



Ministry of Health and Long-Term Care Pregnant Women & the H1N1 Flu Virus Fact Sheet for Employers

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Overview

Pregnant women are no more likely to get the H1N1 flu than the rest of the population, but they are more likely to develop complications from an influenza infection.

Most pregnant women who get the H1N1 flu experience mild symptoms of influenza. They will be sick for a few days with fever and cough, and then recover. A small number may become severely ill and require hospitalization. As with seasonal influenza, pregnant women, especially those in the 2nd and 3rd trimester and up to 6 weeks after delivery, are at a higher risk of developing complications from H1N1 influenza (e.g., pneumonia).

What are the signs and symptoms of H1N1 flu?

Symptoms of H1N1 flu may include but are not limited to:

- Rapid onset of fever.
- New/ worse cough or shortness of breath.
- Sore throat.
- Aching muscles.
- Aching joints.
- Extreme exhaustion.

NOTE: Some individuals may not experience all of these symptoms.

Should healthy pregnant women continue reporting to work?

Pregnant women should continue normal activities such as going to work and participating in community events. However, caution should be taken when entering situations where there are many people in close quarters with little control over personal contact as this may increase the risk of infections getting transmitted.

Should pregnant women be excluded from the workplace to reduce their risk?

Employers have a duty to establish measures and procedures to protect all staff.

Because pregnant women are at a higher risk of complications from flu, there have been questions as to whether pregnant women should continue to work in settings where they are likely to be exposed to H1N1, such as in schools, childcare centres and health care settings.

There is no current scientific evidence to support the exclusion of pregnant women from the workplace. In most cases, the risk of exposure to the H1N1 flu virus in the

workplace will be no different than the risk of exposure in other settings, such as the home or public places.

With appropriate infection prevention and control measures and protection, pregnant women can continue to work in their assigned role. Any concerns should be discussed with the Occupational Health consultant or manager for the workplace.

However, workplaces may want to consider reassigning pregnant women (and others at high-risk of complications from influenza) away from roles that involve direct exposure to situations where there is a high risk of H1N1 transmission (e.g., performing clinical procedures on influenza patients which produce aerosols).

What can employers do to reduce risks for pregnant women?

To reduce the risk of exposure to the flu, including H1N1, for pregnant women, employers should conduct an H1N1 risk assessment. This can help ensure that they are taking recommended occupational health and safety and infection prevention and control measures, including:

- providing easy access to hand washing facilities or alcohol-based hand rub;
- putting in place educational materials on infection prevention and control measures, including proper hand hygiene, and cough and sneeze etiquette, and
- ensuring that environmental cleaning of frequently-touched surfaces is undertaken regularly.

Employers, in consultation with the joint health and safety committee or health and safety representative(s), should develop and provide education and training on health and safety and infection prevention and control measures and procedures for all employees.¹

What can pregnant women do to reduce their risks?

Pregnant women may be exposed to the flu, including H1N1, anywhere in the community, including at home, on public transit, in public venues, at work, and at faith community gatherings.

To reduce the risk of exposure to the flu, including H1N1, pregnant women are encouraged to take the following steps:

- Receive the H1N1 vaccine.
- Practise frequent and thorough hand hygiene using soap and water or alcohol-based hand sanitizer (containing 60 to 90% alcohol).
- Cough and sneeze into a tissue or into sleeve (if a tissue is not available) and encourage all close contacts to practise hand hygiene and cough/sneeze etiquette.
- Avoid touching eyes, nose or mouth.
- Keep common surfaces and items clean and disinfected.
- Be aware of early flu-like symptoms and contact their health care provider or call Telehealth Ontario at 1-866-797-0000 if they start feeling ill with flu-like symptoms.
- Avoid being the primary caregiver for a family member with flu-like symptoms, if possible.
- If providing care for someone with flu-like symptoms, avoid being within 2 metres as much as possible, practise hand hygiene and have the ill person wear a surgical mask if he/she can.
- Stay home if sick and remain at home until a fever is no longer present and they feel well. It is common to have a cough for days to weeks after a respiratory infection. Pregnant women who have a cough but no other symptoms can return to work.

¹ Government of Ontario. (rev. 2007). *Occupational Health and Safety Act*. Part 111.25.

- Talk to their health care provider and develop a personal plan to reduce the effect of H1N1 on themselves and their unborn child, including:
 - how to reduce exposure to the flu, including H1N1 in the home, community and workplace; and
 - how to get treatment if they develop flu-like symptoms.

What other information is available to employers and pregnant women?

Employers, including those in specific health care settings, should visit the Ministry of Health and Long-Term Care's website for Important Health Notices and other documents which provide guidance on how to manage the H1N1 flu. There is also information for the public, including for pregnant women, available on the site at www.ontario.ca/flu.