



Infection Control Guidance for 2009 H1N1 Influenza in Outpatient Settings February 4, 2010

Revision History: Supersedes "California Department of Public Health (CDPH) recommendations for 2009 H1N1 influenza in outpatient settings."

Originating Programs: Healthcare Associated Infections Program, Center for Health Care Quality, and Division of Communicable Disease Control, Center for Infectious Diseases.

Introduction

This document provides updated guidance on revised case definitions for H1N1 and guidance regarding implementation of the Centers for Disease Control and Prevention (CDC) revised infection control recommendations of October 14, 2009 in the outpatient setting: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

Highlights

- **Revised CDC recommendations**
- **CDPH/ Cal/OHSA Joint statement of February 4, 2010**
- **CDPH Revised Case Definitions of 2009 H1N1 Influenza for Infection Control Purposes (February 4, 2010)**
- **Summary of CDPH Infection Control Recommendations for 2009 H1N1 Influenza in Outpatient Settings**
 - Case Definitions
 - Patient Triage
 - Infection Control Precautions
 - Health Care Personnel
 - Patient/ Family Instructions
 - Additional Resources

Current Recommendations

CDC Infection Control Recommendations (revised October 14, 2009)

The revised CDC recommendations (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm) emphasize a hierarchy of controls designed to minimize health care worker exposure and decrease transmission in the health care setting. Revised isolation precautions include:

- Continued use of respiratory protection that is at least as protective as a fit-tested N95 disposable respirator for health care personnel who are in close contact with patients suspected to have 2009 H1N1 influenza;
- Use of standard precautions instead of contact precautions; and
- A shortened exclusion period for health care workers (HCWs) with influenza-like illness (ILI). HCWs with ILI should not return to work until 24 hours after fever is resolved (without the use of fever-reducing medicine).

CDPH and Cal/OSHA Joint Statement (February 4, 2010)

On August 5, 2009, the California Occupational Safety and Health Administration (Cal/OSHA) Aerosol Transmissible Diseases (ATD) Standard went into effect (<http://www.dir.ca.gov/Title8/5199.html>). Patients who meet the CDPH definitions of a suspected, probable or confirmed case of 2009 H1N1 influenza must be managed in accordance with the ATD Standard specific to the setting.

CDPH has issued a joint statement with Cal/OSHA (<http://www.cdph.ca.gov/HealthInfo/discond/Documents/H1N1-ICGuidanceHealthCareSettings.pdf>) that concurs with the revised CDC guidance of October 14, 2009.

Summary of CDPH Infection Control Recommendations for 2009 H1N1 Influenza in Outpatient Settings

This guidance is restricted to infection control issues. Other guidance, including how to identify and care for 2009 H1N1 influenza patients is located on the CDC website at: [http://www.cdc.gov/\(H1N1\)flu/guidance/](http://www.cdc.gov/(H1N1)flu/guidance/).

- **Case Definitions:** California outpatient facilities should follow the most recent CDPH case definitions of 2009 H1N1 influenza for infection control purposes which can be found at (<http://www.cdph.ca.gov/HealthInfo/discond/Documents/H1N1-IC-CaseDefinitions.pdf>). As of February 4, 2010, CDPH is using the following case definitions*:
 - A *suspect* case of 2009 H1N1 influenza is any patient whom a health care provider suspects, based on the patient's history and illness, of being infected with 2009 H1N1 influenza virus.
 - A *probable* case of 2009 H1N1 influenza is a person with a syndrome clinically compatible with influenza who has a PCR test that is positive for influenza A and unsubtypeable for A/H1 or A/H3.
 - A *confirmed* case of 2009 H1N1 influenza is a person with a syndrome clinically compatible with influenza who has laboratory confirmed 2009 H1N1 influenza by one or more of the following tests: real-time RT-PCR or viral culture.

* The case definitions may change in the future as the 2009 H1N1 pandemic continues to evolve. Health care providers should refer to the CDPH website (<http://www.cdph.ca.gov/HealthInfo/discond/Pages/H1N1CDPHGuidances.aspx>)

for the most recent guidance on CDPH case definitions for 2009 H1N1 influenza for infection control purposes.

- **Patient Triage**

There are three opportunities to perform triage in a timely manner to prevent unnecessary exposure of other patients and staff to 2009 H1N1 influenza. Health care workers at the point of first contact should be trained to screen patients for 2009 H1N1 influenza.

- Signs in appropriate languages for the community should be posted at entrances. An example of a sign follows:

TO ALL PATIENTS

To STOP the spread of flu,

Do you have a

- Fever?
- New cough?
- Runny nose?
- Sore throat?

If Yes, PLEASE

- Put on a mask over your nose and mouth. (Masks are xxx (indicate location))
- Cough or sneeze into a tissue or your sleeve
- Throw away tissues into the nearest trash can
- Wash hands after touching your nose, mouth, or eyes
 - If no sink is near, use hand gel

THANK YOU for stopping the spread of flu.

For additional examples of signage in multiple languages, see <http://www.health.state.mn.us/divs/idepc/diseases/flu/languages.htm>.

- If possible, triage patients when they call for an appointment. If the patient has symptoms of acute respiratory illness, ask the patient to put on a mask before or immediately upon entering the clinic or office.
- When the patient enters the clinic or office, they should be assessed immediately for symptoms of acute respiratory illness. Signage, masks, and other supplies should be prominently displayed at or near the entrance (ideally, at least 6 feet away from the reception desk) so that symptomatic patients can put on a mask before checking in. If the patient is unable to tolerate being masked, the patient should not remain in the waiting room but should be taken to an examination room as soon as possible and the door should remain closed. Partitions (e.g., transparent panels/windows/desk enclosures) should be installed in triage areas as physical barriers to shield staff from respiratory droplets. Clinic personnel performing triage on

suspected 2009 H1N1 patients should wear a fit-tested respirator at least as effective as N95 respirators. (See discussion of respiratory protection below. Note: the Cal/OSHA ATD standard provides an exception to the required use of respiratory protection for outpatient facilities meeting the definition of “referring employers” if the patient is masked. See <http://www.dir.ca.gov/Title8/5199.html> for Cal/OSHA requirements)

- Provide the patient with illustrations on how to wear a surgical mask over their nose and mouth. The mask should remain on at all times to the extent possible while in the clinic or office waiting area, examination room (while waiting for evaluation) and during transportation to the emergency department (if necessary).
 - Coordinate with and follow instructions from your local health department on respiratory specimen collection.
 - If the patient must be transported to a hospital by ambulance, the hospital emergency room and the ambulance transport service should be notified of the possible 2009 H1N1 influenza diagnosis and instructed to take the appropriate infection control precautions.
- **Infection Control Precautions**

The following precautions are recommended for health care personnel who are in close contact with patients with suspected, probable or confirmed 2009 H1N1 influenza. For the purposes of this document, close contact is defined as working within 6 feet of the patient or entering into a small, enclosed airspace shared with the patient (e.g., average patient room):

- Standard Precautions - For all patient care, use nonsterile gloves for any contact with potentially infectious material, followed by hand hygiene immediately after glove removal; use gowns along with eye protection for any activity that might generate splashes of respiratory secretions or other infectious material. Contact precautions with the routine use of gown and gloves when entering a patient room are no longer recommended.
- Hand Hygiene: Health care personnel should perform hand hygiene frequently, including before and after all patient contact, contact with respiratory secretions, and before putting on and upon removal of PPE. Soap and water or alcohol-based hand sanitizers should be used. (If hands are visibly dirty, soap and water should be used to clean the hands prior to using hand sanitizers).
- Respiratory Protection: CDC and CDPH continue to recommend the use of respiratory protection that is at least as protective as a fit-tested, disposable N95 respirator for health care personnel who are in close contact with patients with suspected, probable or confirmed 2009 H1N1 influenza. This recommendation applies uniquely to the special circumstances of the current 2009 H1N1 pandemic during the fall and winter of 2009-2010 and both CDC and CDPH will continue to evaluate new information as it becomes available. The Cal/OSHA ATD standard also requires the use of respirators for 2009

H1N1 at this time. Information regarding the application of the ATD standard to 2009 H1N1, and methods for maximizing and conserving respirator supplies, is available from Cal/OSHA at: <http://www.dir.ca.gov/dosh/SwineFlu/SwineFlu.htm> and in resources listed at the end of this guidance.

- **Patient Care Equipment and Environmental Infection Control:** Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management of 2009 H1N1 influenza. Management of laundry, utensils and medical waste should also be performed in accordance with procedures followed for seasonal influenza. More information can be found at: http://www.cdc.gov/ncidod/dhqp/gl_enviroinfection.html.
 - Reusable examination equipment such as stethoscopes and blood pressure cuffs should be disinfected with a properly diluted, EPA-approved, germicidal solution after use on a patient with influenza-like illness. All disinfectants must be used in accordance with the conditions in the EPA approval.
 - Environmental surfaces should be disinfected with a properly diluted EPA-approved disinfectant after the patient leaves the examination room and before admitting another patient to that room. Cleaning may focus on surfaces likely to have been touched by the patient. Patient rooms should not be reoccupied before the required contact time for the disinfectant has passed.
 - It is not possible for CDPH to recommend an optimal time to leave rooms unoccupied between patients at this time because there is insufficient information regarding potential transmission by infectious aerosols that may remain in room air after the patient has left.
 - Disposable examination gowns, sheets, and respirators may be disposed of as regular waste.
 - No special precautions are required for the handling of laundry, unless it is contaminated with blood or other potentially infectious materials.
 - Within the clinic, frequently touched surfaces and items (doorknobs, elevator buttons, restrooms, chairs, etc.) should be cleaned and disinfected according to a regular schedule that can be maintained throughout the influenza season.
- **Health Care Personnel**

Health care personnel who develop a fever and respiratory symptoms should be:

 - Strongly encouraged not to report to work, or if at work, to promptly notify their supervisor and infection control personnel/occupational health to be relieved of their duties.

- Requested not to return to work for at least 24 hours after they no longer have a fever, without the use of fever-reducing medicines.
- If off work, instructed not to report to work at a second job for at least 24 hours until they no longer have a fever without the use of fever-reducing medicines.

A longer exclusion period applies to personnel who provide care to severely immunocompromised patients.

More information on monitoring and management of ill health care personnel is available at

http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

- **Patient/Family Instructions**

For information regarding the care of a sick person at home consult the CDPH (<http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-H1N1HomeCare.pdf>) or CDC (http://www.cdc.gov/h1n1flu/guidance_homecare.htm) recommendations for homecare of persons with influenza and other respiratory infections.

Additional Resources

Additional information regarding the new CDC guidance and the Cal/OSHA Aerosol Transmissible Diseases Regulation:

Q&A Regarding Respiratory Protection For Preventing 2009 H1N1 Influenza Among Healthcare Personnel:

http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm.

Questions and Answers about CDC's Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel:

http://www.cdc.gov/H1N1flu/guidance/control_measures_qa.htm.

Cal/OSHA Interim Enforcement Policy on H1N1 and Section 5199 (Aerosol Transmissible Diseases):

http://www.dir.ca.gov/dosh/SwineFlu/Interim_enforcement_H1N1.pdf.

Cal/OSHA Aerosol Transmissible Diseases Regulation (Title 8, California Code of Regulations, Section 5199): <http://www.dir.ca.gov/Title8/5199.html>.

Guidance from Cal/OSHA on the use of respirators is available at:

<http://www.dir.ca.gov/dosh/SwineFlu/SwineFlu.htm>.

A Model Respiratory Protection Program for long-term care facilities is posted on the California Association of Health Facilities (CAHF) Web site. Options for medical evaluation are discussed.

http://www.cahfdownload.com/cahf/dpp/CAHF_ModelRespiratoryProtectionProgram.pdf

Fit-testing procedures can be found in the Cal/OSHA Respiratory Protection Standard, Appendix A: <http://www.dir.ca.gov/Title8/5144a.html>.