CHA HPP Summary of Key Points from the CDC Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel. CHA recommends each hospital review the guidance in its entirety.

The updated guidance applies uniquely to the special circumstances of the H1N1 pandemic. The updated guidance expands on earlier guidance by emphasizing that successfully preventing transmission requires a comprehensive approach, beginning with pandemic planning that includes developing written plans that are flexible and adaptable should changes occur in the severity of illness.

REVISIONS: Revisions from earlier guidance include:

- **Criteria for identification of suspected influenza patients**
- **Recommended time away from work for healthcare personnel**
- **Changes to isolation precautions based on tasks and anticipated exposures**
- **Expansion of information on interventions using a hierarchy of controls approach**
- **Changes in recommendations on the routine use of gowns and eye protection**
- **Changes to guidance on use of respiratory protection.**

The basic recommendation regarding respiratory protection – that respirators (at least as protective as a fit tested disposable N95 filtering face piece respirator) should be used by healthcare personnel who enter the rooms of patients in isolation with confirmed, suspected, or probable 2009 H1N1 – remains unchanged. CDC recognizes current and anticipated shortages; therefore, the guidance also provides for healthcare facilities to develop a risk assessment by which respirators in critically short supply can be issued on a priority basis.

Healthcare facilities will want to use a multi-level approach, called the hierarchy of controls that includes both administrative controls and engineering controls to eliminate sources of infection and prevent transmission within their facility.

INFECTION CONTROL STRATEGIES: To ensure a comprehensive infection control strategy, healthcare facilities will want to:

- Vaccinate their workforce with seasonal and 2009 H1N1 vaccines.
- Keep sick workers at home.
- Enforce respiratory hygiene and cough etiquette.
- Enhance hand hygiene compliance.
- Establish facility access control measures and triage procedures.
- Manage visitor access and movement within the facility.
- Control patient placement and transport.
- Apply isolation precautions.

STAFF VACCINATIONS: There are several strategies that healthcare facilities may wish to employ to increase flu vaccination among their staff. Vaccination should be offered to healthcare personnel free of charge at times and locations that are convenient. Vaccination campaigns with incentives have been associated with improved vaccine acceptance among healthcare personnel and should be considered. Healthcare facilities should require personnel who refuse vaccination to complete a declination form.

HEALTHCARE PERSONEL ILLNESS: Healthcare personnel who develop a fever and respiratory symptoms should promptly notify their supervisor and be instructed not to work. Ill healthcare personnel should stay home from work for at least 24 hours after they no longer have a fever, without the use of fever reducing medicines. If healthcare personnel are returning to work in areas where severely immuncompromised patients are provided care, they should be considered for temporary reassignment or exclusion from work for 7 days from symptom onset or 24 hours after the resolution of symptoms, whichever is longer. Upon return, healthcare personnel should be reminded of the importance of frequent hand hygiene and respiratory hygiene and cough etiquette.

FAMILY ILLNESS: Work restrictions apply only to the symptoms and health of the employee and NOT to the health of the employee's family. If the healthcare worker is healthy, they can still go to work but should monitor themselves for symptoms so that any illness is recognized promptly.

VISITORS: Visitors who have been in contact with the patient before and during hospitalization are a possible source of influenza for other patients, visitors, and staff. Healthcare facilities may wish to limit visitors to persons who are necessary for the patient's emotional well-being and care. Visitors should be screened for symptoms of acute respiratory illness before entering the hospital. Visitors should be instructed to limit their movement within the facility. Before entering the patient's room, healthcare personnel should instruct visitors on hand hygiene, limiting surfaces touched, and use of personal protective equipment (PPE) according to current facility policy while in the patient's room.

LACK OF PRIVATE ROOMS: When a single patient room is not available, consultation with infection control personnel is recommended to assess the risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). (See http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf for additional information on cohorting.)

EMPLOYEE PPE: Standard precautions should be followed for all patient care. For any activity that might generate splashes of respiratory secretions, gowns along with eye protection should be worn. Healthcare workers who are in close contact with patients suspected or confirmed to have 2009 H1N1 influenza should wear a fit-tested, disposable N95 respirator.

WHAT IS A HIGH RISK ACTIVITY: Some procedures may be higher-risk for potential exposure, such as aerosol generating procedures, that could increase inhalation of respiratory droplets. These procedures include: bronchoscopy, sputum intubation, endotracheal, intubation, open suctioning of airways, cardiopulmonary resuscitation, and autopsies.

REDUCE EMPLOYEE RISK: To reduce exposure risk, healthcare personnel should only perform these procedures on patients with suspected or confirmed influenza when medically necessary and limit the number of healthcare personnel in the room. These procedures may also be conducted in airborne infection isolation rooms, when available. Healthcare personnel should adhere to standard precautions and wear respiratory protection (N95 or higher) when conducting these activities.

CHANGES IN PPE FOR THIS YEAR: The respiratory protection recommendations for healthcare personnel for protection against 2009 H1N1 differ from recommendations for seasonal influenza as there is little pre-existing immunity to the 2009 H1N1 strain in the population, including healthcare personnel.

LACK OF N95s: Some healthcare facilities are experiencing shortages of respiratory protection equipment, and further shortages are anticipated. Therefore, appropriate selection and judicious use of respiratory protection is critical. A key strategy is to use recommended administrative measures to reduce the number of workers who come into contact with patients who have influenza-like illness. For more information please visit
http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm

NIOSH APPROVAL: Respirators are evaluated and certified by NIOSH. NIOSH-approved N-95 respirators are marked with "NIOSH" and "N95" on the respirator. Further information identifying approved respirators can be found at the following NIOSH websites:
http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/
http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html
http://www.cdc.gov/niosh/docs/2005-100/default.html

N95 USE AND REUSE: Currently, disposable N95 respirators for 2009 H1N1 influenza are recommended only for single use in healthcare settings. Used respirators are considered contaminated and ideally should be discarded after each patient encounter. However, in the setting of supply shortages, facilities may need to consider extending the use of each respirator. Extended use refers to wearing the respirators for multiple serial patient encounters, as long as the respirator has not been removed and re-donned between encounters. Because extended use across multiple patient encounters is of uncertain safety with respect to infection control, these alternatives should only be considered in the event of significant supply shortages/disruptions.