State of California—Health and Human Services Agency
California Department of Public Health

MARK B HORTON, MD, MSPH
Director

ARNOLD SCHWARZENEGGER
Governor

Infection Control Guidance for 2009 H1N1 Influenza in Long-Term Care Facilities

February 4, 2010

Revision History: Supersedes "California Department of Public Health (CDPH) recommendations for 2009 H1N1 influenza in long-term care facilities (8/20/09)."

Originating programs: Healthcare Associated Infections Program, Center for Health Care Quality, and Division of Communicable Disease Control, Center for Infectious Diseases.

Introduction

This document provides updated guidance on revised case definitions for H1N1 and guidance regarding implementation of the Centers for Disease Control and Prevention (CDC) revised infection control recommendations of October 14, 2009: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

Highlights

- **Revised CDC Recommendations**
- **CDPH / Cal/OSHA Joint Statement of February 4, 2010**
- **CDPH Revised Case Definitions of 2009 H1N1 Influenza for Infection Control Purposes (February 4, 2010)**
- **Summary of CDPH Infection Control Recommendations for 2009 H1N1 Influenza in Long-Term Care Facilities**
  - Case Definitions
  - Infection Control
  - Health Care Personnel
  - Visitor Recommendations

CDC Infection Control Recommendations (revised October 14, 2009):

The revised CDC recommendations (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm) emphasize a hierarchy of controls designed to minimize health care worker exposure and decrease transmission in health care settings. The recommendations include:

- continuation of the recommendation to use respiratory protection that is at least as protective as a fit-tested N95 disposable respirator for health care personnel who are in close contact with patients with suspect, probable or confirmed 2009 H1N1 influenza;

- a change from contact precautions to standard precautions; and
- a shortened exclusion period for health care workers with influenza-like illness.

CDPH/Cal/OSHA Joint Statement (February 4, 2010)

CDPH has issued a joint statement with the California Occupational Safety and Health Administration (Cal/OSHA) (http://www.cdph.ca.gov/HealthInfo/discond/Documents/H1N1-ICGuidanceHealthCareSettings.pdf) supporting the CDC guidance. Additionally, the joint statement includes a revision to the earlier CDPH recommendation regarding the transfer of confirmed 2009 H1N1 influenza patients to long-term care facilities. CDPH now recommends that 2009 H1N1 influenza patients being treated in an acute care hospital may be transferred to a long-term care facility (such as a skilled nursing facility) if medically appropriate, after they are free of fever (100° F [37.8° C] or greater) or signs of a fever for at least 24 hours without the use of fever-reducing medications.

Additional guidance for employers and employees, including the application of the Cal/OSHA Aerosol Transmissible Disease Standard to long-term care facilities, is available from Cal/OSHA at http://www.dir.ca.gov/dosh/SwineFlu/SwineFlu.htm. The standard can be found at: http://www.dir.ca.gov/Title8/5199.html.

Current CDPH Recommendations

- **Case Definitions:** California long-term care facilities should follow the most recent CDPH case definitions of 2009 H1N1 influenza for infection control purposes which can be found at (http://www.cdph.ca.gov/HealthInfo/discond/Documents/H1N1-IC-CaseDefinitions.pdf). As of February 4, 2010, CDPH is using the following case definitions*:
  - A *suspect* case of 2009 H1N1 influenza is any patient whom a health care provider suspects, based on the patient's history and illness, of being infected with 2009 H1N1 influenza virus.
  - A *probable case* of 2009 H1N1 influenza is a person with a syndrome clinically compatible with influenza who has a PCR test that is positive for influenza A and unsubtypeable for A/H1 or A/H3.
  - A *confirmed case* of 2009 H1N1 influenza is a person with a syndrome clinically compatible with influenza who has laboratory confirmed 2009 H1N1 influenza by one or more of the following tests: real-time RT-PCR or viral culture.

  * The case definitions may change in the future as the 2009 H1N1 pandemic continues to evolve. Health care providers should refer to the CDPH website (http://www.cdph.ca.gov/HealthInfo/discond/Pages/H1N1CDPHGuidances.aspx)

for the most recent guidance on CDPH case definitions for 2009 H1N1 influenza for infection control purposes.

- **Infection Control**

  Additional recommendations for managing seasonal influenza can be found at http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-33Attachment.pdf.

  - Admission and Transfer

    The admission 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 suspected or confirmed cases of 2009 H1N1 influenza. Unless the patient meets the case definition of suspected, probable or confirmed 2009 H1N1 influenza, long-term care 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.

    Patients from an acute care hospital who are probable or confirmed cases of 2009 H1N1 influenza may be transferred to a long-term care facility (such as a skilled nursing facility) after they are free of fever (100° F [37.8° C] or greater) or signs of a fever for at least 24 hours without the use of fever-reducing medications, without waiting for the 7th day following onset of illness. Patients from an acute care hospital who have a negative test for influenza A by PCR testing or have an alternative diagnosis established may be transferred as usual.

    Base the transfer of residents with known or suspect 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.

    In the event of an outbreak of acute febrile respiratory illness in residents over 60 years old, follow the Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities, 2008-2009 unless 2009 H1N1 influenza is suspected: http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-33Attachment.pdf.

  - Residents with suspect, probable or confirmed H1N1 Influenza

    CDPH and CDC guidelines for 2009 H1N1 influenza in health care settings (http://www.cdph.ca.gov/HealthInfo/discond/Pages/H1N1HealthPros.aspx and http://www.cdc.gov/H1N1flu/guidelines_infection_control.htm) should be followed for any resident or patient suspected by a health care provider of being infected with 2009 H1N1 influenza:

    - Health care workers should use a fit-tested N95 respirator when caring for 2009 H1N1 influenza patients. If N95 respirators are not available, use a surgical mask while proceeding to acquire N95 respirators as quickly as

possible. Respirator use should be part of a comprehensive respiratory protection program, in accordance with Cal/OSHA regulations.

- Follow standard precautions (contact precautions are no longer recommended).
- Patients with suspect, probable or confirmed 2009 H1N1 influenza should be placed in isolation according to CDPH recommendations and Cal/OSHA requirements, regardless of age, until they are free of fever for at least 24 hours without the use of fever-reducing medications or 7 days following the onset of illness, whichever is longer. If PCR tests for 2009 H1N1 influenza virus are performed and are negative, long-term care facilities should follow infection control recommendations for seasonal influenza.

Although the current CDC guidance recommends a single patient room when feasible for 2009 H1N1 influenza patients, it is recognized that vacant single rooms are of limited availability in a long-term care facility. The risk of transmission to a roommate of a 2009 H1N1 influenza patient depends upon the degree to which they have been in close contact with the infected resident at the time of onset of their illness. If the roommate is already infected, moving the roommate may further spread the disease. Therefore, decisions to move 2009 H1N1 influenza patients or their roommates should consider the risk of infection to the roommate as well as other consequences of the move.

- **Health Care Personnel**
  - Strongly encourage employees who develop a fever, cough, sore throat or other respiratory symptoms not to report to work, or if at work, to cease patient care activities and immediately notify their supervisors and infection control personnel. They should not report to work at a second job. They should stay home from work until at least 24 hours after they no longer have a fever or signs of a fever without the use of fever reducing medicines.
  - Continue to make arrangements to have a supply of N95 respirators or other equivalent respiratory protection and identify sources of antiviral medication for use in the event of exposure to or an outbreak of 2009 H1N1 influenza. Standard precautions are routine, and facilities should ensure that supplies of masks and respirators and other equipment, such as eye protection (face shields or goggles) and gowns, are available for staff use.

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 California Association of Health Facilities (CAHF) website. Options for medical evaluation are discussed. 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/H1N1flu/.

- **Visitor Recommendations**

General Visitor Policies

There are currently no CDC or CDPH recommendations to actively screen health care facility visitors for symptoms of 2009 H1N1 influenza infection. Many facilities are currently excluding visitors under age 16 due to the increased risk of 2009 H1N1 influenza infection in this age group. 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 2009 H1N1 influenza in all health care settings, 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 masks to symptomatic persons.
- Ensure that tissues and waste disposal containers are readily available.
- 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. If visitation is necessary for a resident's well-being or care the following information should be communicated.

VISITORS

IF YOU HAVE A FEVER AND SORE THROAT OR NEW COUGH AND YOU MUST ENTER THIS HEALTHCARE 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.
- Limit your time in the facility and go only to the location where your presence is needed.

THANK YOU FOR PROTECTING PATIENTS/RESIDENTS AND STAFF

Visitors to Patients in Isolation Precautions

Long-term 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 at minimum require visitors to sanitize their hands with an alcohol-based product prior to entering an isolation room.

Thank you for your ongoing commitment to the 2009 H1N1 influenza response.