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**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
INFECTION CONTROL FOR NOVEL INFLUENZA A (H1N1) VIRUS (SWINE FLU)
IN LONG-TERM HEALTH CARE SETTINGS
UPDATED MAY 19, 2009**

This is an update of the May 8, 2009 California Department of Public Health (CDPH) recommendations for H1N1 influenza in long-term health care settings, to take into account the change in the name to novel influenza A (H1N1) virus. California long-term health care facilities, primarily skilled nursing facilities, should continue to do the following:

- Monitor CDPH and Centers for Disease Control and Prevention (CDC) websites and your local health department for recommendations regarding novel influenza A (H1N1) virus. CDPH and CDC recommendations for infection control precautions are currently consistent, but may differ from those of your local health department. If you have questions about infection control issues please contact your local health department novel influenza A (H1N1) virus hotline (attached).
- Patients from an acute care hospital that are confirmed or probable cases of novel influenza A (H1N1) virus should not be transferred to a long-term health care facility until 7 days after the onset of their illness or their acute symptoms have resolved, unless the long-term health care facility is capable of maintaining appropriate infection control precautions for the appropriate duration of isolation. Patients from an acute care hospital that have a negative test for influenza A by PCR testing or have an alternative diagnosis established may be transferred as usual. Patients from an acute care hospital that have developed a febrile respiratory illness of unknown etiology within 7 days of their planned transfer should be handled on a case by case basis, consult with your local health department if you need assistance. Do not admit a new resident to the facility from the community if there is a history of febrile respiratory illness (fever greater than 100°F or 37.8° C plus one or more of the following: rhinorrhea or nasal congestion; sore throat; cough) until 7 days after the onset of illness or their acute symptoms have resolved, whichever is longer.
- Immediately place newly admitted residents who develop febrile respiratory illness in the first week after admission on isolation precautions described in the Interim Guidance for Infection Control for Care of Patients with Confirmed or

Suspected Novel Influenza A (H1N1) Virus Infection in a Health Care Setting (available at: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx> and http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm). The room door should remain closed to the extent possible, recognizing that in usual circumstances doors must be kept open. If there is a roommate, the roommate should be considered 'exposed' and not moved. Contact your local health department for guidance on possible testing and for treatment recommendations.

Note: Although placement of patients in airborne infection isolation rooms is recommended in these guidances, it is recognized that such rooms are not available in most long-term health care facilities. Vacant single rooms are also unlikely to be available. Further, moving residents within the facility is as likely to spread virus as it is to prevent it. Patients with known or suspected influenza should be managed in place with healthcare workers using the most protective available personal protective equipment. If N95 respirators are not available, use a tight fitting surgical mask while proceeding to acquire N95 respirators.

- Base transfer of residents with known or suspected influenza to other facilities on their clinical condition and not on their need for isolation alone.
- Maintain close communication between long-term care facilities and acute-care facilities to ensure that transfers are not admitted with unrecognized febrile respiratory illness.
- Screen personnel daily for fever using a method determined by your facility's needs and resources. Instruct those who develop a fever not to report to work, or if at work, to cease patient care activities and immediately notify their supervisors and infection control personnel. If sent home, they should not report to work at a second job.
- In the event of an outbreak of acute febrile respiratory illness follow the [Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities, 2008-2009](#) (click at left or go to <http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-33Attachment.pdf>) **with the addition** that (1) current recommendations for the use of antiviral medication should be followed as long as antivirals are available; (2) N95 respirators should be used for respiratory protection in place of surgical masks until H1N1 Flu has been ruled or an alternative diagnosis has been established. Arrange with your local health department for testing of ill residents and staff as quickly as possible.
- Make arrangements to have a supply of N95 respirators, or other equivalent respiratory protection, and other equipment such as goggles and face masks, available for staff use and identify sources of antiviral medication for use in the event of exposure to or an outbreak of novel influenza A (H1N1) virus.

Cal/OSHA requires a respirator program for the use of N95 respirators that includes medical evaluation, fit-testing and training. However, these requirements should not prevent a facility from providing N95 respirators to employees as an interim emergency measure. Medical evaluation, training and fit-testing can then be done as soon as is reasonably possible. A Model Respiratory Protection Program for facility use is posted on the CAHF Web site. Fit-testing procedures are detailed in Appendix A.

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

Guidance from Cal/OSHA on the emergency use of respirators is available at <http://www.dir.ca.gov/dosh/SwineFlu/SwineFlu.htm>. Information on respirators, including general instructions for use is available at <http://www.cdc.gov/niosh/topics/swineflu/>. An online respiratory medical evaluation site is available at <http://www.respexam.com/>.

General Visitor Policies

There are currently no CDC or CDPH recommendations to actively screen health care facility visitors for symptoms of novel influenza A (H1N1) virus infection. Suggestions might include posting signs discouraging ill persons from visitation (see below), developing an exposure questionnaire that includes information about fever and symptoms administered as the visitor enters the facility or actively screening the visitor for fever and symptoms as they enter the facility.

To prevent transmission of novel influenza A (H1N1) virus in all health care settings, the CDC recommendations for Respiratory Hygiene/Cough Etiquette should be communicated to all persons entering a health care facility (www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm)

The recommendations include:

- Post visual alerts instructing all persons to report symptoms of acute febrile respiratory illness at the first point of contact.
- Offer tissues or masks to symptomatic persons.
- Provide a waste disposal container.
- Instruct persons to perform hand hygiene.
- Ensure that supplies for hand hygiene are available; soap and clean paper towels where sinks are located or dispensers of alcohol-based hand sanitizers.

Visitor Triage (Screening) and Suggested Signage

Family members and friends should be discouraged from visiting if they currently have symptoms of an acute febrile respiratory infection (temperature of $\geq 37.8^{\circ}\text{C}$ (100°F) plus recent onset of at least one of the following: rhinorrhea or nasal congestion, sore throat, or cough (with or without fever or feverishness).

If visitation is necessary the following information should be communicated.

VISITORS

**IF YOU HAVE A FEVER AND SORE THROAT OR NEW COUGH
AND YOU MUST ENTER THIS HEALTH CARE FACILITY, PLEASE FOLLOW THESE
INSTRUCTIONS:**

- Place a mask, located (location of mask instructions) over your nose and mouth before entering and wear the mask at all times while in this facility,
- Cough or sneeze into a tissue or your sleeve,
- Dispose of tissues in the nearest waste receptacle after use, and
- Clean your hands when entering this facility, after contact with your respiratory secretions and after contact with any patient/resident.

THANK YOU FOR PROTECTING PATIENTS/RESIDENTS AND STAFF

Visitors to Patients in Isolation Precautions

Long-term health care facilities should develop and implement procedures for visitors of patients/residents who have been placed in isolation precautions. Consider limiting visitors of patients in isolation to persons who are necessary for the patient's emotional well-being and care. Personal protective equipment for visitors may be at the discretion of the facility, and should take into account prior exposure to the patient and the ability of the visitor to comply with isolation requirements. Procedures should minimally require visitors to sanitize their hands with an alcohol-based product prior to entering an isolation room.

Local Health Department
Novel Influenza A (H1N1) Virus Hotline Phone Numbers

County	Flu Info/Hotline Phone Numbers	County	Flu Info/Hotline Phone Numbers
Alameda	1-888-604-4636	Orange	800-564-8448
Alpine	530-694-2146	Pasadena City	626-744-6012
Amador	209-223-6407	Placer	530-889-7161
Berkeley City	510-981-5340 or 510-981-2489	Plumas	530-283-6330
Butte	1-866-444-2405	Riverside	951-358-5107
Calaveras	209-754-6460	Sacramento	916-875-5881
Colusa	530-458-0380	San Benito	831-637-5367
Contra Costa	925-313-6469	San Bernardino	1-800-782-4264
Del Norte	707-465-0319	San Diego	877-358-0202
El Dorado	530-621-6188	San Francisco	415-554-2830
Fresno	1-888-993-3003	San Joaquin	209-469-8200
Glenn	530-934-6588	San Luis Obispo	805-788-2903
Humboldt	707-476-4945	San Mateo	650-573-3927
Imperial	760-482-4438	Santa Barbara	1-888-722-6358 or 805-681-5280
Inyo	760-873-7868	Santa Clara	408-885-3980
Kern	1-877-818-4787	Santa Cruz	831-454-4343
Kings	559-584-1401	Shasta	800-971-1999
Lake	707-994-9433 or 707-263-1090	Sierra	530-993-6705
Lassen	530-251-8183	Siskiyou	530-841-2100
Long Beach City	562-570-4499	Solano	707-553-5402
Los Angeles	213-351-7800	Sonoma	707-565-4477
Madera	559-675-7893	Stanislaus	209-558-8872
Marin	415-473-6007	Sutter	530-822-7215
Mariposa	1-800-459-4466	Tehama	530-527-6824
Mendocino	707-472-2675	Trinity	530-623-8218
Merced	209-381-1180	Tulare	559-687-6965
Modoc	530-233-6311	Tuolumne	209-533-7401
Mono	760-924-1830	Ventura	805-981-5175
Monterey	831-755-1280	Yolo	530-666-8645
Napa	707-253-4540	Yuba	530-749-6366
Nevada	530-265-7258	CA State Hotline	1-888-865-0564