

ISOLATION

What does isolation mean?

- Place people with a flu-like illness in isolation – preferably a single room with dedicated ensuite or toilet.
- Arrange medical assessment, including swab taking for the first few cases, and discuss with the persons GP antiviral treatment for high risk residents and/or to decrease infectiousness if onset is less than 48 hours ago
- Signage, stating the patient is in isolation, should be posted on the door of their room or wherever the isolation zone begins.
- Movement of patients out of isolation rooms should be restricted to essential purposes.
- If possible, airflow should be vented to the exterior of the building from the room(s) such as by opening exterior windows. Influenza can spread in inadequately ventilated internal spaces.
- Non-essential staff should be prevented from entering isolation rooms.
- If possible, cases should wear surgical masks during any contact with staff and visitors.
- Staff who have contact with residents in isolation should follow the personal protective measures shown on the following pages. The level of personal protective measures required depends on the extent to which contact can be avoided, in particular whether staff can remain at least 1 metre from residents.
- No staff or visitors should enter the isolation room unless familiar with isolation procedures. The importance of hand hygiene after removing personal protective equipment such as masks and gloves (if using) should be highlighted to staff and visitors.
- Have the same staff member(s) care for all cases. This minimises the number of staff who are exposed to infection.

Source: Auckland Regional Public Health Service (2009). Advice for residential institutions and early childhood centres on managing cases of Novel Influenza A (H1N1) 09. Auckland, ARPHS.