



Interim Infection Control Recommendations for Novel Influenza A (H1N1)

PURPOSE

To reduce the transmission of Novel Influenza A (H1N1) within Verde Valley Medical Center

PROCEDURES

For ALL patients with a febrile illness, respiratory illness: (not just suspect or confirmed cases of H1N1)

- Practice good hand hygiene (patient and staff)
- Practice good respiratory hygiene – cover all coughs and sneezes with a tissue; dispose of used tissue; perform good hand hygiene (patient and staff)
- Practice standard precautions (i.e. treat all body fluids as potentially infectious, **including stool**; wear gown, gloves, mask and eye protection if there is a risk of contact or splash).
- Wear a surgical mask, goggles and gloves (or surgical mask with faceshield and gloves) when **within 6 feet** of a patient with a febrile, respiratory illness (fever of 38.2 C or 100 F, cough, difficulty breathing, sore throat, body aches, extreme fatigue, headache, chills.)
- Patients entering through the Emergency Department with febrile, respiratory illness will be instructed to put on a surgical mask and will be triaged and brought back to a room as soon as possible. Droplet precautions will be initiated.
- Test patients for influenza who are **hospitalized, including those with severe, unexplained febrile respiratory illness** (e.g. pneumonia, acute respiratory distress syndrome, respiratory distress).
- **If conducting aerosol generating procedures** (i.e. endotracheal intubation, cardiopulmonary resuscitation, bronchoscopy, endotracheal suctioning), **wear: N95 respirator or PAPR; Eye protection (faceshield or goggles) AND Gown and gloves (all persons in the room).**
- Patients admitted for febrile, respiratory illness will be placed immediately into **droplet precautions.**
- Limit visitors to patients in isolation for H1N1 infection to persons who are necessary for the patient's emotional well-being and care. Visitors who have been in contact with the patient before and during hospitalization are a possible source of swine influenza A virus. Therefore, schedule and control visits to allow for appropriate screening for acute respiratory illness before they enter the hospital and appropriate instruction is to be provided on the use of personal protective equipment (e.g. surgical masks to be put on before entering the patient's room) and other precautions (e.g. hand hygiene) while in the patient's room. Visitors should be instructed to limit their movement within the facility.
- Healthcare personnel, public health workers, or first responders who are working in communities with influenza A H1N1 outbreaks should **carefully follow guidelines for appropriate personal protective equipment.**

Duration of precautions:

- Isolation precautions should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer.

- Persons with swine influenza A virus (H1N1) infection should be considered potentially contagious from one day before to 7 days following illness onset. Children, especially younger children, may be contagious for longer periods (up to 10 days after symptom onset).
- Hospitalized patients who have been treated for confirmed H1N1 no longer require special infection control precautions if:
 - They still require mechanical ventilation 10 days after onset of symptoms AND have one negative PCR (endotracheal aspirate); **OR**
 - They do not require mechanical ventilation, AND have a negative PCR on either sputum or a Nasopharyngeal (NP) swab.
- **NOTE:** Persons with suppressed immune systems could shed virus for prolonged periods and should remain in the isolation precautions throughout their hospitalization.

Surveillance of Healthcare personnel:

- Healthcare personnel should be monitored daily for signs and symptoms of febrile respiratory illness. First line of assessment belongs to Directors or Charge Personnel.
- Healthcare personnel who develop fever (38.2 C or 100 F) and respiratory flu symptoms (cough, difficulty breathing, sore throat, bodyaches, extreme fatigue, headache, chills.) will be instructed not to report to work, or if at work, will cease patient care activities and notify their supervisor and Infection Preventionist or Employee Health nurse.
- Healthcare personnel at high risk for complications of influenza should be encouraged to seek medical care promptly upon the earliest development of symptoms. A person who is at high-risk for complications of novel influenza (H1N1) virus infection is defined as the same for seasonal influenza at this time. These include:

Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.

Adults 65 years of age and older.

Persons with the following conditions:

- Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
- Immunosuppression, including that caused by medications or by HIV;
- Pregnant women;
- Persons younger than 19 years of age who are receiving long-term aspirin therapy;
- Residents of nursing homes and other chronic-care facilities.

Management of ill healthcare personnel

- Healthcare personnel should **NOT** report to work if they have a febrile, respiratory illness
- **Healthcare personnel who develop a febrile respiratory illness should be excluded from work for 7 days or until symptoms have resolved, whichever is**

longer.

- Employee Health will call all employees calling off work with febrile respiratory illness to determine the need for medical clearance prior to returning to work.

Environmental Infection Control

- Routine cleaning and disinfection strategies used during influenza season can be applied to the environmental management of Novel influenza A (H1N1).
- Management of laundry, utensils and medical waste should be performed in accordance with routine procedures.

Facility Access Control

- Signage will be posted at entry points informing patients and visitors about protocols in place for visitation.
- Visitation restrictions for patients and visitors will be enforced by all staff
- Facilities where Novel influenza A (H1N1) transmission is occurring should limit points of entry to the facility

REFERENCES:

CDC H1N1 Influenza site: <http://www.cdc.gov/h1n1flu/>

ADHS H1N1 Influenza site: <http://www.azdhs.gov/flu/h1n1/index.htm>