



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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Pandemic (H1N1) 2009 Influenza

Infection Prevention and Control Precautions for All Healthcare Facilities

These guidelines must be implemented by all healthcare workers

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Foreword

- This document describes the Standard, Droplet and Contact Precautions that are required to be implemented by all healthcare workers (HCW) caring for patients with suspected or confirmed pandemic (H1N1) 2009 influenza
- Standard Precautions¹ are available at <http://www.hpsc.ie/hpsc/A-Z/EmergencyPlanning/AvianPandemicInfluenza/SwineInfluenza/AdviceforHealthProfessionals/InfectionControl/>
- Standard, Droplet and Contact Precautions are adapted from: Siegal JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007. www.cdc.gov/ncidod/dhqp/pdf/isolation2007
- Factsheets, Posters, Case definitions, and diagnostic algorithms are available at www.hpsc.ie

1. Introduction

1.1 What are Standard Precautions?

Standard Precautions are evidence based clinical work practices and measures published by the Centers for Disease Control and Prevention (CDC) in 1996 and updated in 2007 that prevent transmission of infectious agents in healthcare settings.

Standard Precautions are based on the principle that all blood, body fluids except sweat, secretions, excretions, non intact skin and mucous membranes may contain transmissible infectious agents. **Standard Precautions** must be applied by **all** HCWs to the care of **all** patients/clients in **all** healthcare settings regardless of the suspected or confirmed presence of an infectious agent.

HCWs must apply the following set of work practices and measures for **all** patients:

- Occupational health programme
- Appropriate patient placement
- Hand hygiene
- Patient movement and transfer
- Respiratory hygiene and cough etiquette
- Use of personal protective equipment (PPE)
- Decontamination of the environment
- Decontamination of reusable medical equipment
- Management of linen and laundry
- Management of needle stick injuries
- Management of waste
- Management of spillages of blood and body fluids
- Safe injection practices
- Management of sharps

1.2 The World Health Organisation (WHO) advises that Droplet Precautions in addition to Standard Precautions are implemented to prevent transmission of Pandemic (H1N1) 2009 influenza in healthcare settings².

http://www.who.int/csr/resources/publications/20090429_infection_control_en.pdf

1.3 In response to published data reporting a significant incidence of gastrointestinal symptoms associated with Influenza (H1N1) the Irish Pandemic Influenza Expert Group recommended on the 12th May 2009 that Contact Precautions be included in addition to Droplet and Standard Precautions^{3,4}. GI symptoms have been reported from 24% of cases in EU/EEA.⁵

2. **Standard, Droplet and Contact Precautions** are outlined in the following pages.

2.1 Droplet and Contact precautions should be implemented for at least 7 days or until clinician deems otherwise (e.g. infectivity can be prolonged in the immunosuppressed and children)

	Key Components	PRECAUTIONS	Key Elements of Clinical Practices and Measures
2.2	Occupational Health Programme	Standard Precautions	<ul style="list-style-type: none"> • HCWs should self monitor their own health for influenza like symptoms (ILI) • HCWs with symptoms should not attend work and should immediately report symptoms to their line manager • All healthcare facilities should have a surveillance programme in place to monitor staff and patients for ILI. Clusters of outbreaks should be reported to the local Public Health Department. See Protocol for surveillance of Influenza-like illness in Healthcare workers during Pandemic Influenza A(H1N1)v Mitigation Phase at www.hpsc.ie
2.3	Patient Placement	Standard Precautions Droplet Precautions Contact Precautions	<p>Home</p> <ul style="list-style-type: none"> • Assess the patient with suspected or confirmed pandemic (H1N1) 2009 influenza by phone at home if possible <p>GP/Primary care/Community</p> <ul style="list-style-type: none"> • Place in a single room and avoid communal areas if possible. Otherwise do not place within approximately 1 metre of other patients <p>Hospital</p> <ul style="list-style-type: none"> • Place patient with suspected or confirmed pandemic (H1N1) 2009 influenza in a single room preferably with ante room and en-suite facilities • Emergency departments without single rooms must have interim arrangements in place to prioritise transfer to an appropriate single room • Avoid communal areas and placing patient within approximately 1 metre of other patients <p>Ambulance</p> <ul style="list-style-type: none"> ○ Refer to ambulance advice document at www.hpsc.ie
2.4	Hand Hygiene	Standard Precautions	Hand hygiene using liquid soap or alcohol hand gel/rub must be performed before and after all patient care procedures

	Key Components	PRECAUTIONS	Key Elements of Clinical Practices and Measures
2.5	Patient Movement and Transfer	<p>Standard Precautions</p> <p>Droplet Precautions</p> <p>Contact Precautions</p>	<p>External transfer</p> <ul style="list-style-type: none"> • Patient should wear a surgical mask outside their room • It is the responsibility of the transferring facility to inform staff of the precautions required • Refer to ambulance advice document at www.hpsc.ie <p>Internal transfer</p> <ul style="list-style-type: none"> • Minimise movement of patient from single room • Patient should wear a surgical mask outside their room • Staff should be informed of the precautions required in the receiving departments (e.g. diagnostic departments) • Avoid holding patients in communal areas (radiology etc) • HCW PPE: Wear a surgical mask and observe hand hygiene <p>Care after death</p> <ul style="list-style-type: none"> • As there is a risk of blood or body fluid leakage in those who are deceased gloves, surgical mask, apron and Goggles (if splashing/spraying risk) should be worn by all handling the remains. Hand hygiene should be performed after removing PPE • Where there is a risk of leakage of body fluids body bags should be used for transporting the remains • Autopsy should be undertaken in a premises complying with HBN 20 Facilities for mortuary and post-mortem services, NHS Estate. • During autopsy procedures HCWs should wear the PPE advised for an aerosol generating procedure (see 2.6) and comply with Health Services Advisory Committee, Safe working and the prevention of infection in the mortuary and post-mortem room, 2003 • Embalming is permitted. Gloves, surgical mask, apron and goggles should be worn by morticians • Viewing and touching of remains is permitted once skin cleansing/hygienic preparation is completed

	Key Components	PRECAUTIONS	Key Elements of Clinical Practices and Measures
2.6	Respiratory Hygiene & Cough Etiquette	Standard Precautions	<p>As per Standard Precautions patients presenting with signs and symptoms of undiagnosed respiratory infections should be:</p> <ul style="list-style-type: none"> • Identified promptly in primary care and emergency departments • Offered a surgical mask • Symptomatic persons who accompany ill patients should also be offered a surgical mask • Encouraged to maintain spatial separation, ideally a distance of approximately 1 metre, from others in common waiting areas <p>Emergency departments and primary care facilities should:</p> <ul style="list-style-type: none"> • Ensure that supplies of tissues, foot operating waste bins and hand hygiene facilities are available in all departments including waiting areas throughout the facility • Educate patients/visitors/carers on Respiratory Etiquette and Cough Hygiene using some or all of the following: <ul style="list-style-type: none"> ❖ Patient information leaflets ❖ Posters in all departments especially waiting areas <p>See Appendix A for respiratory hygiene and cough etiquette poster. The poster can be downloaded from the following website http://www.hpsc.ie/hpsc/A-Z/EmergencyPlanning/AvianPandemicInfluenza/SwineInfluenza/AdvicefortheGeneralPublic/RespiratoryHygiene/</p>

	Key Components	PRECAUTIONS	Key Elements of Clinical Practices and Measures
2.7	Personal Protective Equipment (PPE)	Standard Precautions Droplet Precautions Contact Precautions	<p>The following applies to all settings: GP/Primary care/Ambulance transfer/Hospital</p> <p>Patient should wear:</p> <ul style="list-style-type: none"> ○ A surgical mask when outside their single room <p>HCWs must wear the following for:</p> <p>1. Routine care</p> <ul style="list-style-type: none"> ○ Surgical mask, Plastic Apron/Gown, Gloves (& Goggles if splashing/spraying risk) ○ Replace mask and all PPE if damp, wet or torn <p>2. Aerosol Generating Procedures</p> <ul style="list-style-type: none"> ○ FFP2 or FFP3 mask (correctly fitted), Goggles, Long sleeved disposable gown, Gloves ○ Refer to Aerosol Generating Procedures document and to PPE poster <p>HCWs when putting on and removing PPE must :</p> <ul style="list-style-type: none"> ▪ Put on and remove in the correct sequence (refer to PPE poster) ▪ Remove and dispose of gloves & apron/gown inside the single room ▪ Remove and dispose of mask in the ante room or immediately outside the single room if there is no ante room. Ensure door is closed. ▪ Decontaminate hands immediately after removing PPE <p>Visitors should be:</p> <ul style="list-style-type: none"> ● Kept to a minimum ● Wear a surgical mask in patients room ● Wear gloves and apron/gown if assisting with care or in close physical contact with patient ● Educated on: <ul style="list-style-type: none"> ○ Donning an removing PPE ○ Hand hygiene ○ Respiratory hygiene and cough etiquette

	Key Components		Key Elements of Clinical Practices and Measures
2.9	Patient Care Equipment & Decontamination of Medical Devices	Standard Precautions Droplet Precautions Contact Precautions	<p>In addition to Standard Precautions</p> <ul style="list-style-type: none"> • Dedicate patient care medical devices (e.g., thermometers, sphygmomanometers, stethoscopes, glucometers) to single patient use • Use disposable equipment whenever possible • Manufacturer's instructions should be followed for cleaning and disinfecting of reusable medical equipment after use • Single use items should be disposed of after use • Bedpan/Commodes <ul style="list-style-type: none"> ○ Use a working washer disinfector at 80°C for one minute ○ Dedicate a commode to single patient use if no en suite available ○ Decontaminate commode surface after each patient use with a hypochlorite solution 1000 ppm
2.10	Linen/Laundry	Standard Precautions	<p>No additional precautions necessary</p> <p>As per Standard Precautions all contaminated laundry should be carefully placed in an alginate stitched or water soluble bag and then placed into a laundry bag clearly identified with labels, colour-coding or other methods prior to transport to an approved laundry capable of dealing with contaminated linen</p>
2.11	Management of needle stick injuries (NSI) and blood and body fluid exposure	Standard Precautions	No additional precautions necessary
2.12	Management of Waste	Standard Precautions	<p>No additional precautions necessary for Non Healthcare Risk and Healthcare Risk Waste</p> <p>Dispose of all PPE as Healthcare Risk Waste (e.g. used masks)</p>

	Key Components	STANDARD PRECAUTIONS	Key Elements of Clinical Practices and Measures
2.13	Management spillages of blood and body fluids	Standard Precautions	No additional precautions necessary
2.14	Safe Injection Practices	Standard Precautions	No additional precautions necessary
2.15	Management of sharps	Standard Precautions	No additional precautions necessary

Bibliography

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