

## Infection Control Precautions

October 22, 2009

At this time, all healthcare facilities, including private offices, clinics, and hospitals should follow CDC guidance regarding isolation precautions for influenza. Useful information in this area can be found at the following links:

[http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm)  
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx>  
[http://www.dir.ca.gov/dosh/SwineFlu/Interim\\_enforcement\\_H1N1.pdf](http://www.dir.ca.gov/dosh/SwineFlu/Interim_enforcement_H1N1.pdf)

Healthcare facilities should use a **hierarchy of controls** to prevent transmission of influenza infection. These controls, in order of priority, are:

- **Elimination of potential exposures.**  
Examples include taking steps to minimize outpatient visits for patients with mild influenza-like illness who do not have risk factors for complications, postponing elective visits by patients with suspected or confirmed influenza until they are no longer infectious, and denying entry to visitors who are sick.
- **Engineering controls.**  
Examples include installing partitions in triage areas and other public spaces, to reduce exposures by shielding personnel and other patients; and using closed suctioning systems for airway suction in intubated patients.
- **Administrative controls.**  
Examples include promoting and providing vaccination; enforcing exclusion of ill healthcare personnel for at least 24 hours after they no longer have a fever (without use of antipyretics), implementing respiratory hygiene/cough etiquette strategies; and setting up triage stations and separate areas for patients who visit emergency departments with influenza-like illness, managing patient flow, and assigning dedicated staff to minimize the number of healthcare personnel exposed to those with suspected or confirmed influenza. For workers returning to work in areas where severely immunocompromised patients are provided care, consider temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer.
- **Personal protective equipment (PPE).**  
The use of PPE ranks lowest in the hierarchy of controls because its effectiveness is dependent on a number of factors.

**Specific recommendations** include the following:

1. *Promote and administer the 2009 H1N1 influenza and seasonal influenza vaccines*
2. *Enforce respiratory hygiene and cough etiquette.* Examples would include placing signs at entryway and in all patient areas that instruct ALL PERSONS to cover their mouth and nose with a tissue when they cough or sneeze and to wash hands or use waterless hand cleanser after coughing or sneezing. Throw tissue in the trash after use. If tissue is not available then use an elbow to block the sneeze rather than hands. Wash hands or use waterless hand sanitizer after contact with respiratory secretions.
3. *Establish facility access control measures and triage procedures*
4. *Manage visitor access and movement within the facility*
5. *Establish policies and procedures for patient placement and transport, to include movement of patients under isolation precautions.*
6. *Limit the number of healthcare personnel entering the isolation room*
7. *Apply isolation precautions.*

Isolate patients with influenza-like illness as soon as possible, ideally in a private exam room or at a distance of at least 6 feet from others.

### For more information on caring for patients

**Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A (H1N1) Virus Infection:**

[www.cdc.gov/h1n1flu/identifyingpatients.htm](http://www.cdc.gov/h1n1flu/identifyingpatients.htm).

CDC H1N1 guidance: [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu).

LA County Department of Public Health H1N1 guidance: [www.publichealth.lacounty.gov/acd/h1n1.htm](http://www.publichealth.lacounty.gov/acd/h1n1.htm).

