CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
INFECTION CONTROL FOR PANDEMIC (H1N1) 2009 INFLUENZA VIRUS
IN LONG-TERM HEALTH CARE SETTINGS
UPDATED AUGUST 20, 2009

This is an update of the May 19, 2009 California Department of Public Health (CDPH) recommendations for pandemic (H1N1) 2009 influenza in long-term health care settings, to take into account the change in the CDPH definition of a suspect case and the transfer and recommendations for the admission of patients to long-term health care facilities (www.cdph.ca.gov/HealthInfo/discond/Documents/H1N1UpdatedRecforHealthCareSettings.pdf). That document also addresses the relationship between this new definition and the Cal/OSHA Aerosol Transmissible Disease Standard, exclusion of healthcare workers from work following illness, and antiviral prophylaxis for healthcare workers with unprotected exposures. The definition of suspect pandemic (H1N1) influenza for infection control purposes is now:

Any patient less than 60 years of age with a fever (>37.8°C or 100°F) and new onset of cough, or
Any patient whom a health care provider believes, based on the patient’s history and illness, to have a high likelihood of being infected with pandemic ((H1N1)) 2009 influenza virus.

California long-term health care facilities should now follow these recommendations:

- The admission and transfer to long-term care facilities of patients with recent onset of fever and cough who are 60 years of age or older should be based upon the ability of the facility to provide appropriate care and not upon previous recommendations for isolation for known and suspected cases of pandemic (H1N1) influenza. Based on the change in the definition of a suspected influenza (H1N1) case, these facilities should follow precautions for seasonal influenza and other respiratory illness for residents with a recent onset of fever and cough (http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-33Attachment.pdf).

The CDPH and CDC guidelines for pandemic (H1N1) influenza in healthcare settings (http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx and http://www.cdc.gov/(H1N1)flu/guidelines_infection_control.htm) should be followed for any resident or patient suspected by a health care provider of having infected with pandemic (H1N1) influenza. These patients should be placed in isolation according to CDPH recommendations and Cal/OSHA requirements, regardless of age.
Patients from an acute care hospital that are confirmed or probable cases of novel pandemic influenza (H1N1) 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.

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 (PDF, New Window) (click at left or go to http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-33Attachment.pdf).

- Continue to 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 pandemic influenza (H1N1).
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 pandemic influenza (H1N1) 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 pandemic influenza (H1N1) 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 ≥37.8°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.