



MAY 7, 2009

HEALTH ADVISORY

North Dakota Department of Health Interim Infection Control Guidelines for Health-care Workers

This document provides general guidance for health-care workers regarding infection control measures as they relate to the new H1N1 influenza virus. This guidance applies to all health-care personnel (e.g. employees, students, contractors, attending clinicians and volunteers) whose activities involve contact with patients. 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.

Rationale -- Epidemiologic and clinical data to date indicate that the novel influenza A H1N1 virus appears to have epidemiological and clinical properties similar to seasonal influenza in terms of the severity of illness and transmission of infection.

These infection control recommendations should be implemented in conjunction with enhanced surveillance among hospitalized patients and health-care workers to identify early signals of increasing severity or changing epidemiology of this virus.

Case definition

A **confirmed case** of H1N1 infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed H1N1 infection by the U.S. Centers for Disease Control and Prevention (CDC) by one or more of the following tests:

1. Real-time RT-PCR
2. Viral culture

A **probable case** of H1N1 infection is defined as a person with an acute febrile respiratory illness who is positive for influenza A, but negative for H1 and H3 by influenza RT-PCR.

A **suspected case** of H1N1 infection is defined as a person with acute febrile respiratory illness with onset :

- Within seven days of close contact with a person who is a confirmed case of H1N1 infection, or
- Within seven days of travel to a community either within the United States or internationally where there are one or more confirmed cases of H1N1 infection, or
- Resides in a community where there are one or more confirmed cases of H1N1 infection.

Isolation precautions

Droplet and standard precautions are recommended for all suspected or confirmed novel H1N1 influenza patients.

Droplet precautions include:

- **Standard Precautions** (hand hygiene plus gloves, gown, face shield/eye protection as indicated by patient care activities and risk of exposure to blood/body fluids)

PLUS

- **Surgical Mask**

Specimen collection:

Droplet Precautions PLUS eye protection (goggles/face shield) should be used by the health-care workers obtaining a clinical specimen (includes nasopharyngeal swab, nasal wash, nasal aspirate).

Aerosol-Generating Procedures

- Airborne Precautions – respiratory protection
 - Fit-tested disposable N95 respirator
 - Prior fit-testing that must be repeated annually and fit-check/seal-check prior to each use.
 - OR powered air purifying respirator (PAPR)
 - Follow facility protocols and procedures for decontamination of PAPR.
- PLUS Standard Precautions and eye protection.

Aerosolizing procedures can be performed in a single patient room with the door closed.

Aerosolizing procedures include but are not limited to the following:

- Endotracheal intubation
- Aerosolized or nebulized medication administration
- Diagnostic sputum induction
- Bronchoscopy
- Airway suctioning
- Positive pressure ventilation via face mask (e.g., BiPAP and CPAP)
- High-frequency oscillatory ventilation

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 six to 12 air exchanges per hour or exhaust directly to the outside or through high efficiency particulate air (HEPA) filtration.

Transport within health-care 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:

- Be encouraged to perform hand hygiene before and after entering a patient's room.
- Be instructed to limit their movement within the facility.
- Wear a surgical mask when entering the room.
- Be restricted while aerosolizing procedures are being performed.

Pregnant health-care workers

Guidance regarding pregnant health-care workers is available from CDC.

- CDC information for women in education, child care and health care:
www.cdc.gov/h1n1flu/guidance/pregnant-hcw-educators.htm

Duration of precautions

These precautions should be used for seven days after the onset of illness or until 24 hours after resolution of symptoms, whichever is longer.

Environmental cleaning and disinfection

Health-care facilities should follow routine procedures for environmental cleaning and disinfection.

More information

- Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Health-Care Setting:
www.cdc.gov/h1n1flu/guidelines_infection_control.htm.
(CDC interim guidance on infection control and antiviral recommendations for patients with confirmed or suspected swine influenza A virus infection.)
- Infection Control Guidance for Professionals: www.cdc.gov/h1n1flu/guidance/
(CDC guidance that includes interim guidance documents for clinicians assisting specific audiences (i.e., young children, pregnant women, HIV-infected adults and adolescents.)

For any questions or concerns about this issue, please contact the North Dakota Department of Health Division of Disease Control at 701.328.2378 or toll-free at 800.472.2180.

Categories of Health Alert messages:

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.