



2009 H1N1 Influenza Recommendations for Standard and Droplet Precautions and Use of Surgical Masks and Respirators in Health Care Settings

Introduction:

The Southern Nevada Health District (SNHD) is providing the following infection control guidance. The SNHD recommendations differ from the Centers for Disease Prevention and Control (CDC), but are in accordance with recommendations from the World Health Organization, the Healthcare Infection Control Practices Advisory Committee (HICPAC), the Society for Healthcare Epidemiology of America (SHEA), the Association for Professionals in Infection Control and Epidemiology (APIC), and the Infectious Diseases Society of America (IDSA) guidance.

The SNHD recommendations differ from those issued by the Centers for Disease Control and Prevention (CDC) on October 14, 2009. SNHD recommends that, at a minimum, health care workers use surgical masks for routine non-aerosolizing direct patient care. CDC recommends N-95 respirators for all patient care. Both SNHD and the CDC recommend N-95 respirators for aerosol-generating procedures. CDC recommends Standard Precautions and Contact Precautions rather than Standard Precautions and Droplet Precautions.

The SNHD recommendations are minimal recommendations. It is up to health care providers to determine whether their facility will follow the CDC or SNHD recommendations.

The SNHD recommendations were based upon various factors including:

- the fact that available data and clinical experience suggest that novel H1N1 transmission occurs, like seasonal influenza, via droplet spread;
- the limited expected availability of N-95 respirators;
- compliance concerns with the use of the N-95 respirators (IOM, 2008b); and
- recent evidence that N-95 respirators provided no additional protection compared to surgical masks (JAMA, Oct. 1, 2009, reference below).

SNHD Recommendations:

Standard Precautions and Droplet Precautions should be used when caring for a patient with influenza-like illness, or suspected or confirmed 2009 H1N1 influenza.

Standard Precautions

Standard Precautions are used on all patients, regardless of diagnosis. They include, but are not limited to:

- Hand hygiene, performed between patients, and before donning and after removal of personal protective equipment (e.g., gloves, gown, surgical mask, or respirator);
- Face shield/eye protection, if there is a risk of exposure to blood/body fluids;
- Gown and clean gloves when exposure to body fluids is anticipated; and
- Respiratory hygiene/cough etiquette (e.g., posted signs, readily available disposable tissues, readily available hand-washing facilities or hand sanitizer).

Droplet Precautions

Droplet Precautions include, but are not limited to:

- Surgical masks for all direct patient care. (Health care workers wear a surgical mask when providing patient care, and patients wear surgical masks when outside their room.)

Detailed guidance on Standard and Droplet Precautions (which includes respiratory etiquette) is presented in “Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007,” developed by the Public Health Service, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, and the Healthcare Infection Control Practices Advisory Committee. To view the resource, visit: http://www.cdc.gov/ncidod/dhqp/gl_isolation.html

Specimen collection

Use Droplet Precautions and Standard Precautions for most specimen collection. (See aerosol-generating procedures below.) Use Standard Precautions for specimen transport to the laboratory. Health care facility laboratories should follow proper biosafety practices.

Aerosol-generating procedures

These procedures (e.g., intubation, bronchoscopy, open-system respiratory suctioning, resuscitation, and autopsy) are associated with increased risk of infection transmission. Infection control precautions should include using:

- Particulate respirator (e.g., EU FFP2, USNIOSH-certified N-95);
- Eye protection;
- A clean non-sterile, long sleeved gown; and
- Gloves. (Some of these procedures require sterile gloves.)

Transport within health care facilities

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

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

Transport between patient residence and health care facilities

- Patient should wear a surgical mask.
- Transporters should wear a surgical mask whenever the patient is not masked.

Visitors

- Should perform hand hygiene before and after entering a patient’s room.
- Should wear a surgical mask when entering the room.
- Should be restricted from the patient room while aerosolizing procedures are being performed.

In clinics, medical offices or other ambulatory care settings

- Whenever feasible, put the patient with influenza-like symptoms into an exam room immediately and avoid or limit time in the waiting room.
- Patients with influenza-like illness in outpatient settings should be asked to wear a surgical mask until being examined in the exam room and again upon leaving the exam room.
- Staff who have close contact, including examining or providing direct medical care for the patient with influenza-like illness, should wear a surgical mask and gloves, and should put the mask on before entering the room.

- Staff should perform hand hygiene, and put facemask on first followed by gloves, when worn. When patient care is complete, remove gloves first, then the facemask, and perform hand hygiene.

How SNHD differs from CDC recommendations:

SNHD recommends that at a minimum, health care workers use surgical masks for routine direct patient care. CDC recommends N-95 respirators for all patient care. Both SNHD and the CDC recommend N-95 respirators for aerosol-generating procedures.

CDC recommends Standard Precautions and Contact Precautions rather than Standard Precautions and Droplet Precautions. Droplet Precautions include a mask whenever within 3 to 6 feet of the patient. Contact Precautions include gown and gloves for all interactions with patient or patient’s environment.

Reference and Related links:

World Health Organization: “Infection prevention and control in health care for confirmed or suspected cases of pandemic (H1N1) 2009 and influenza-like illnesses,”

www.who.int/csr/resources/publications/SwineInfluenza_infectioncontrol.pdf

Healthcare Infection Control Practices Advisory Committee (HICPAC) (2009). “Summary of Healthcare Infection Control Practices Advisory Committee Recommendations for Care of Patients with Confirmed or Suspected 2009 H1N1 Influenza Infection in Healthcare Settings,” (2009, July 23),

http://www.cdc.gov/ncidod/dhqp/hicpac_h1n1.html

Society for Healthcare Epidemiology of America (SHEA) (2009). “SHEA Position Statement: Interim Guidance on Infection Control Precautions for Novel Swine-Origin Influenza A H1N1 in Healthcare Facilities,” June 10, 2009,

http://www.shea-online.org/Assets/files/policy/061209_H1N1_on_Letterhead.pdf

“SHEA, IDSA Stress Basic Infection Control in Protecting HCWs from Novel H1N1,” IDSA News, 19, 8,

<http://news.idsociety.org/idsa/issues/2009-08-01/8.html>

Association for Professionals in Infection Control and Epidemiology (APIC) Joint Position Statement (2009),

http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/PublicPolicyLibrary/Sebelius_PPE_091609_Final.pdf

OSHA Statement Regarding H1N1-Related Inspections, October 14, 2009,

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASE

Questions and Answers Regarding Respiratory Protection for Infection Control Measures for 2009 H1N1 Influenza among Healthcare Personnel

http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm

Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel (October 14, 2009)

http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

Loeb, M., Dafoe, N., Mahmy, J., et al. “Surgical Mask vs. N95 Respirator for Preventing Influenza among Health Care Workers. A Randomized Trial.” JAMA 2009; Oct. 1, 2009: E1-E7