



Florida Department of Health

Novel Influenza A (H1N1) Guidance

Focus Area: Infection Control

Guidance document number 2009-1

Interim Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting

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This document is based on a CDC document dated May 13, 2009, and was amended August 10, 2009 by the Florida Department of Health.

The principal differences between this document and the CDC document on which it is based are: use of surgical masks rather than N-95 respirators in most routine patient care of infected persons, and use of standard and droplet precautions.

Background

To date, human cases of novel influenza A (H1N1) virus infection have been confirmed worldwide and in residents of most U.S. and Mexican states (for the most up-to-date list please see the CDC [H1N1 Flu website](#)). On-going human-to-human novel H1N1 virus transmission is occurring. Illness signs and symptoms have consisted of fever and respiratory tract illness (cough, sore throat, runny nose), headache, and muscle aches. Some cases have had vomiting and diarrhea. Cases of severe respiratory disease, including fatal outcomes, have been reported. This virus is resistant to the antiviral medications amantadine and rimantadine but is sensitive to oseltamivir and zanamivir.

Implementation of Respiratory Hygiene/Cough Etiquette

To prevent the transmission of **all** respiratory infections in healthcare settings, including novel H1N1, respiratory hygiene/cough etiquette infection control measures (see CDC's [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#)) should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

Healthcare facilities should establish mechanisms to screen patients for signs and symptoms of febrile respiratory illness at any point of entry to the facility. Provisions should be made to allow for prompt isolation and assessment of symptomatic patients.

Implementation of Facility Contingency Plans

The current situation with novel H1N1 flu in the United States is evolving quickly. Staff in healthcare settings should monitor the CDC [H1N1 Flu](#) website and state and local health department websites for the latest information. Healthcare facilities should be reviewing and making plans to implement their facility contingency response and/or pandemic response plans. This should include making plans for managing increasing patient volume and potential staffing limitations.

Interim Infection Control Recommendations

If the patient is presenting in a community where novel H1N1 transmission is occurring (based upon information provided by state and local health departments), these infection control recommendations should apply to all patients with febrile respiratory illness (defined as fever [greater than 37.8° C] plus one or more of the following: rhinorrhea or nasal congestion; sore throat; or cough).

Infection Control of Ill Persons in a Healthcare Setting

Patient placement and transport

Any patients who have a confirmed, probable, or suspected case of novel H1N1 and present for care at healthcare facilities should be placed directly into individual rooms and the door should be kept closed. Healthcare personnel who interact with the patients should follow the infection control guidance in this document. For the purposes of this guidance, healthcare personnel are defined as persons, including employees, students, contractors, attending clinicians, and volunteers, whose activities involve contact with patients in a healthcare or laboratory setting.

Aerosol-generating procedures should be performed in a single patient room with the door closed. For procedures that are likely to generate aerosols (such as bronchoscopy, elective intubation, or open suctioning), an airborne infection isolation room (AIIR) with negative pressure air handling with 6 to 12 air changes per hour can be used. Air can be exhausted directly outside or be recirculated after filtration by a high efficiency particulate air (HEPA) filter. Facilities should monitor and document the proper negative-pressure function of AIIRs, including those in operating rooms, intensive care units, emergency departments, and procedure rooms.

Procedures for transport of patients in isolation precautions should be followed. Facilities should also ensure that plans are in place to communicate information about suspected cases that are transferred to other departments in the facility (e.g., radiology, laboratory) and other facilities. The ***ill person should wear a surgical mask to contain secretions when outside of the patient room*** and should be encouraged to perform hand hygiene frequently and follow [respiratory hygiene/cough etiquette practices](#).

Limitation of healthcare personnel entering the isolation room

Healthcare personnel entering the room of a patient in isolation should be limited to those performing direct patient care.

Isolation precautions

All healthcare personnel who enter the patient's room should take *standard and droplet precautions* for all patient care activities for patients being evaluated or in isolation for novel H1N1. Maintain adherence to *hand hygiene by washing with soap and water or using alcohol-based hand sanitizer* immediately after removing gloves and other equipment and after any contact with respiratory secretions. Note that standard and droplet precautions do not call for wearing eye protection, gloves or a gown when entering the patient room, but these may be added if exposures are anticipated.

Respiratory protection: All healthcare personnel who enter the rooms of patients in isolation with confirmed, suspected, or probable novel H1N1 influenza should wear a surgical mask. Respiratory protection should be donned when entering a patient's room.

Use properly fitted N-95 respirators* as well as eye protection for aerosol-generating procedures such as:

- Bronchoscopy
- Open suctioning of airway secretions
- Resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)
- Endotracheal intubation
- Sputum induction

N-95 respirators are **NOT** indicated for the following procedures:

- Collection of nasopharyngeal specimens from patients with suspect or confirmed novel influenza A (H1N1)
- Closed suctioning of airway secretions
- Administration of nebulized medications

Limit visitors for patients in isolation for novel 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 novel H1N1. Therefore, schedule and control visits to allow for appropriate screening for acute respiratory illness before entering the hospital and appropriate instruction on use of personal protective equipment and other precautions (e.g., hand hygiene, limiting surfaces touched) while in the patient's room. Visitors should be instructed to limit their movement within the facility.

Visitors may be offered respiratory protection (i.e., surgical mask) and should be instructed by healthcare personnel on their use before entering the patient's room.

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 novel H1N1 virus infection should be considered potentially contagious from one day before to 7 days following illness onset. Persons who continue to be ill longer than 7 days after illness onset should be considered potentially contagious until

symptoms have resolved. Children, especially younger children, might be contagious for longer periods.

Surveillance of healthcare personnel

In communities where novel H1N1 virus transmission is occurring, healthcare personnel should be monitored daily for signs and symptoms of febrile respiratory illness. Healthcare personnel who develop these symptoms should be instructed not to report to work, or, if at work, should cease patient care activities and notify their supervisor and infection control personnel.

Healthcare personnel who do not have a febrile respiratory illness may continue to work. Asymptomatic healthcare personnel who have had an unprotected exposure to novel H1N1 also may continue to work if they are started on antiviral prophylaxis. ([See CDC's Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A \(H1N1\) Virus Infection and Their Close Contacts](#)).

Management of ill healthcare personnel

Healthcare personnel should not report to work if they have a febrile respiratory illness. In communities where novel H1N1 transmission is occurring, healthcare personnel who develop a febrile respiratory illness should be excluded from work for 7 days or until symptoms have resolved, whichever is longer.

Stewardship of personal protective equipment and antivirals

Facilities should implement plans to ensure appropriate allocation of personal protective equipment, including surgical masks, N-95 respirators, and antiviral medications.

Environmental infection control

Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management of swine influenza. Management of laundry, utensils and medical waste should also be performed in accordance with procedures followed for seasonal influenza. (See CDC's [Guideline for Environmental Infection Control in Health-Care Facilities, 2003](#)).

Facility access control

Facilities should have signage at entry points instructing patients and visitors about hospital policies, including the need to notify staff immediately if they have signs and symptoms of febrile respiratory illness. Facilities in communities where novel 2009 H1N1 influenza A transmission is occurring should limit points of entry to the facility

Administration of the seasonal influenza vaccine

It is not anticipated that the seasonal influenza vaccine for 2009-2010 will provide protection against the novel H1N1 virus. However, seasonal influenza viruses are still expected to be circulating while the novel 2009 influenza A/H1N1 is also active.

Influenza vaccination is effective against these seasonal viruses and should continue to be given to unvaccinated patients.

*Respirator use should be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) regulations. Staff should be medically cleared, fit-tested, and trained for respirator use, including: proper fit-testing and use of respirators, safe removal and disposal, and medical contraindications to respirator use. (See [Respiratory protection and fit test procedures](#)).

For more information, contact your County Health Department, or the Florida Department of Health's Bureau of Epidemiology at 850-245-4401.

This document, based heavily on a CDC document, was developed under the direction of Richard S. Hopkins, MD, MSPH, Acting State Epidemiologist.