

Novel Influenza A (H1N1) Interim Infection Control Guidance for Healthcare Facilities in San Diego County

Revision date: May 15, 2009

PLEASE NOTE: This advisory provides interim guidance. Because this is a rapidly evolving situation, guidance is likely to change as more information becomes available. This should not be interpreted as mandatory or used to cite facilities during healthcare survey inspections.

BACKGROUND

Cases of novel influenza A (H1N1) virus infection have now been confirmed throughout the United States. Signs and symptoms of this infection have included fever, respiratory tract illness (cough, sore throat, runny nose), headache, and muscle aches; some cases have also experienced vomiting and diarrhea. Epidemiologic and clinical data to date indicate that the novel influenza A (H1N1) virus appears to behave similarly to seasonal influenza in terms of the severity and transmission. In addition, enhanced laboratory surveillance has revealed an unexpected rate of influenza cases due to seasonal types A/H1, A/H3, and B, which continue to circulate in California.

Because of these factors, San Diego County Public Health Services and the San Diego County Medical Society GERM Commission recommend the same infection control practices used for patients with seasonal influenza be practiced for patients with confirmed, probable or suspect novel influenza A (H1N1) infection. These updated recommendations are being made in conjunction with enhanced surveillance of hospitalized patients with confirmed, probable or suspect novel influenza A (H1N1) infection to promptly identify signs of increasing severity or changing epidemiology of this virus. These recommendations represent the minimum level of infection control precautions; clinicians or infection preventionists may apply increased levels of infection control as indicated by a specific patient or situation. This guidance applies to all healthcare personnel (e.g. employees, students, contractors, attending clinicians, and volunteers) whose activities involve direct patient contact.

INTERIM RECOMMENDATIONS

Droplet and Standard Precautions

As with seasonal influenza, droplet and standard precautions should be used when caring for all patients with influenza-like illness, including those with confirmed, probable, or suspect novel influenza A (H1N1) infection. Droplet precautions include the use of a surgical mask; standard precautions include hand hygiene plus the use of gloves, gown, and face shield/eye protection as indicated by patient care activities and risk of exposure to blood or bodily fluids. These precautions should be maintained until the patient's symptoms that present these risks have resolved. Facilities should ensure that staff have access to appropriate PPE for any activity being performed. More information on droplet and standard precautions is available at: <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>

Aerosol Generating Activities

The following aerosol-generating procedures are examples of patient care activities associated with increased risk of infection transmission: collection of clinical specimens, endotracheal intubation, nebulizer treatment, bronchoscopy, aspiration of respiratory secretions, autopsy, and resuscitation involving emergency intubation or cardio-pulmonary resuscitation. Personnel engaged in these aerosol-generating activities should use enhanced infection control precautions including the use of a particulate respirator (e.g. EU FFP2, US NIOSH-certified N95), eye protection (i.e. goggles), a clean, non-sterile, long-sleeved gown, and gloves (some of these procedures require sterile gloves).

Patient Screening

A healthcare visit may not be indicated for patients who report mild illness and who are not at high risk for influenza complications. If a healthcare visit is indicated, patients with influenza-like illness and other communicable respiratory infections should be identified promptly, instructed to wear a surgical mask at all times while at the facility, and encouraged to practice good hand hygiene and cough etiquette. Contact with the patient should be limited to healthcare personnel providing direct patient care.

Visitor Management

Persons who are ill should not visit healthcare facilities. If visitation is necessary, ill visitors should wear a surgical mask when inside the healthcare facility to reduce exposing others, and all visitors should be encouraged to practice good hand hygiene and cough etiquette. Healthcare facilities should ensure the availability of materials for adhering to hand hygiene/cough etiquette recommendations in waiting areas for patients and visitors. This includes providing tissues and no-touch receptacles for tissue disposal, providing conveniently located dispensers for alcohol-based hand rub, and where sinks are available, ensuring that supplies for hand washing (i.e., soap, disposable towels) are consistently available. Signage about hospital policies for ill visitors, hand hygiene, and cough etiquette may encourage staff, patients and visitors to comply with these recommendations.

Cleaning of environmental surfaces and equipment

Healthcare facilities should continue to ensure that surfaces and equipment are regularly cleaned with an EPA approved hospital disinfectant. Consideration could be given to enhancing the frequency of cleaning and disinfection in areas where patients with influenza-like illness are evaluated or treated (e.g. emergency department, urgent care, labor & delivery).

If you have additional questions, please contact the Community Epidemiology Branch of the San Diego County Health and Human Services Agency at 619-515-6620.