

**Inova Strategy Team  
Physician Advisory Group  
Recommendations  
July 1, 2009**

*The following guidelines are the interim recommendations of the Inova Influenza Strategy Team Physician Advisory Group. These are based upon the careful review of a number of existing recommendations from professional organizations, as well as current guidelines implemented by select local, state and federal health authorities. These may need to be amended as additional information regarding the transmissibility, pathogenicity and other characteristics of this novel H1N1 influenza strain are learned.*

**Definitions**

*Influenza-like illness (ILI) is defined as fever (temperature of 100F/37.8C or greater), and a cough and/or sore throat in the absence of a **known** cause other than influenza*

*Confirmed case:* RT-PCR or viral culture is positive for H1N1 strain

*Suspected case:* ILI symptoms [fever plus respiratory symptoms] plus rapid influenza-screening test is positive or negative

*Potential case:* ILI symptoms [fever plus respiratory symptoms]

**Initial Actions**

*All suspected or potential cases who present to the hospital (ED, outpatient clinics) should immediately be placed in either a surgical (blue) or procedural (yellow) mask. This must remain on at all times, until directed by a healthcare provider that it may be removed.*

**Infection Control Recommendations**

All healthcare providers who come into close contact (within 6 feet of a patient) who is a suspected or potential H1N1 influenza case will be required to:

- Wear a surgical mask
- Eye protection (mask with faceshield or goggles) is recommended when splashes or sprays of blood, body fluids, secretions and excretions are anticipated, as per Standard and Droplet precautions.
- Practice strict hand hygiene
- Follow strict adherence of Respiratory Hygiene/ Cough Etiquette

All healthcare providers who are engaged in an aerosol-generating procedure are required to use a higher level of respiratory protection – either an N-95 fit tested respirator or a powered air-purifying respirator (PAPR).

Aerosol-generating procedures are defined as the following:

- Bronchoscopy
- Open suctioning of airways
- Resuscitation involving emergent intubation and/or CPR
- Emergent intubation

*Note:* Closed suctioning of airways, collection of nasopharyngeal aspirates and administration of nebulizer treatments are **not** considered “aerosol-generating.”

Gowns, gloves and eye protection are mandatory for healthcare providers involved in any patient contact in which there is risk of body-fluid contact.

### **Patient Placement Recommendations**

All suspected and potential cases should be placed into a single patient room, if possible, or cohorted with other suspected or potential cases. There is no requirement placement in a negative-pressure room, or for use of HEPA filtration air-exchange units.

All aerosol-generating procedures must be conducted in a negative-pressure room, if available, or with a HEPA filtration air-exchange unit placed into an isolation room. If this is not possible, the procedure should be conducted in a single room with the door firmly closed.

Isolation precautions may be terminated under the following circumstances:

- **Adult patient:** Patient completes 7 days of isolation **or** is symptom-free for > 24 hours
- **Pediatric patient:** Patient completes 14 days of isolation (children excrete virus for up to 14 days)
- **Immunocompromised patient:** Patient is expected to have persistent viral excretion and may **not** be removed from isolation

### **Transport within Healthcare Facilities**

Procedures for transport of patients in droplet-isolation precautions should be followed:

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

### **Visitors**

Visitors to H1N1 patients should:

- Be discouraged from entering the hospital if they have a febrile respiratory illness
- 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 aerosol-generating procedures are being performed

### **Pregnant Healthcare Workers**

CDC has guidance for pregnant healthcare workers. See [cdc.gov/h1n1flu/guidance](https://www.cdc.gov/h1n1flu/guidance) under the subhead, “Guidance for Pregnant and Breastfeeding Women.”

### **Environmental Cleaning and Disinfection**

- Follow cleaning policy and procedures for droplet-isolation precautions”
- “Terminal cleaning” procedures for the entire room are not required at this time
- Comprehensive cleaning of bed, table and other surfaces within the six-foot radius of the infective patient must be conducted

### **Outpatient Clinic, Medical Office or Other Ambulatory Care Settings (Including the Emergency Department)**

- Patients with ILI symptoms in outpatient settings should be asked to wear a mask, until being examined in the exam room and when leaving the exam room.
- Staff who have close contact – including examining or providing direct medical care for the patient with influenza-like illness – should wear a mask before entering the room.
- Before providing patient care, staff should perform hand hygiene, put on their mask first and then their gloves. When patient care is complete, remove the gloves first, then the mask, then perform hand hygiene.

### **Healthcare Staff**

All staff working in hospital, medical or office settings should be instructed **not** to work if they are ill with ILI symptoms. If they become ill while working, they should be instructed to go home immediately. While waiting to go home, they should be asked to wear a surgical mask and to stay away from other staff and patients.