

# Infection Control Recommendations for Swine Influenza in Healthcare Facilities

## Healthcare facility infection control recommendations for swine influenza (SI)

The current swine influenza A/H1N1 outbreak began in Mexico and has since spread to other parts of the world. Human cases have been reported in several countries including New Zealand.

It is critical that healthcare workers use appropriate infection control precautions when providing care to minimise the possibility of transmission of infection to themselves, other healthcare workers, patients and visitors.

As of the date of this document, no efficient human-to-human transmission of A/H1N1 is known to have occurred, and there is no evidence to suggest airborne transmission of A/H1N1 to humans.

### **Important Advice:**

- Use standard and droplet precautions when providing care for patients with acute, febrile, respiratory illness, regardless of whether AI infection is suspected. Facial protection and hand hygiene are the most critical elements of these precautions and should be prioritised.
- Full barrier precautions (standard, contact, and airborne precautions, plus eye protection) should be used, when possible, when working in direct contact with suspected or confirmed AI-infected patients.
- Because the use of airborne precautions may not be feasible in all health-care facilities, minimal requirements when providing care for AI-infected patients should include standard, contact, and droplet precautions, plus eye protection. Elements of airborne precautions should be prioritised and pursued when resources permit.

## Personal protective equipment (PPE) and hand hygiene checklist

- Before entering the patient room or area, put on PPE including:
  - Clean, non-sterile long-sleeved gowns.
  - If cloth gowns are used, a plastic apron should also be used if splashing of blood, body fluids, excretions, or secretions is anticipated.
  - Clean, non-sterile, ambidextrous gloves, which cover the cuffs of the gown.
  - Face shield, visor, or goggles.
  - A particulate respirator that is at least as protective as a US NIOSH-certified N95, EU FFP2, or equivalent respirator. If particulate respirators are not available, use surgical or procedure masks.
- Put on PPE carefully before patient contact to avoid the need for adjustments and to reduce the risk of self-contamination/inoculation.
- Remove PPE carefully to avoid self-contamination / inoculation.
- Perform hand hygiene before and after any patient contact and after contact with contaminated items, whether or not gloves are worn.
  - Perform hand hygiene before putting on PPE, immediately after glove removal, and after taking off all PPE items.
  - Hand hygiene includes either hand washing with soap and water, followed by drying with a clean towel or, preferably, the use of an alcohol-based hand rub.
  - Wash hands with soap and water when they are visibly soiled.

For more details, see **Avian Influenza, including Influenza A (H5N1), in WHO Interim Infection Control Guideline for Healthcare Facilities** available at [http://www.who.int/csr/disease/avian\\_influenza/guidelines/infectioncontrol1/en/index.html](http://www.who.int/csr/disease/avian_influenza/guidelines/infectioncontrol1/en/index.html)

# Healthcare Facility Infection Control Recommendations for Swine Influenza

## KEY ELEMENTS AT A GLANCE

### Basic Infection Control Recommendations for all Healthcare facilities

Standard and droplet precautions when caring for patients with acute, febrile, respiratory illness.

### Respiratory Hygiene / Cough Etiquette

Individuals with respiratory symptoms should cover cough with mask or tissue and perform hand hygiene.

### Early recognition and reporting of cases

Consider possibility of infection in patients with acute, febrile, respiratory illness who have been in an affected region within the 2 weeks prior to symptom onset.

### Isolation precautions for suspected and confirmed AI cases

Place patient in negative pressure room (if available). Full barrier precautions (standard, contact, and airborne) for all persons entering the isolation room.

### Additional measures to reduce nosocomial AI transmission

Limit numbers of healthcare workers / family members / visitors exposed to infected patient

### Specimen collection / transport / handling within healthcare facilities

Use full barrier precautions for specimen collection. Use standard precautions for specimen transport to the laboratory. Healthcare facility laboratories should follow best bio safety practices

### Family member / visitor recommendations

Family members / visitors should be limited to those essential for patient support and should use full barrier precautions.

### Patient transport within Healthcare Facilities

Infected patient should wear surgical mask. Healthcare workers doing transport should wear gowns and gloves.

### Pre-hospital Care

Full barrier precautions for all involved with suspected AI patients

### Waste Disposal

Treat waste possibly contaminated with virus as clinical waste

### Dishes / Eating Utensils

Use standard precautions

### Linen and Laundry

Use standard precautions: avoid shaking linen / laundry

### Environmental Cleaning and Disinfection

The virus can survive in the environment for variable periods of time (hours to days), and is inactivated by standard hospital disinfectants. Clean and disinfect infected patient room at least once a day; frequently touched surfaces should be cleaned more often

### Patient Care Equipment

Dedicate to infected patient. If not possible, clean and disinfect before reuse.

### Duration of Infection Control Precautions

Adults > 13 years: 7 days after resolution of fever  
Children < 12 years: 21 days after symptom onset

### Patient Discharge

If patient is still infectious (ie discharged within the period of AI infection control precautions: see box above), instruct family members on appropriate infection control precautions in the home

### Occupational Health Recommendations

Monitor health of healthcare workers exposed to AI patients. Antiviral prophylaxis should follow local policy. Use of seasonal influenza vaccine should be promoted.

### Healthcare Facility Administrative Controls

Healthcare workers education, training and risk communication. Adequate staffing and PPE.

### Prioritisation of PPE Facility Engineering Controls

Facial protection (eyes, noses, and mouth) and hand hygiene are priorities

### Healthcare Facility Engineering Controls

If single rooms for infected patients are not possible, cohort patients in isolation wards, keeping at least 1 m between beds. Negative pressure rooms for patients, if available.