

Interim Regional Guidelines for Novel Influenza A H1N1 Recommendations for Infection Control When Caring for Patients with Febrile Respiratory Illness¹ in Outpatient Setting

Office of Tri County Health Officers
Clackamas, Multnomah, and Washington counties
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Novel influenza A H1N1 virus is circulating
Seasonal influenza may or may not be circulating

Novel Influenza A H1N1 is in pandemic phase globally, and Oregon public health officials are expecting that infection and illness in our region will be widespread². Protection of health care workers (HCW) during an influenza pandemic is critical.

National recommendations for use of personal protective equipment and personal respirators during Novel Influenza A H1N1 pandemic vary^{3 4 5 6} and national guidelines will be updated by October 1, 2009.

Standard and droplet precautions should be in place with airborne precautions for certain high risk procedures: CPR, suction, bronchoscopy, intubation nebulizer treatment⁷. In addition, out patient facilities may wish to consider reassignment of HCW at high risk of complications from novel Influenza A H1N1.

UPON ARRIVAL TO CLINICAL SETTING/TRIAGE OF PATIENT WITH FEBRILE RESPIRATORY ILLNESS

- Provide surgical mask to patient upon arrival to out-patient setting if available and tolerable to patient
- Room patients immediately, at a minimum separate patients in the waiting area
- Provide information to patients on respiratory hygiene/cough etiquette in appropriate languages
 - <http://www.cdc.gov/flu/protect/covercough.htm>
 - <http://www.cdc.gov/ncidod/dhqp/pdf/InfDis/RespiratoryPoster.pdf>

BEFORE CONTACT WITH EVERY PATIENT WITH FEBRILE RESPIRATORY ILLNESS

- Put on surgical mask
- Clean hands
- If collecting a diagnostic specimen or if there is other risk for exposure to body fluids/splashes Put on eye protection, gown, and gloves
- Clean and disinfect personal/dedicated patient equipment between patients
- Remove gloves (if applicable) and clean hands between patients after removing personal protective equipment including mask

ALSO, IF PERFORMING OR PRESENT DURING AEROSOL-GENERATING PROCEDURES

(e.g. nebulizer treatment, CPR, suction, bronchoscopy, intubation)

- Wear a personal respirator e.g. fit-tested N-95 particulate respirator or powered air purifying respirator (PAPR)
- Wear a gown, gloves and eye protection (except no additional eye protection needed with PAPR)

¹ Febrile respiratory illness = complaints of fever or fever greater than 37.8° C(100°F) PLUS one or more of the following: rhinorrhea or nasal congestion; sore throat; cough CDC 5/13/2009 http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

² Oregon Public Health Division Planning Assumptions – Novel H1N1; June 29, 2009 modified July 7 2009; accessed through HAN 8/6/09

³ CDC: <http://www.cdc.gov/ncidod/dhqp/pdf/hicpac/StakeholdersPubReview.pdf> . Accessed July 27, 2009

⁴ Society For Health Care Epidemiology of America: http://www.shea-online.org/Assets/files/policy/061209_H1N1_Statement.pdf . Accessed July 27, 2009

⁵ OSHA: <http://www.osha.gov/Publications/exposure-risk-classification-factsheet.html> Accessed July 27, 2009

⁶ Oregon: http://www.flu.oregon.gov/DHS/ph/acd/flu/provider_testing.pdf Accessed July 27, 2009

⁷ Some national/ regional recommendations do not include nebulizer treatment in the list of high risk procedures

