

NENA Position Statement: Pandemic H1N1 2009

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Issue

H1N1 is a new influenza virus, first detected in people in the United States in April 2009, which has never circulated before. People have little or no immunity. It spreads quickly, particularly among young people (ages 10 to 45), and is spread from person to person by droplets, (cough, sneezing), as is the normal seasonal influenza. The World Health Organization announced on June 11, 2009, that a pandemic of H1N1 influenza was underway.

Signs and symptoms of infection with the H1N1 virus include fever, chills, fatigue, headache, cough, neuralgia, muscle and joint pain, sore throat, rhinitis, and sometimes vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever. Severe illnesses and deaths have occurred as a result of illness associated with this virus. Worldwide, 5,712 deaths have been related to H1N1 as of October 30, 2009.

Prevention methods include: covering the mouth and nose when coughing and sneezing; washing hands frequently; refraining from hand-to-mouth/-eye/-nose contact; immunization; maintaining social distance; and avoiding contact with infected individuals.

NENA Position


- Nurses have a responsibility to:
 - engage in activities to protect patients in their care; and
 - to uphold the best infection protection standards; and
 - to practise self-care to reduce personal risk of infection.
- Nurses, as part of a larger health care group, should be a priority in the Canadian vaccination program. Emergency nurses are particularly vulnerable because the emergency department is the initial point of care for most undiagnosed patients who

may present with influenza-like illness. As frontline staff, nurses should be provided with the highest form of protection.

- Nurses should exert influence to promote dissemination of information related to reasonable and informed use of emergency department facilities. The CDC recommends a four-pronged approach, including:
 - eliminating the potential of exposure by encouraging people to self-isolate;
 - creating areas that will reduce the exposure to health care workers and other patients, such as barriers;
 - administrative controls, such as immunization, enforcing exclusion of ill health care personnel, creating separate triage streams for patients with influenza-like illnesses;
 - the use of personal protective equipment—in those instances where N95 is indicated (during aerosolized procedures), the use of protective eye wear and face shields should be made available as recommended by the Public Health Agency of Canada.
- An adequate quantity of antiviral medications must be available for high-risk health care workers, as defined by Public Health Agency of Canada, to decrease absenteeism in critical infrastructure areas.
- Nurses should support and promote the development of primary assessment areas other than the emergency department.
- Nurses should encourage the deployment of staff to other services in the best interest of the health care worker, such as those who fail the mask fit test and those at high risk for complications such as pregnant women or staff with chronic health conditions.
- Nurses should participate in the surveillance of patients with influenza-like illness. Nurses should be active participants in the collection, identification, and communication of data for this use. Collaboration with

public health is imperative to ensure that timely and necessary information is relayed appropriately.

- Infected patients should be identified and positive swab results communicated to the health care workers who were in contact with the patient.
- We must support the development of flexible leave policies that allow the worker to stay home and care for sick family members and/or children who are released from schools or child care facilities in the event that they must close.

NENA endeavours to maintain up-to-date information, but nurses are responsible to maintain their personal education. 

References

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