

**UPDATE**  
**Revised DHMH Infection Control Guidance for H1N1 (Swine) Influenza**

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The Maryland Department of Health and Mental Hygiene (DHMH) recommends the following modifications to the interim infection control guidance previously provided for H1N1 (Swine) Influenza:

**Inpatient Settings and Hospital Emergency Departments**

- Continue to advise patients with fever and acute respiratory symptoms, such as cough or sore throat, to notify the triage nurse immediately. Patients with these complaints should be placed in a single room with closed door if possible, or asked to wait at least 3-6 feet away from other people. The patient should be asked to wear a surgical mask as tolerated and to perform hand hygiene.
- Use STANDARD<sup>1</sup> and DROPLET<sup>2</sup> precautions for routine medical care of patients with confirmed or probable H1N1 influenza, or influenza-like illness (case definitions given at the end of this document). Negative pressure AIIR's and N95 respirators are no longer recommended for routine patient care for patients with H1N1 influenza or influenza-like illness.
- Aerosol-generating procedures (e.g., bronchoscopy, intubation and extubation, and deep open tracheal suctioning) should be performed, when feasible, in a negative pressure airborne infection isolation room (AIIR). Disposable fit-tested N95 respirators and eye protection (goggles or face shield) should be worn by health care personnel performing these procedures.
- The patient should be placed in a private room for medical care whenever possible.
- When being transferred from the emergency room to the inpatient room, and at all times while hospitalized, the patient should wear a surgical facemask when outside the room.
- Health care workers examining, caring for or obtaining nasal, nasopharyngeal or pharyngeal specimens from patients with probable or confirmed swine influenza should wear a surgical facemask.
- Note that if tuberculosis is being considered, the patient should be placed in an AIIR and staff entering the room should wear a fit-tested N95 respirator.
- Hand hygiene is absolutely essential, and should be performed before and after patient care, and before donning and after removal of a surgical facemask. Fit-tested N95 masks and eye protection (goggles) are not necessary, except for aerosol-generating procedures as described above.
- Nebulization treatments for patients with febrile respiratory illness should be provided in a private room with closed door if at all possible, 6 feet apart at a minimum if a private room is not available. If private rooms are limited, reserve the private rooms for patients with febrile respiratory disease. If no private room is available, use a curtain or other barrier between patients who are in the same room when performing nebulization treatments.
- Visitors should be asked to perform hand hygiene before entering and after exiting the patient's room, and advised to wear a surgical facemask while in the room with the patient.

**In Clinics, Medical Offices or other Ambulatory Care Settings**

- Patients with influenza-like illness in outpatient settings should be asked to wear a surgical mask, as tolerated, while being examined and cared for.
- Staff who have close contact, including examining or providing direct medical care for the patient with febrile respiratory illness, should wear a surgical facemask and gloves, and should

ideally put the mask on before entering the room.

- Staff should be instructed to perform hand hygiene, put facemask on first followed by gloves, then when patient care is complete, remove gloves first then facemask, and perform hand hygiene.
- If a nasopharyngeal swab or other respiratory specimen is being collected, the patient should be instructed to remove the facemask briefly for specimen collection, then replace the mask as soon as the specimen is obtained.
- Meticulous hand hygiene should be performed before and after removal of PPE and before and after patient care.

All staff working in hospital medical or office settings should be instructed NOT to work if they are ill. If they become ill while working they should be instructed to go home immediately and follow the facility's employee health policies. While waiting to go home they should be asked to wear a surgical facemask and to sit away from other staff and patients.

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<sup>1</sup>Standard Precautions -- Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. The application of Standard Precautions during patient care is determined by the nature of the healthcare worker-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure. For some interactions (e.g., performing venipuncture), only gloves may be needed; during other interactions (e.g., intubation), use of gloves, gown, and face shield or mask and goggles is necessary.

<sup>2</sup>Droplet Precautions -- Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Use Droplet Precautions as recommended in [HICPAC/CDC Isolation Guideline](http://www.cdc.gov/ncidod/dhqp/gl/isolation.html) found on the CDC website: <http://www.cdc.gov/ncidod/dhqp/gl/isolation.html> for patients known or suspected to be infected with pathogens transmitted by respiratory droplets (i.e., large-particle droplets >5<sub>μ</sub> in size) that are generated by a patient who is coughing, sneezing or talking. Because these pathogens do not remain infectious over long distances in a healthcare facility, special air handling and ventilation are not required to prevent droplet transmission. A single patient room is preferred for patients who require Droplet Precautions. When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). Spatial separation of > 3 feet and drawing the curtain between patient beds is especially important for patients in multi-bed rooms with infections transmitted by the droplet route. Healthcare personnel wear a mask (a respirator is not necessary) for close contact with infectious patient; the mask is generally donned upon room entry. Patients on Droplet Precautions who must be transported outside of the room should wear a mask if tolerated and follow Respiratory Hygiene/Cough Etiquette.

**Sources: World Health Organization, Infection prevention and control in health care in providing care for confirmed or suspected A(H1N1) swine influenza patients, April 29, 2009**

**The City of New York Department of Health and Mental Hygiene, Updated DOHMH Infection Control Recommendations for Influenza H1N1 (Swine-Origin), May 6, 2009**