

INFECTION CONTROL GUIDELINES FOR PANDEMIC FLU FOR HOSPITALS



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All healthcare facilities should follow the OCCUPATIONAL HEALTH GUIDELINES FOR PANDEMIC INFLUENZA IN HEALTHCARE SETTINGS. Hospitals need to:

KNOW THE SIGNS AND SYMPTOMS OF PANDEMIC FLU:

- Fever above 100°F or 37.8°C
- Cough or sore throat
- Shortness of breath, difficulty or distress in breathing
- Other symptoms may include:
 - Headache
 - Myalgia
 - Prostration
 - Acute rhinitis (runny nose)
 - Otitis media
 - Nausea and vomiting is more common among children
- Typical flu symptoms, such as fever, may not always be present in
 - Elderly patients
 - Young children
 - Patients in long-term care facilities
 - Persons with underlying chronic illnesses.

SCREEN ALL PERSONS ENTERING THE HOSPITAL FOR SIGNS AND SYMPTOMS OF PANDEMIC FLU:

- Fever above 100°F or 37.8°C
- Cough or sore throat or shortness of breath

POST SIGNS AT ALL HOSPITAL ENTRANCES INSTRUCTING PEOPLE WITH FLU SYMPTOMS TO:

- Inform reception and healthcare personnel when they enter the building; and
- Follow respiratory hygiene/cough etiquette:
 - Cover mouth and nose with a tissue when coughing or sneezing
 - Put used tissue in the nearest waste basket
 - Cough or sneeze into the upper sleeve, not hands, if they don't have a tissue
 - Wash hands with soap and water after coughing or sneezing, or
 - Clean hands with alcohol-based hand cleaner or antiseptic hand wash

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TRIAGE PATIENTS CALLING FOR MEDICAL APPOINTMENTS FOR FLU SYMPTOMS.

- Discourage unnecessary visits
- Instruct persons with flu symptoms to follow respiratory hygiene/cough etiquette when traveling to necessary medical appointments.

As the scope of the pandemic escalates locally, set up a separate triage area for persons presenting with flu symptoms.

- Put off to a later time patients who do not require emergency care.
- Designate separate waiting areas for patients with flu-like symptoms or
- Set up the waiting area so that patients with respiratory symptoms may sit at least 3 feet from other patients.

HAND HYGIENE

- If hands are visibly soiled, wash hands with soap and water.
- If hands are not visibly soiled, use approved alcohol-based products for hand disinfection.
- Always perform hand hygiene between patient contacts and after removing PPE.
- Ensure that resources to facilitate hand hygiene are readily accessible in areas in which patient care is provided.

USE SOURCE CONTROL MEASURES TO LIMIT SPREAD

Post signs in common areas:

- Elevators
- Waiting areas
- Cafeterias
- Lavatories

Signs should say:

- Cover your mouth and nose with a tissue when coughing or sneezing
- Put your used tissue in the nearest waste basket.
- Cough or sneeze into the upper sleeve, not hands, if you don't have a tissue.
- Wash your hands with soap and water after coughing or sneezing, or
- Clean your hands with alcohol-based hand cleaner or antiseptic hand wash

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Provide:

- Tissues
- No-touch receptacles or
- Uncovered waste containers for used tissue disposal.
- Dispensers of alcohol-based hand rub.
- Soap and disposable towels for hand washing where sinks are available.

Offer and encourage the use of facemasks by persons with symptoms of flu.

Encourage coughing persons to sit as far away as possible (at least 3 feet) from other persons in common waiting areas.

HOSPITALIZATION OF PANDEMIC FLU PATIENTS

Droplet precautions and patient placement

- Limit admission of flu patients to those with severe complications of flu who cannot be cared for outside the hospital setting.
- Admit patients to either a single-patient room or an area designated for cohorting of patients with flu.
- Patients with known or suspected pandemic flu should be placed on droplet precautions for a minimum of 5 days from the onset of symptoms.
- Immunocompromised patients may shed virus for longer periods and they may be placed on droplet precautions for the duration of their illness.
- If the pandemic virus is associated with diarrhea, contact precautions (i.e., gowns and gloves for all patient contact) should be added.

Cohorting

- Designate units or areas of a facility to be used for cohorting patients with pandemic flu.
 - Laboratory-confirmation of flu infection is recommended when possible before cohorting patients.
 - Assign only patients with confirmed pandemic flu to the same room.
 - At the height of pandemic, laboratory testing to confirm pandemic flu is likely to be limited, in which case cohorting should be based on having pandemic flu symptoms.

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- Personnel assigned to cohorted patient care units should not “float” or otherwise be assigned to other patient care areas.
 - The number of personnel entering the cohorted area should be limited to those necessary for patient care and support.
 - Personnel assigned to cohorted patient care units should adhere to standard infection control practices used routinely.
 - Cohorting should be put in place early in the course of a local outbreak.

Patient transport

- Limit patient movement and transport outside the isolation area to medically necessary purposes.
- Consider having portable x-ray equipment available in areas designated for cohorting flu patients.
- If transport or movement is necessary, ensure that the patient performs hand hygiene before leaving the room and
 - Wears a facemask or
 - Uses the most practical measures to contain respiratory secretions.

Visitors and Other Non-essential Personnel

- Screen visitors for signs and symptoms of flu before entry into the facility
 - Do not allow visitors who have flu symptoms to enter.
- Family members who accompany patients with flu-like illness to the hospital are assumed to have been exposed to flu and should wear facemasks.
- Limit visitors to persons who are necessary for the patient’s emotional well-being and care.
 - Instruct visitors to wear facemasks while in the patient’s room.
 - Instruct visitors on hand-hygiene practices.
- Persons who are well, but at high risk for flu or its complications (e.g., persons with underlying diseases), should be instructed to avoid unnecessary contact with healthcare facilities caring for pandemic flu patients

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CONTROL OF HEALTHCARE ASSOCIATED PANDEMIC FLU TRANSMISSION

- Once patients with pandemic flu are admitted to the hospital, surveillance should be heightened as feasible for evidence of transmission to other patients and healthcare personnel.
- If limited healthcare associated transmission is detected on one or two patient care units, appropriate control measures should be implemented:
 - Cohorting of patients and staff on affected units
 - Restriction of new admissions (except for other pandemic influenza patients) to the affected unit(s)
 - Restriction of visitors to the affected unit(s) to those who are essential for patient care and support.
- If widespread healthcare associated transmission occurs:
 - Restrict all nonessential persons
 - Stop admissions not related to pandemic influenza
 - Stop elective surgeries.

USE STANDARD PRECAUTIONS FOR

- Dishes and eating utensils
- Disposal of solid waste
- Environmental cleaning and disinfection
- Laboratory specimens
- Linen and laundry
- Patient-care equipment
- Postmortem care

Cleaning and disinfection after patient discharge or transfer

- Follow standard facility procedures for post-discharge cleaning of an isolation room.
- Clean and disinfect all surfaces that were in contact with the patient or might have become contaminated during patient care. No special treatment is necessary for window curtains, ceilings, and walls unless there is evidence of visible soiling.
- It is not necessary to spray (i.e. fog) occupied or unoccupied rooms with disinfectant.