use of N95 respirators below.***

***In the event N-95 respirators are not available, use a tightly fitting surgical mask for respiratory protection.***

**When working with any individual without respiratory illness:**

<b>WHO Global Pandemic Phase:</b>	<b>3, 4</b>
PPE and IC recommendations:	<ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Standard Precautions</li> </ul>

## When working with any individual without respiratory illness:

WHO Global Pandemic Phase:

5, 6

PPE and IC recommendations:

- Hand hygiene
- Respiratory Hygiene/Cough Etiquette
- Standard Precautions
- Additional PPE recommendations will be based on the extent to which asymptomatic transmission is occurring and is judged to be epidemiologically significant

## Interim Guidance on Reuse of N-95 Respirators

- Data on reuse of respirators for novel influenza are not available. Reuse may increase the potential for contamination; however, this risk must be balanced against the need to maintain a supply of N-95 respirators.
- If a sufficient supply of N-95 respirators is not available, agencies may consider reuse by an individual of his or her own respirator, as long as the device has not been obviously soiled or damaged (e.g., creased, torn, or wet). Do not wear an individual N-95 respirator for more than a total of 12 hours.
- If N-95 respirators are reused for contact with patient with suspected influenza, implement a procedure for safer reuse to prevent contamination through contact with infectious droplets on the outside of the respirator.
  - Protect the respirator from external surface contamination when there is a risk of influenza by placing a medical mask or face shield (reusable or disposable) over the respirator so as to prevent surface contamination but not compromise the respirator's fit.
  - Remove the barrier after the encounter is over and perform hand hygiene. Surgical masks should be discarded; face shields should either be disposed of properly or cleaned and disinfected.
  - Use and store the respirator in such a way that the physical integrity and efficacy of the respirator will not be compromised.
  - Use care when placing a used respirator on the face to ensure proper fit for respiratory protection and to avoid contact with infectious material that may be present on the outside of the mask.
  - Practice appropriate hand hygiene before and after removal of the respirator and face shield (or surgical mask).

<sup>i</sup>WHO Global Pandemic Phases: <http://www.hhs.gov/pandemicflu/plan/appendixc.html>

<sup>ii</sup> Extent to which novel influenza will be distinguishable from other respiratory illnesses remains undefined for Phases 4-6

<sup>iii</sup> Hand hygiene: <http://www.cdc.gov/handhygiene/>

<sup>iv</sup> Standard Precautions: [http://www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_standard.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html)

<sup>v</sup> Airborne Precautions: [http://www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_airborne.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_airborne.html)

<sup>vi</sup> NIOSH-certified N95 respirator: [http://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/n95list1.html](http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html)

<sup>vii</sup> Contact Precautions: [http://www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_contact.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_contact.html)