



North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

1902 Mail Service Center • Raleigh, North Carolina 27699-1902

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Jeffrey Engel, MD
State Health Director

Novel Influenza A (H1N1): Interim Infection Control Guidelines for Healthcare Workers

May 22, 2009 (**3 pages**) – replaces version released on April 30, 2009

PLEASE NOTE: This is an evolving situation. This document provides interim guidance which might change in the days and weeks ahead as more information becomes available.

This guidance applies to all healthcare personnel (e.g., employees, students, contractors, attending clinicians, and volunteers) whose activities involve contact with patients.

- Epidemiologic and clinical data to date indicate that the novel influenza A (H1N1) virus appears to be behaving similarly to seasonal influenza in terms of the severity of illness and transmission of infection.
- These infection control recommendations are being made in conjunction with enhanced surveillance among hospitalized patients and among patients presenting to providers in the influenza Sentinel Provider Network to identify early signals of increasing severity or changing epidemiology of this virus.
- These recommendations represent the minimum level of infection control precautions; clinicians or infection preventionists may recommend increased levels of infection control as indicated by a specific patient or situation including health status of healthcare workers.

Level of Precautions

Droplet and Standard Precautions are recommended for all patients with suspected or confirmed novel influenza A (H1N1) infection:

Standard Precautions

Hand hygiene before and after patient care (using water and an antiseptic or a waterless alcohol product approved by the FDA for hand antisepsis) plus gloves, gown, face shield/eye protection as indicated by patient care activities and risk of exposure to blood/body fluids.

PLUS

Droplet Precautions

Surgical mask should be used for all direct patient care activities (don mask prior to entering room; if patient is in an open area, don masks within 3-6 feet of patient). Use a private room if possible and keep room door closed; if a private room is not available, make sure that the patient wears a surgical mask.



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.



Location: 225 N. McDowell Street • Raleigh, N.C. 27603

Specimen collection

Droplet Precautions (surgical mask) and eye protection should be used by the healthcare workers obtaining a clinical specimen from the respiratory tract (includes nasopharyngeal swab, nasal wash, and throat swab).

Aerosol-generating procedures*:

Airborne Precautions - respiratory protection

- Fit-tested disposable N95 respirator: Prior fit-testing must be repeated annually and fit-check/seal-check performed prior to each use

OR

- Powered air purifying respirator (PAPR). Follow facility protocols and procedures for decontamination of PAPR

PLUS

Standard precautions and eye protection

* Aerosol-generating procedures include nebulized medication administration, bronchoscopy, intubation and extubation, deep open tracheal suctioning

Aerosolizing procedures can be performed in a single patient room with the door closed. Airborne precautions should be used for the duration of the aerosol-generating procedure with droplet and standard precautions resumed thereafter.

Increased levels of infection control may be implemented as indicated for a specific patient or situation, including an airborne infection isolation room (AIIR). At a minimum, AIIR rooms must: Provide negative pressure room with a minimum of 6–12 air exchanges per hour or exhaust directly to the outside or through HEPA (High Efficiency Particulate Air) filtration.

Transport within healthcare facilities

Procedures for transport of patients in isolation precautions should be followed.

- Ill persons should wear a surgical mask to contain secretions when outside of the patient room
- Encourage ill persons to perform hand hygiene frequently and follow respiratory hygiene and cough etiquette practices

Visitors

Visitors should not be permitted if they have symptoms of respiratory tract infection, especially fever with cough or sore throat. Visitors to patients with suspected or confirmed novel influenza A (H1N1) infection should:

- Be encouraged to perform hand hygiene before entering and after leaving a patient's room
- Be instructed to limit their movement within the facility
- Wear a surgical mask when entering the room
- Be restricted from entry while aerosolizing procedures are being performed

Pregnant Healthcare Workers

CDC has guidance for pregnant healthcare workers:

See: <http://www.cdc.gov/h1n1flu/guidance/> under "Guidance for Pregnant and Breastfeeding Women"

Environmental cleaning and disinfection

Healthcare facilities should follow routine procedures for environmental cleaning and disinfection.



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.



Location: 225 N. McDowell Street • Raleigh, N.C. 27603