

**CALIFORNIA DEPARTMENT OF HEALTH
PREVENTION OF SWINE INFLUENZA A (H1N1) VIRUS INFECTION IN
LONG-TERM HEALTHCARE SETTINGS
UPDATED MAY 2, 2009**

On April 28, 2009 The California Department of Health issued a question and answer document to assist long-term care facilities (LTCF) in addressing swine influenza A (H1N1) virus issues in the absence of specific infection control recommendations in the early days of the epidemic. That document should no longer be used as swine influenza A (H1N1) virus infection is now spreading throughout the state. An expanded guidance for infection control in LTCF is under development. This document is an update of the May 1 notice. California long-term healthcare facilities, primarily skilled nursing facilities, should now do the following:

- Screen all people arriving at the facility for fever. Do not allow healthcare personnel and visitors with a fever to enter.
- Do not admit a new resident to the (LTCF) 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 their illness or their acute symptoms have resolved, whichever is longer.
- Immediately place newly admitted residents who develop febrile respiratory illness in the first week on isolation precautions described in the Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting (available at: <http://ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx> and http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm). The room door should remain closed except for access. 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 LTCF. 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 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, and instruct those who develop fever not to report to work, or if at work, 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). The current recommendations for the use of antiviral medication **should be followed** as long as antivirals are available. N95 respirators should be used for respiratory in place of surgical masks if they are available and swine influenza is confirmed or suspected.
- 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 Swine Influenza A (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 on line respiratory medical evaluation site is available at <http://www.respexam.com/>