

SIU Infection Control Policy

Measures for Respiratory Viral Pathogens

To prevent the transmission of all respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person.

1. Visual Alerts

Visual alerts will be posted at the entrance of all SIU Outpatient Clinics instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette. (Appendix 2) Posters are available by calling the Employee Health Nurse, 545-8970.

2. Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- Provide masks.

3. Masking and Separation of Persons with Respiratory Symptoms

Offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 are not necessary for this purpose). Encourage coughing persons to sit at least five (5) feet away from others in common waiting areas.

- Place patient in exam room as soon as possible and close the door.

4. Droplet Precautions

Advise healthcare personnel to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.

5. Flu Vaccination

Flu vaccination is strongly encouraged for all employees.

NOTE: These recommendations are based on the Draft Guidelines for Isolation Precautions: Preventing transmission of Infectious Agents in Healthcare Settings. Recommendation of the Healthcare Infection Control Practices Advisory Committee (HICPAC), CDC.

Appendix – 1

GUIDELINES FOR HANDLING CASES WITH URI SYMPTOMS SUGGESTIVE OF INFLUENZA (including pandemic Swine Influenza H1N1) in SIU CLINICS

If a patient presents with complaints of following symptoms of recent onset:

A. Influenza-like illness: fever >37.8 C (100 F) plus cough or sore throat, or

B. Any two of the following:

1. rhinorrhea or nasal congestion
2. sore throat
3. cough
4. fever or feverishness

STEP 1 – Assess Exposure Risk

Clinicians should consider the possibility of swine influenza virus infections in patient presenting with febrile respiratory illness who

1. Live in an area where human cases of influenza have been identified or,
2. Have traveled to an area where cases of influenza A have been identified or,
3. Have been in contact with ill persons from these areas in the 7 days prior to their illness onset.

STEP 2 – Infection Control in the Clinic:

To prevent spread of infection in the clinic, the following steps are currently recommended by CDC:

1. The ill person should be asked to wear a surgical mask when outside of the patient room.
2. Patient with suspected or confirmed case-status should be immediately escorted to an exam room and the door should be kept closed.
3. The patient should be encouraged to wash hands frequently and follow respiratory hygiene practices. These include: covering the nose/mouth when coughing or sneezing; using tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use; and hand hygiene (e.g., handling washing with antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
4. Standard Droplet and Contact Precautions should be used for all patient care activities, and maintained for 7 days after illness onset or until symptoms have resolved. Maintain adherence to hand hygiene by washing with soap and water or using hand sanitizer immediately after removing gloves and other equipment and after any contact with respiratory secretions.
5. Personnel collecting clinical specimens from suspected or confirmed cases should wear disposable non-sterile gloves, gowns, and eye protection (e.g., goggles) to prevent conjunctival exposure.
6. To prevent spread of the disease, the CDC recommends that patients with milder symptoms should be advised to stay home and drink plenty of fluids.

REFERENCES AND FURTHER INFORMATION:

1. CDC: <http://www.cdc.gov/swineflu/>
2. CDC Guidance for Clinicians and Public Health Professionals:
<http://www.cdc.gov/swineflu/guidance/>
3. CDC Infection Control for Care of Patients in a Healthcare Setting:
http://www.cdc.gov/swineflu/guidelines_infection_control.htm
4. IDPH Swine Flu Information: http://www.idph.state.il.us/flu/swine_flu_mex.htm (also has online instructions and forms for specimen submission)
5. SHEA Position Statement: Interim Guidance on Infection Control Precautions for Novel Swine-Origin Influenza A H1N1 in Healthcare Facilities, distributed by SHEA (Society of Healthcare Epidemiology of America), June 2009.

Appendix-2
2009 Influenza (including H1N1) Management

Isolation Precaution
<ul style="list-style-type: none">• Standard Precautions should be used for all aspects of patient care.• Droplet precautions are used for patients presenting with symptoms suggestive of Influenza (Appendix 1).• Proper hand hygiene should be followed by using antimicrobial soap and water or alcohol-based hand rub.
Personal Protective Equipment (PPE)
<ul style="list-style-type: none">• Isolation/surgical masks are required to enter the patient room.• Respiratory Hygiene/cough etiquette will be followed. (See Measures for Respiratory Viral Pathogens Policy).
Patient Placement
<ul style="list-style-type: none">• Patients should be placed in an exam room when they arrive if possible, or be separated from other patients by at least 5 feet.
Waiting Room
<ul style="list-style-type: none">• If a patient presents with an upper respiratory infection, the receptionist will provide the patient with a tissue, face mask and hand sanitizer.• The patient should be placed in an exam room as soon as possible.
Patient Transport
<ul style="list-style-type: none">• Limit movement to essential medical purposes only.• Place surgical/isolation mask on the patient to minimize dispersal of droplets.
Cleaning, Disinfection of Exam Room
<ul style="list-style-type: none">• Disinfect surfaces with EPA registered, clinic-approved disinfectant (e.g. Renown).• To terminally clean the exam room for confirmed flu cases, follow your usual procedure for contacting Housekeeping.• Handle soiled linen according to Standard Precautions.
Aerosol Generating Procedures
<ul style="list-style-type: none">• N95 respirator, eye protection (i.e. goggles) gown and gloves are required for respiratory suctioning, endoscopic procedures and intubations.