

SUBJECT: INTERIM GUIDANCE FOR INFECTION CONTROL FOR CARE OF PATIENTS WITH CONFIRMED OR SUSPECTED NOVEL INFLUENZA A (H1N1) VIRUS	REFERENCE #1003B
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DEPARTMENT: FACILITYWIDE	OF: 6
	EFFECTIVE:
APPROVED BY:	REVISED:

DEFINITIONS:

- Influenza-like illness (ILI) is defined as fever (temperature of 100 degrees F [37.8 degrees C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.
- A confirmed case of novel influenza A (H1N1) virus infection is defined as a person with an influenza-like illness with laboratory confirmed novel influenza A (H1N1) virus infection by one (1) or more of the following tests:
 - Real-time RT-PCR
 - Viral culture
- A probable case of novel influenza A (H1N1) virus infection is defined as a person with an influenza-like illness who is positive for influenza A, but negative for human H1 and H3 by influenza RT_PCR.
- A suspected case of novel influenza A (H1N1) virus infection is defined as a person who does not meet the confirmed or probable case definition, and is not novel H1N1 test negative, and is/has:
 - A previously healthy person less than 65 years of age hospitalized for ILI, *or*
 - ILI and resides in a state without confirmed cases, but has traveled to a state or country where there are one (1) or more confirmed or probable cases, *or*
 - ILI and has an epidemiological link in the past seven (7) days to a confirmed case or probable case
- Close contact is defined as within approximately six (6) feet of an ill person who is a confirmed or suspected case of novel influenza A (H1N1) virus infection.

SUBJECT: INFLUENZA VACCINATION PROGRAM FOR HEALTHCARE PERSONNEL	REFERENCE #1010
DEPARTMENT: FACILITYWIDE	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

_____ Hospital shall offer the influenza vaccine annually to all eligible healthcare personnel (HCP) to protect personnel, patients and family members and to decrease HCP absenteeism.

PROCEDURE:

- Elements of the Program:
 - _____ shall have overall responsibility for the Influenza Vaccination Program for personnel, including
 - Design and implementation of the program
 - Monitoring HCP influenza vaccination coverage and declination at regular intervals during influenza season, and providing feedback of patient care units, departments and specialty-specific rates to personnel and administration
 - Continuous evaluation of the program to increase vaccination rates
 - The level of HCP influenza vaccination coverage shall be used as one measure of the patient safety quality program.
 - As a part of the overall employee health program, all healthcare personnel shall be educated on the following:
 - The benefits of influenza vaccination and the potential health consequences of influenza illness for themselves and their patients
 - The epidemiology and modes of transmission, diagnosis, treatment and non-vaccine infection control strategies, in accordance with their level of responsibility in preventing healthcare-associated influenza
 - Control measures if HCP are not vaccinated (i.e., use of Standard and Transmission-Based Precautions)

SUBJECT: MANAGING INFLUENZA OUTBREAKS	REFERENCE #1015
DEPARTMENT: FACILITYWIDE	PAGE: 1 OF: 7
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

The medical and professional personnel will follow infection control measures to prevent and control influenza transmission in this healthcare facility.

PROCEDURE:

- In addition to influenza immunizations, the following infection control measures, recommended by the CDC, will be followed to prevent person-to-person transmission of influenza and to control influenza outbreaks:
 - A Respiratory Hygiene/Cough Etiquette program will be implemented at the first point of contact with a potentially infected patient/resident to prevent the transmission of all respiratory tract infections, including influenza. The program includes:
 - Posting visual alerts, signs, posters, instructing patients/residents and visitors to inform healthcare personnel if they have symptoms of a respiratory infection.
 - Tissues will be provided to patients/residents and visitors to cover their mouth and nose when coughing and sneezing.
 - Dispensers of alcohol-based hands rubs will be made available to everyone in the facility.
 - Supplies for handwashing will be readily available at all sick locations.
 - Masks will be offered to those persons who are coughing.
 - Healthcare personnel will encourage persons who are coughing to sit at least three (3) feet away from others.
 - Healthcare personnel will observe Droplet Precautions as well as Standard Precautions.

SUBJECT: RESPONSE TO AN INFLUX OF INFECTIOUS PATIENTS	REFERENCE #1016
DEPARTMENT: FACILITYWIDE	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- A healthcare organization must be prepared to deliver care, treatment and services in response to an epidemic or infections that are likely to expand or extend care capabilities over a prolonged period of time. This planned response, in conjunction with the facility's Emergency Operations Plan, is necessary to cope with the possibility of numerous admissions over a prolonged period of time. Examples could include patients with SARS, a pandemic influenza or various forms of bioterrorism. The facility must recognize and contain the spread of infection through a comprehensive, organized plan.
- Infection Control management must stay informed by information available through the local county, state and federal public health agencies. These sources will keep the facility abreast of current trends in the community, emergence of new infections or epidemics. This knowledge will be invaluable to the organization in allowing the facility to immediately activate its response. The Infection Control Department should work in unison with the Chair of the Infection Control Committee so that rapid dissemination of facts can reach the medical personnel, administration and hospital personnel regarding all pertinent developments should the need arise.
- A facility's goals, priorities and resources may dictate the extent of response the facility may have to an influx, or the risk of influx, of infectious patients. Hospitals with Emergency Department facilities will be the first to note an influx of patients with similar symptoms. Emergency Departments will become saturated within a short period of time.
 - Emergency Department personnel should be acutely aware of such trends and act accordingly. The Medical Staff should be prepared to evaluate all hospitalized patients at this point and discharge patients unless they absolutely need to be hospitalized.
- Hospitals without an Emergency Department should be ready to admit non-critical patients from saturated facilities to make rooms available for the admission of infected patients to the ED associated hospitals.
- Hospitals should be prepared to cancel elective admissions, discharge or transfer patients and designate certain floors where the influx of infected patients will be admitted.

SUBJECT: USE OF SURGICAL MASKS AND RESPIRATORS DURING AN INFLUENZA PANDEMIC	REFERENCE #1024
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DEPARTMENT: FACILITYWIDE	OF: 6
	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

Surgical mask and respirator use is one component of a system of infection control practices to prevent the spread of infection between infected and non-infected persons.

POLICY:

- During an influenza pandemic, _____ Hospital shall make available surgical masks and respirators, along with other forms of personal protective equipment (i.e., gloves, gowns, goggles), for use by personnel in conjunction with standard and droplet precautions, respiratory hygiene and cough etiquette, vaccination program, and early diagnosis and treatment of patients.
- If N95 respirators are not available, a surgical mask shall be worn by all personnel providing care, treatment or services to those patients with confirmed or suspected pandemic influenza.

PROCEDURE:

- National Institute for Occupational Safety and Health (NIOSH) certified respirators (N95 or higher) shall be used during activities that have a high likelihood of generating infectious respiratory aerosols, including, but not limited to, the following high-risk situations:
 - Aerosol-generating procedures (i.e., endotracheal intubation, nebulizer treatment, bronchoscopy) performed on patients with confirmed or suspected pandemic influenza
 - Resuscitation of a patient with confirmed or suspected pandemic influenza (i.e., emergency intubation or cardiac pulmonary resuscitation)
 - Providing direct care for patients with confirmed or suspected pandemic influenza-associated pneumonia (as determined on the basis of clinical diagnosis or chest x-ray), who might produce larger-than-normal amounts of respirable infectious particles when they cough