

Interim Guidance for Infection Control for Care of Patients with Confirmed or suspected Swine Influenza A (H1N1) Virus Infection in a Health Care setting from CDC

To prevent the transmission of all respiratory infections in health care settings, including swine influenza A (H1N1), respiratory hygiene/cough etiquette infection control measures should be implemented at the first point of contact with a potentially infected person.

1. Patient Placement

Admit patients with probable, suspect or confirmed cases of swine flu to an individual negative pressure room (if available) with the door closed.

No cohorting of patients at this time. If it becomes necessary in the future, Infection Prevention/Infectious Disease will make those decisions.

2. Isolation Precautions

Implement *Airborne/ Contact/ Droplet Precautions* in addition to Standard Precautions. Wear gowns, gloves, N95 /or PAPR's, and eye protection, goggles or face shields for all patient care activities for patients being evaluated or in isolation for swine flu (i.e., including all healthcare personnel who enter the patient's room). Maintain adherence to hand hygiene by washing hands with soap and water or using alcohol-based hand sanitizer before gloving and after removing gloves, PPE, equipment and after contact with respiratory secretions. See attached isolation sign and procedure for appropriate donning and removal of PPE.

(See <http://www.cdc.gov/ncidod/dhqp/ppe.html>) and

(See <http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html>)

3. Management of visitors

Limit visitors to patients in isolation for swine flu 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 possible source of swine flu. Therefore, schedule and control visits to allow for appropriate screening for acute respiratory illness before entering the hospital and appropriate instruction on use of PPE 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 a gown, gloves, face shield, N95 respirator and should be instructed by healthcare personnel on their use before entering the patient's room.

4. Duration of Precautions

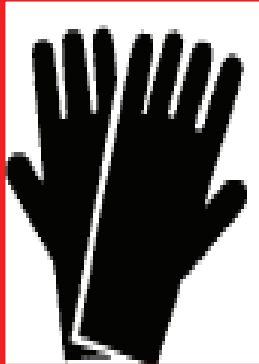
Isolation precautions should be continued for seven (7) days from symptoms onset or until the resolution of symptoms, whichever is longer. Infection Prevention/Infectious Disease physician must be consulted before discontinuing isolation

5. Transporting Patients

Procedure for transport of patients in isolation should be followed. Notify the receiving department of the suspect or confirm cases prior to transfer. The ill person should wear a surgical mask to contain secretions when out side of the patient room, and should be encouraged to perform hand hygiene frequently and follow respiratory hygiene/cough etiquette practices.

AIRBORNE/CONTACT/DROPLET **PRECAUTIONS**

(IN ADDITION TO STANDARD PRECAUTIONS)



GLOVES

CLEAN HANDS

Wear gloves when entering room.
Remove gloves before leaving room.

CLEAN HANDS



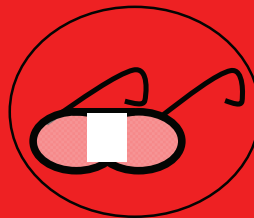
GOWN

Wear a gown when entering room.
Remove gown before leaving patient environment.



N-95 RESPIRATOR or PAPR

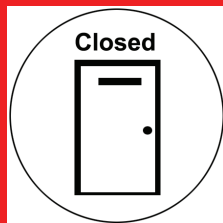
Wear N-95 respirator or PAPR when entering room.
Remove respirator or PAPR after leaving patient room.
Clean PAPR after each use.



EYE PROTECTION

Wear face shield or goggles to enter room.

To remove, handle by head band or ear piece.
Clean with Super Sani-Cloths to disinfect.



PATIENT PLACEMENT

NEGATIVE PRESSURE ROOM IF AVAILABLE.
Door must be kept closed.