

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
PREVENTION OF SWINE INFLUENZA A (H1N1) VIRUS INFECTION IN
LONG-TERM HEALTHCARE SETTINGS
MAY 1, 2009**

On April 28, 2009 The California Department of Public 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. This document should no longer be used as swine influenza A (H1N1) virus infection is now spreading throughout the state. A specific guidance will be issued by the Centers for Disease Control and Prevention, most likely on May 1. 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://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx> and http://www.cdc.gov/swineflu/guidelines_infection_control.htm) and contact you local health department for guidance on possible testing.
- Maintain close communication between long-term care facilities and acute-care facilities to ensure that transfers are not admitted with unrecognized febrile respiratory illness.
- Base transfer of residents with known or suspected influenza to other facilities on their clinical condition and not their need for isolation alone.
- 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 notify their supervisors and infection control personnel.
- 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 at http://www.cahfdownload.com/cahf/dpp/CAHF_ModelRespiratoryProtectionProgram.pdf. Fit-testing procedures are detailed in Appendix A. A guidance from Cal/OSHA on the emergency use of respirators is available at <http://www.dir.ca.gov/dosh/SwineFlu/SwineFlu.htm>.