NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Infection Control Guidelines for Medical Facilities (Hospitals and Outpatient Clinics) with Suspected, Probable, or Confirmed Cases of Influenza A H1N1 (Swine Origin)

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Influenza A H1N1 (Swine Origin) (SO) is a novel virus and there is an ongoing intensive investigation of its clinical and epidemiologic features. Providers should monitor the New York City Department of Health and Mental Hygiene (DOHMH) Health Alerts and check www.nyc.gov/heatlh and www.cdc.gov for updates as they become available. Please note that infection control recommendations may change as this situation evolves and more knowledge of the transmission, clinical and epidemiologic features of this virus is gained.

Infection Control Guidelines for Medical Facilities (Hospitals and Clinics) with Suspected, Probable, or Confirmed Cases of H1N1 (SO)

At this time, DOHMH recommends more stringent infection control measures (described below) for suspected, probable or confirmed swine flu cases (See H1N1 (SO) case definitions at the end of this document) than are required for seasonal influenza. Many of the recommendations will be the same for inpatient and outpatient facilities; differences by facilities will be indicated.

As of today's date, community transmission of H1N1 (SO) appears to be occurring in New York City. Epidemiologic risk factors can no longer be used to distinguish between patients with a high likelihood of having H1N1 (SO) infection from those who have acute respiratory illness due to other causes. Specific diagnostic testing for H1N1 (SO) is not recommended for patients with mild illness; therefore most patients seen in outpatient settings will not meet the probable or confirmed case definition.

For these reasons, and out of an abundance of caution, DOHMH is recommending that the infection control recommendations provided below be applied to ALL patients who present to medical facilities or offices with acute febrile respiratory illness, including mild illness or severe unexplained acute febrile respiratory illness (e.g., pneumonia, ARDS or respiratory distress), or probable or confirmed H1N1 (SO).

What should outpatient providers do to alert hospitals of potential cases being referred to the emergency department?

Outpatient medical providers who are referring suspected, probable or confirmed cases of H1N1 (SO) to emergency departments or other medical facilities should call ahead to alert the facility that the patient is arriving, and have the patient wear a surgical mask when entering the hospital. The patient should also be instructed to notify the receptionist or triage nurse immediately upon arrival that he or she has respiratory symptoms.

What should ALL medical facilities (e.g., hospitals, outpatient clinics) do to prepare for suspected cases arriving at their facility?

- All medical facilities should institute their screening and isolation protocols. For more information on medical facility screening and isolation protocols, please refer to: http://www.nyc.gov/html/doh/downloads/word/bhpp/bhpp-train-emergency-guidance-01.doc
- Outpatient clinics where patients typically call ahead to schedule an appointment should try to group patients with acute febrile respiratory illness towards the end of the day, to avoid exposure to other patients.
- Signs in appropriate languages to the community should be posted at all entrances. Messages that should be stressed include:
    - "If you have symptoms of fever and cough, please don a surgical mask, perform hand hygiene and notify staff as soon as possible."
    - "Cover your nose/mouth when coughing or sneezing."
    - "Cough or sneeze into a tissue or your sleeve."
    - "Dispose of tissues in the nearest waste receptacle after use and perform hand hygiene after contact with respiratory secretions."
- Masks, tissues, and alcohol hand rub products should be easily available for staff and patient use.
    - Provide tissues and no-touch receptacles (e.g., waste containers with pedal operated lid or uncovered waste container) for used tissue disposal.
    - Provide soap and disposable towels for hand washing where sinks are available.
- Enhanced environmental cleaning of high touch areas should be done frequently (e.g., doorknobs, elevator buttons, chair arms, handrails, etc.)

If a patient identifies him/herself as symptomatic with acute febrile respiratory illness:

- Give the patient a surgical mask and instruct him/her on how to put it on; have the patient perform hand hygiene and place symptomatic patients in a separate room with the door closed as soon as possible to limit their time in the common waiting area. **There is no longer a need to place the patients in an Airborne Infection Isolation room (AIIR) unless performing aerosol generating procedures (see below).**
    - If necessary, designate separate waiting areas for patients with acute febrile respiratory illness where they can sit at least three to six feet away from others.
- Surgical masks should be worn by patients and changed if there is obvious soilage or tears/damage to the mask. Instruct patients that whenever they don or remove their masks, they should perform hand hygiene.

Infection Control Procedures and Healthcare Worker Personal Protective Equipment for Patient Care

Isolation precautions: Recommendations below based on *Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Suspected in a Healthcare Setting* Last updated 04/29/09. See http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

- Standard and contact precautions plus eye protection should be used for all patient care activities and maintained for 7 days after illness onset or until 24 hours after symptoms have resolved, whichever is longer.
- Place symptomatic patients in a separate room with the door closed as soon as possible to limit their time in the common waiting area. **There is no longer a need to place these patients in an Airborne Infection Isolation room (AIIR) unless performing aerosol generating procedures (See examples below)**
- Healthcare workers evaluating, treating, or collecting specimens from a patient with acute febrile respiratory illness should don maximal personal protective equipment (PPE) whenever in the patient's room. This includes:

  - Gloves, face shield or goggles, and gowns
  - N95 respirator or equivalent, when available
    NOTE: This recommendation differs from current infection control guidance for seasonal influenza, which recommends that healthcare personnel wear surgical masks for patient care. The rationale for the use of respiratory protection is that a more conservative approach is needed until more is known about the specific transmission characteristics and virulence of the new virus.
  - If N95 respirators are unavailable, a surgical mask should be used
  - Because N95 respirator supply may become more limited if this outbreak continues, practices may elect to reserve their use for aerosol-generating procedures (nebulizer treatments, suctioning, intubation, sputum and nasopharyngeal swab collection, and bronchoscopy)
- PPE should be removed and disposed of in a receptacle prior to or upon exiting a patient room and hand hygiene performed immediately. Disposal of PPE should be performed according to your hospital's infection control policy.
- Aerosol-generating procedures should be performed in an AIIR. If an AIIR is not available, use clinical judgment to decide whether the procedure can be performed in a private room with the door closed.
- Healthcare providers should review the order of donning and removing PPE:
  - **Donning PPE order:** Gown, mask or respirator, goggles or face shields, gloves
  - **Removing PPE order:** Gloves, goggles or face shields, gown, mask or respirator
- The patient should wear a surgical mask when outside his or her own room, including when sent for procedures in other departments of the hospital or outpatient clinic. Limiting unnecessary patient movement is recommended.
- Visitors should be limited only to those persons who are necessary for the emotional well-being and care of the patient.
- Visitors may be offered a gown, glove, eye protection and respiratory protection (i.e., N95 respirator) and should be instructed by healthcare personnel on their use as well as hand hygiene before entering the patient's room.
- The patient may be discharged when medically indicated. However, if the patient is discharged to home before symptoms are resolved, guidance on home isolation should be provided. This guidance is available at http://www.nyc.gov/html/doh/downloads/pdf/cd/cd-swineflu-homeisolation-new.pdf.
- More information can be found at: http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html

New York City Case Definitions for Swine-Origin Influenza A (H1N1) (H1N1 (SO)) Infection

A ***confirmed case*** of H1N1 (SO) infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed H1N1 (SO) infection by one or more of the following tests:

- real-time RT-PCR, or
- viral culture

A ***probable case*** of H1N1 (SO) infection is defined as a person with an acute febrile respiratory illness who is positive for influenza A, but negative for H1 and H3 by influenza RT-PCR

A ***suspected case*** of H1N1 (SO) infection is defined as a person with unexplained acute febrile respiratory illness.

(Patients with an acute febrile respiratory illness who have a negative PCR test for influenza A can be considered non-cases of H1N1 [SO]).