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Interim Guidance for Infection Control in Health Care Facilities in the Setting of Pandemic H1N1 Influenza

Oregon-OSHA is co-issuing this document and has a position statement regarding occupational safety and health and pandemic H1N1 influenza at the following link:

<http://www.cbs.state.or.us/osha/subjects/pandemic.html>

Main Updates in this Guidance:

- Acknowledges value of using a “hierarchy of control” approach to minimize risk of disease transmission.
- Removes use of nebulized medications from the list of aerosol-generating procedures, in accordance with CDC guidance.
- Addresses recent report from the Institute of Medicine and recent updated guidance from CDC regarding infection control and respiratory protection. Substance of Public Health Division guidance in this area is unchanged.
- Incorporates updated links to relevant websites.

This guidance applies to all healthcare personnel (e.g. employees, students, contractors, attending clinicians, and volunteers) whose activities involve contact with patients.

Rationale: Epidemiologic and clinical data to date indicate that the pandemic H1N1 influenza virus behaves similarly to seasonal influenza in terms of the severity of illness and transmission of infection.

These infection control recommendations are made in conjunction with surveillance among hospitalized patients and healthcare workers to identify early signals of increasing severity or changing epidemiology of this virus.

These recommendations represent the minimum level of infection control precautions; clinicians or infection control practitioners may recommend increased levels of infection control as indicated by a specific patient or situation including health status of healthcare workers.

In its October 14th *Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings*, CDC reiterates the importance of using a hierarchy of approaches to control infection and decrease disease transmission. Use of strategies including elimination of potential exposures, engineering controls (such as closed suctioning systems for use with intubated patients), and administrative controls (such as vaccination of healthcare workers) continue to be of value in minimizing spread of communicable disease within healthcare facilities.

Level of precautions

Hand hygiene is extremely important and should be performed before and after patient care, and before donning and after removal of personal protective equipment (e.g. glove, gown, surgical mask, respirator).

Droplet and Standard Precautions outlined by the CDC are recommended for routine care of all suspected or confirmed pandemic H1N1 influenza patients

In observing droplet precautions:

- A surgical mask should be used for all direct patient care activities
http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html

In observing standard precautions:

- Strict hand hygiene should be used, plus gloves, gown; face shield/eye protection as indicated by patient care activities and risk of exposure to blood/body fluids
http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html

Specimen collection:

Droplet Precautions should be used by healthcare workers obtaining a clinical specimen (includes nasopharyngeal swab, nasal wash, throat swab); if splashes are anticipated, then eye protection should be considered.

http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html

Aerosol-generating procedures:

Airborne Precautions should be used while performing aerosol-generating procedures (e.g. bronchoscopy, intubation, extubation, or open suctioning).

- Airborne Precautions - respiratory protection
http://www.cdc.gov/ncidod/dhqp/gl_isolation_airborne.html
 - o Fit-tested disposable N95 respirator
 - . Prior fit-testing that must be repeated annually and fit-check / seal-check prior to each use
 - o OR Powered air purifying respirator (PAPR)
Follow facility protocols and procedures for decontamination of PAPR
- PLUS Standard Precautions
http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html
- PLUS eye protection (goggles/face shield)

Aerosol-generating procedures can be performed in a single patient room with the door closed.

Increased levels of infection control may be implemented as indicated by a specific patient or situation, including an airborne infection isolation room (AIIR). At a minimum, AIIR rooms must: Provide negative pressure room with a minimum of 6 air exchanges per hour or exhaust directly to the outside or through HEPA (High Efficiency Particulate Air) filtration.

Transport within healthcare facilities

Procedures for transport of patients in isolation precautions should be followed.

Ill persons should wear a surgical mask to contain secretions when outside of the patient room. Encourage ill persons to perform hand hygiene frequently and follow respiratory hygiene and cough etiquette practices.

Visitors

Visitors should:

- Wash hands before entering and upon leaving a patient's room
- Limit their movement within the facility to that necessary for patient visits
- Don a surgical mask when entering the patient's room
- Be restricted from the patient room while aerosol-generating procedures are performed

Pregnant Healthcare Workers

- Consult CDC guidance for pregnant healthcare workers:.
<http://www.cdc.gov/h1n1flu/guidance/pregnant-hcw-educators.htm>

Environmental cleaning and disinfection

Healthcare facilities should follow routine procedures for environmental cleaning and disinfection.