

AVIAN INFLUENZA A (H5N1)
INFECTION CONTROL RECOMMENDATIONS
FOR SUSPECT CASES

San Francisco Department of Public Health
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AVIAN INFLUENZA A (H5N1) INFECTION CONTROL RECOMMENDATIONS FOR SUSPECT CASES

The San Francisco Department of Public Health with the assistance of the San Francisco Infection Control Working Group, the California Department of Health Services, and the CDC has developed the following recommendations for persons who have developed acute respiratory illness following travel to a geographic area¹ where avian influenza A (H5N1) has occurred among birds and/or humans or close contact with a case of avian influenza A (H5N1) and who meet the case definition for avian influenza A (H5N1) infection as described below. These recommendations may be modified as appropriate for individual situations. These recommendations are current as of August 25, 2006. Updates to these recommendations will be posted to our website www.sfdph.org/cdcp. Consult our website for the latest recommendations. Consult the San Francisco Department of Public Health Communicable Disease Control Unit (415) 554-2830, as needed.

CASE DEFINITION for avian influenza A (H5N1) infection (*Either A or B as described below*):

Suspect case = pending laboratory confirmation

Confirmed case = with laboratory identification

A. Hospitalized patients with:

a) Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established,

AND

b) History of travel within 10 days of symptom onset to a country¹ with documented H5N1 avian influenza in poultry and/or humans. For the latest update on geographic areas affected, visit the Web site of the World Organization of Animal Health (OIE) at http://www.oie.int/eng/en_index.htm, OR

c) Work with live influenza H5N1 virus in a laboratory.

OR

B. Hospitalized or Ambulatory patients with:

a) Documented temperature of $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$),

AND

b) One or more of the following: cough, sore throat, shortness of breath,

AND

¹ Visit the OIE website at http://www.oie.int/eng/en_index.htm for current list of affected countries.

c) History of contact with poultry (e.g., touched sick or dead domestic poultry, touched surfaces contaminated with poultry feces, or a bird market in an H5N1-affected country) or contact with a known or suspected human case of influenza A (H5N1) within 10 days of symptom onset; OR

d) Worked with live influenza H5N1 virus in a laboratory

Testing for avian influenza A (H5N1) virus infection is recommended for:

A patient who has an illness that:

- requires hospitalization or is fatal; AND
- has or had a documented temperature of $\geq 38^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$); AND
- has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND
- has at least one of the following potential exposures within 10 days of symptom onset:

- A) History of travel to a country with influenza H5N1 documented in poultry, wild birds, and/or humans,² AND had at least one of the following potential exposures during travel:
- direct contact with (e.g., touching) sick or dead domestic poultry;
 - direct contact with surfaces contaminated with poultry feces;
 - consumption of raw or incompletely cooked poultry or poultry products;
 - direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
 - close contact (approach within 1 meter [approx. 3 feet]) of a person who was hospitalized or died due to a severe unexplained respiratory illness;
- B) Close contact (approach within 1 meter [approx. 3 feet]) of an ill patient who was confirmed or suspected to have H5N1;
- C) Worked with live influenza H5N1 virus in a laboratory.

Testing for avian influenza A (H5N1) virus infection can be considered on a case-by-case basis, in consultation with local and state health departments, for:

- A patient with mild or atypical disease³ (hospitalized or ambulatory) who has one of the exposures listed above (criteria A, B, or C); OR
- A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable, or otherwise suspicious but does not meet the criteria above (examples include: a returned traveler from an influenza H5N1-affected country whose exposures are unclear or suspicious, a person who had contact with sick or well-appearing poultry, etc.)

²Visit the OIE website at http://www.oie.int/eng/en_index.htm for current list of affected countries.

³For Example, a patient with respiratory illness and fever who does not require hospitalization, or a patient with significant neurologic or gastrointestinal symptoms in the absence of respiratory disease.

Specimen Collection and Testing Guidelines:

- Oropharyngeal swab specimens and lower respiratory tract specimens (e.g., bronchoalveolar lavage or tracheal aspirates) are preferred because they appear to contain the highest quantity of virus for influenza H5N1 detection, as determined on the basis of available data. Nasal or nasopharyngeal swab specimens are acceptable, but may contain less virus and therefore not be optimal specimens for virus detection.
- Detection of influenza H5N1 is more likely from specimens collected within the first 3 days of illness onset. If possible, serial specimens should be obtained over several days from the same patient.
- Bronchoalveolar lavage is considered to be a high-risk aerosol-generating procedure. Therefore, infection control precautions should include the use of gloves, gown, goggles or face shield, and a fit-tested respirator with an N-95 or higher rated filter. A loose-fitting powered air-purifying respirator (PAPR) may be used if fit-testing is not possible (for example, if the person has a beard). Detailed guidance on infection control precautions for health care workers caring for suspected influenza H5N1 patients is available.
- Swabs used for specimen collection should have a Dacron tip and an aluminum or plastic shaft. Swabs with calcium alginate or cotton tips and wooden shafts are not recommended. Specimens should be placed at 4°C immediately after collection.
- For reverse-transcriptase polymerase chain reaction (RT-PCR) analysis, nucleic acid extraction lysis buffer can be added to specimens (for virus inactivation and RNA stabilization), after which specimens can be stored and shipped at 4°C. Otherwise, specimens should be frozen at or below -70°C and shipped on dry ice. For viral isolation, specimens can be stored and shipped at 4°C. If specimens are not expected to be inoculated into culture within 2 days, they should be frozen at or below -70°C and shipped on dry ice. Avoid repeated freeze/thaw cycles.
- Influenza H5N1-specific RT-PCR testing conducted under Biosafety Level 2 conditions is the preferred method for diagnosis. All state public health laboratories, several local public health laboratories, and CDC are able to perform influenza H5N1 RT-PCR testing, and are the recommended sites for initial diagnosis.
- Viral culture should NOT be attempted on specimens from patients suspected to have influenza H5N1, unless conducted under Biosafety Level 3 conditions with enhancements.
- Commercial rapid influenza antigen testing in the evaluation of suspected influenza H5N1 cases should be interpreted with caution. Clinicians should be aware that these tests have relatively low sensitivities, and a negative result would not exclude a diagnosis of influenza H5N1. In addition, a positive result does not distinguish between seasonal and avian influenza A viruses.

I. INFECTION CONTROL PRECAUTIONS TO MINIMIZE TRANSMISSION OF AVIAN INFLUENZA A (H5N1) IN THE HEALTHCARE SETTING

Hospitalized patients should be managed with these infection control precautions until 14 days after onset of symptoms unless an alternative diagnosis is established or infection with influenza A (H5N1) has been excluded. Consider extending these infection control precautions for up to 21 days or longer for pediatric or immune-compromised persons suspected or confirmed to have avian influenza A (H5N1); consult with your institution's Infection Control Professional, or Infectious Disease Specialist, or with the San Francisco Department of Public Health Communicable Disease Control Unit at (415) 554-2830, as needed.

In healthcare settings, persons suspected or confirmed to have avian influenza A (H5N1) should be cared for with Standard, Airborne, Contact precautions, and also use Eye Protection, Respiratory Hygiene/Cough Etiquette and Hand Hygiene strategies.

A. GENERAL INFECTION CONTROL RECOMMENDATIONS FOR ALL PEOPLE AT ALL TIMES IN THE HEALTHCARE SETTING

To prevent the transmission of **ALL** respiratory infections, including influenza, in healthcare settings, visual alerts (in appropriate languages) should be posted at entrances instructing patients and persons who accompany them to inform healthcare personnel of symptoms of a respiratory infection when they register for care.

Triage/Initial Assessment

- ✓ Offer a surgical or procedure mask to symptomatic (coughing and/or sneezing) persons (patients and/or visitors) to wear if he or she can tolerate it.
- ✓ Otherwise, instruct the person to cover the mouth and nose when coughing or sneezing.
- ✓ Place the symptomatic person in a single room if possible.
- ✓ Otherwise, separate the symptomatic person at least 3 feet from others.
- ✓ Healthcare workers should wear a surgical or procedure mask when examining a patient with symptoms of a respiratory infection, particularly if fever is present.
- ✓ Hands must be washed before and after caring for the patient.

1. Hand Hygiene/Handwashing/Hand Decontamination

1.1 When hands are visibly dirty or soiled with blood or other body fluids, wash with soap & water. When hands are not visibly soiled, alcohol-based hand rub may be used if soap and water are not easily accessible.

1.2 Decontaminate hands **before**:

- i) Having direct contact with patients
- ii) Donning sterile gloves before sterile procedures
- iii) Moving from a contaminated-body site to a clean-body site during patient care
- iv) Moving from one patient to another
- v) Eating

1.3 Decontaminate hands **after**:

- i) Contact with the patient's blood, body fluids, secretions or excretions, mucous membranes, skin, wound dressings
- ii) Removing gloves
- iii) Removing other Personal Protective Equipment such as masks, gowns, etc.
- iv) Using a restroom or assisting a person using the restroom or diapering

2. Respiratory Hygiene/Cough Etiquette

2.1 The following measures are recommended for all individuals with signs and symptoms of a respiratory infection.

- i) Any person who has a cough should be encouraged to wear a surgical or procedure mask
- ii) Cover the nose/mouth with tissues when coughing or sneezing
- iii) Use tissues to contain respiratory secretions and discard them in the nearest lined waste receptacle
- iv) Perform hand hygiene (e.g., hand washing with soap and water or alcohol-based hand rub) after having contact with respiratory secretions and contaminated objects/materials.
- v) If tissues are unavailable, then all persons who are coughing and/or sneezing should do so by covering the mouth and nose with the upper part of their arm to avoid contaminating their hands

2.2 Healthcare facilities should ensure easy access to and the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas and in patient care areas :

- i) Provide tissues
- ii) 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
- iii) Provide masks (i.e., either surgical masks with ties or procedure masks with ear loops) for people to use when they have a cough
- iv) Provide no-touch trash containers to dispose of items contaminated with respiratory secretions such as tissues or used masks.

3. Gloves

- 3.1 Wear disposable gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin (rash, abrasion, etc.), and contaminated items.
- 3.2 Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
- 3.3 When wearing gloves and working on multiple sites on the same patient, start work with the least contaminated or soiled areas first. Then work toward the most contaminated areas last while changing gloves and washing hands with soap and water in between each area. Hand sanitizer may be used, if hands are not visibly soiled.
- 3.4 Wear disposable gloves (clean, non-sterile gloves are adequate) when handling waste.
- 3.5 Wear disposable gloves when directly handling soiled linen and laundry (e.g., bedding, towels, personal clothing).
- 3.6 If a gown is worn, gloves should cover the cuffs.
- 3.7 Remove gloves before touching non-contaminated items and surfaces
- 3.8 Remove gloves promptly after use.
- 3.9 Change gloves before touching another patient.
- 3.10 Wash hands with soap and water or use hand sanitizer if hands are not visibly soiled immediately after glove removal to avoid transfer of microorganisms to other patients or environments.
- 3.11 After glove removal and hand washing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

4. Patient-care Equipment and Personal Articles

- 4.1 Identify who will be responsible for cleaning and disinfecting the surfaces of patient-care equipment (e.g., IV pumps, ventilators).
- 4.2 Patient-care equipment should be cleaned, disinfected and/or sterilized as per the manufacturer's recommendations.

5. Trash/Waste Disposal

- 5.1 Wear disposable gloves when handling waste.

- 5.2 Dispose of trash in the usual manner.
- 5.3 Wash hands with soap and water or use hand sanitizer if hands are not visibly soiled after removal of gloves.

6. Dishes, Glasses, Cups & Eating Utensils

- 6.1 Wear disposable gloves (clean, non-sterile gloves are adequate) when handling used patient trays, dishes, and utensils.
- 6.2 Wash reusable dishes and utensils in dishwasher with recommended water temperature and detergent.

7. Laundry and Linen

- 7.1 Bring only as much clean linen as needed for use for the shift into the room.
- 7.2 Wear gloves, gown, and mask, as needed, when directly handling soiled linen and laundry (e.g., bedding, towels, personal clothing).
- 7.3 Do not shake or otherwise agitate soiled linen and laundry in a manner that might aerosolize infectious particles.
- 7.4 Wash laundry in the usual manner with care to wear Personal Protective Equipment as noted above.
- 7.5 Wash hands with soap and water or use hand sanitizer if hands are not visibly soiled after removing gloves that have been in contact with soiled linen and laundry.

B. ADDITIONAL INFECTION CONTROL RECOMMENDATIONS FOR PERSONS SUSPECTED OR CONFIRMED TO HAVE AVIAN INFLUENZA A (H5N1) IN THE HEALTHCARE SETTING

1. Hand Hygiene/Handwashing/Hand Decontamination

- 1.1 Wash hands with soap and water or use hand sanitizer if hands are not visibly soiled after contact with persons suspected or confirmed to have avian influenza A (H5N1) and/or environmental surfaces close to the person suspected or confirmed to have avian influenza A (H5N1)
- 1.2 Instruct those in contact with the person suspected or confirmed to have avian influenza A (H5N1) not to touch the mucous membranes of their own nose, eyes, or mouth with potentially contaminated hands.

2. Respiratory Hygiene/Cough Etiquette

- 2.1 Post visual alerts in appropriate languages at the entrance to medical facilities (e.g. emergency departments, physician's offices, outpatient clinics) instructing all patients and the persons accompanying them to inform healthcare personnel when they first register for care about symptoms of a respiratory infection (fever, cough, sore throat or shortness of breath) and/or a history of travel to a country affected by Avian Influenza or exposure to someone who has an H5N1 Avian Influenza infection.
- 2.2 Instruct those suspected or confirmed to have avian influenza A (H5N1) to wear a surgical mask over their nose and mouth at all times while in a healthcare setting if the person is able to tolerate wearing a mask, until the person is placed in an airborne isolation room (if possible), and told by the staff that it is safe to remove the mask.

3. Patient Placement or Isolation

- 3.1 All persons suspected or confirmed to have avian influenza A (H5N1) should not remain in a waiting room but should be taken immediately to an airborne isolation room if possible. An airborne isolation room is a private room that has: 1) monitored negative air pressure in relation to the surrounding areas; 2) 6 to 12 air changes per hour; 3) an ante-room, and 4) appropriate discharge of air to the outdoors or monitored high-efficiency filtration of room air before the air is circulated to other areas in the hospital. Keep the door closed and place a sign on the door warning persons to check with staff prior to entering.
- 3.2 If the number of confirmed and/or suspect cases exceeds the availability of individual airborne isolation rooms, the facility's Infection Control Professional and/or Infectious Disease Specialist may consult the San Francisco Department of Public Health Communicable Disease Control Unit at (415) 554-2830 prior to implementing cohorting.
- 3.3 If an airborne isolation room is not available, place the patient in a private room with HEPA filtration. Keep the door closed and place a sign on the door warning persons to check with staff prior to entering.
- 3.4 If a private room with HEPA filtration is not available, place the patient in a private room at the end of the ventilation circuit. Keep the door closed and place a sign on the door warning persons to check with staff prior to entering.
- 3.5 If a private room at the end of the ventilation circuit is not available, place the patient in a private room. Keep the door closed and place a sign on the door warning persons to check with staff prior to entering.
- 3.6 If no private room is available, direct all persons suspected or confirmed to have avian influenza A (H5N1) to sit as far away as possible (at least 3 feet) from others while wearing a mask.

4. Room Set-Up and Break-Down

- 4.1 For inside the room, designate “clean” and “dirty” areas for Personal Protective Equipment and other supplies.
- 4.2 Maintain a stock of clean patient care and Personal Protective Equipment (PPE) supplies outside the patient’s room.
- 4.3 Decide where contaminated Personal Protective Equipment (gowns, masks, gloves, goggles/face shields) will be placed.
- 4.4 Decide where contaminated linen and laundry will be placed.
- 4.5 Locate receptacles close to the point of use and separate from the clean supplies.
- 4.6 Non-carpeted floors are preferred because they are easier to clean and disinfect.
- 4.7 After the person suspected or confirmed to have avian influenza A (H5N1) vacates the room, the room should remain vacant for the appropriate time according to the number of air changes per hour, usually at least one hour, to allow for a full exchange of air. The room should then have surfaces disinfected prior to placing the next patient in the room. The person cleaning the room should wear an N95 respirator.

5. Patient Transport

- 5.1 Limit the movement and transport of the person suspected or confirmed to have avian influenza A (H5N1) outside the isolation room for medically necessary purposes only.
- 5.2 If transport or movement is necessary, ensure that the person suspected or confirmed to have avian influenza A (H5N1) wears a surgical mask, puts on a clean patient gown, and washes hands with soap and water or uses hand sanitizer if hands are not visibly soiled before leaving the room and has tissues available for respiratory secretion containment during transport.
- 5.3 If a mask cannot be tolerated (e.g., due to the patient’s age or deteriorating respiratory status), apply the most practical measures to contain respiratory secretions such as covering the mouth and nose with tissues or any cloth. Transporters of patients suspected or confirmed to have avian influenza A (H5N1) should wear an N95 mask.
- 5.4 Limit contact between persons suspected or confirmed to have avian influenza A (H5N1) and others by using less traveled hallways and elevators when possible. Limit non-essential personnel/visitors from riding in the same elevator.

6. Gloves

- 6.1 Wear disposable gloves (clean, non-sterile gloves are adequate) when entering the room of persons suspected or confirmed to have avian influenza A (H5N1).

- 6.2 Remove gloves and wash hands with soap and water or use hand sanitizer if hands are not visibly soiled before leaving the room.
- 6.3 Instruct individuals in contact with persons suspected or confirmed to have avian influenza A (H5N1) not to touch the mucous membranes of their own nose, eye or mouth with potentially contaminated hands.
- 6.4 See Appendices A and B for the donning and removing of PPE

7. Respiratory Masks and Equipment

- 7.1 Instruct healthcare workers to wear a respirator (N95 or higher) when entering the room of a person suspected or confirmed to have avian influenza A (H5N1).
- 7.2 Instruct healthcare workers to wear a respirator (N95 or higher) when handling soiled linen and laundry.
- 7.3 See Appendices A and B for the donning and removing of PPE

8. Gowns and Protective Apparel

- 8.1 Wear a gown (a clean, non-sterile gown that fully covers the front torso and arms and ties in the back is adequate) when entering the room if contact with the patient, environmental surfaces, or items in the patient's room is anticipated.
- 8.2 Select a gown that is appropriate for the activity and amount of fluid likely to be encountered.
- 8.3 Remove the gown and wash hands with soap and water or use hand sanitizer if hands are not visibly soiled before leaving the patient's environment.
- 8.4 After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.
- 8.5 See Appendices A and B for the donning and removing of PPE

9. Eye Protection/Face Shield

- 9.1 Eye protectors (face shields or goggles) should be worn when in direct face to face contact with a person suspected or confirmed to have avian influenza A (H5N1) or their environment to protect mucous membranes of the eyes from direct transmission of the virus onto the eye or from indirect transmission from a contaminated hand touching the eye.
- 9.2 If goggles are used, they should fit snugly (but comfortably) around the eyes.

- 9.3 For aerosol-generating procedures (e.g. nebulizer treatments, intubation), a face shield may be worn over goggles to protect exposed areas of the face but should not be worn as a primary form of eye protection for these procedures.
- 9.4 Face shields or masks (see Respiratory Masks and Equipment above) should be worn when in direct face to face contact with a person suspected or confirmed to have avian influenza A (H5N1) or their environment to protect mucous membranes of the nose and mouth from direct transmission of the virus into the nose or mouth and from indirect transmission from a contaminated hand touching the nose or mouth.
- 9.5 See Appendices A and B for the donning and removing of PPE

10. Cleaning and Disinfection of the Environment

- 10.1 Keep cleaning supplies outside the patient room (e.g., in an anteroom or storage area).
- 10.2 Consider using a checklist to promote accountability for the thoroughness of cleaning.
- 10.3 Clean and disinfect patients' rooms at least daily and more often when visible soiling or contamination occurs.
- 10.4 Give special attention to frequently touched surfaces (e.g., bedrails, beside and over-bed tables, TV control, call button, telephone, lavatory surfaces including safety/pull-up bars, doorknobs, commodes, ventilator surfaces) and equipment in the immediate vicinity of the patient, in addition to floors and other horizontal surfaces.
- 10.5 Environmental services personnel should perform all routine and additional cleaning with an EPA-approved disinfectant.
- 10.6 Environmental services personnel should wear Gloves, Masks, Gowns and Eye protection as indicated in this document.
- 10.7 If use of carpeted rooms cannot be avoided, steam cleaning should be done on a routine basis and when the carpet becomes soiled. Personnel should wear the recommended PPE.
- 10.8 Environmental services personnel should be trained in proper procedures for the use and removal of Personal Protective Equipment (PPE) and of importance of hand hygiene. See Appendices A and B for the donning and removing of PPE.

11. Patient-care Equipment and Personal Articles

- 11.1 When possible, dedicate the use of non-critical patient-care equipment (such as stethoscopes, disposable blood pressure cuff, thermometers, etc.) to a single person suspected or confirmed to have avian influenza A (H5N1) to avoid sharing between patients.

- 11.2 If use of common equipment or items is unavoidable, then adequately clean and disinfect them according to the manufacturer's recommendation before use on another patient.
- 11.3 Keep areas around the patient free of unnecessary supplies and equipment to facilitate daily cleaning.

12. Vaccination of Healthcare Workers against Human Influenza

Healthcare Workers should be vaccinated with the most recent seasonal human influenza vaccine annually. This measure will reduce the likelihood of a healthcare worker being potentially co-infected with human and avian strains, and may also prevent the healthcare worker from spreading the human strain to the patient.

13. Surveillance and Monitoring of Health Care Workers

- 13.1 Instruct health care workers to be vigilant for the development of fever (i.e., measure temperature daily before reporting to work) or other symptoms for 10 days after the last exposure to avian influenza infected patients. Appendix D is a sample of a monitoring tool.
- 13.2 Health care workers who become ill should seek medical care and, prior to arrival, notify their health care provider that they may have been exposed to avian influenza. In addition, employees should notify Occupational Health and Infection Control Personnel, and/or other appropriate departments at their facility.
- 13.3 With the exception of visiting a health care provider, health care workers who become ill should be advised to stay home and seek medical care as noted above, unless an alternative diagnosis is established or diagnostic tests are negative for influenza A (H5N1).
- 13.4 While at home, ill persons should practice good respiratory hygiene to lower the risk of transmission of virus to others in addition to the Infection Control Precautions for the Home Setting (see Section II).

14. Visitors

- 14.1 Restrict visitors to a minimum.
- 14.2 Instruct all visitors about Standard, Airborne, Contact precautions, and Eye Protection, Respiratory Hygiene/Cough Etiquette and Hand Hygiene strategies, and on the use of Personal Protective Equipment as detailed in this section and on the proper donning and removal of PPE. See Appendices A and B for the donning and removing of PPE
- 14.3 Instruct all visitors to wear disposable gloves (clean, non-sterile gloves are adequate) when entering the room of persons suspected or confirmed to have avian influenza A (H5N1).

- 14.4 Instruct all visitors to remove gloves and wash hands with soap and water or use hand sanitizer if hands are not visibly soiled before leaving the room.
- 14.5 Instruct visitors in contact with persons suspected or confirmed to have avian influenza A (H5N1) not to touch the mucous membranes of their own nose, eye or mouth with potentially contaminated hands.
- 14.6 Instruct all visitors to wear a surgical or procedure mask when entering the room of a person suspected or confirmed to have avian influenza A (H5N1) and to ensure that the mask fits snugly while covering the nose and mouth.
- 14.7 Instruct all visitors to wear a gown (a clean, non-sterile gown that fully covers the front torso and arms and ties in the back is adequate) when entering the room.
- 14.8 Instruct all visitors to remove the gown and wash hands with soap and water or use hand sanitizer if hands are not visibly soiled before leaving the patient's environment.
- 14.9 After gown removal, instruct all visitors to ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.
- 14.10 Instruct all visitors to wear eye protectors (face shields or goggles) when in direct face to face contact with a person suspected or confirmed to have avian influenza A (H5N1) or their environment to protect mucous membranes of the eyes from direct transmission of the virus onto the eye or from indirect transmission from a contaminated hand touching the eye.
- 14.11 If goggles are used, they should fit snugly (but comfortably) around the eyes.
- 14.12 For aerosol-generating procedures (e.g. nebulizer treatments, intubation), all visitors should be instructed to leave the room and to remove their Personal Protective Equipment in accordance with Appendices A and B. Visitors who are later allowed to re-enter the room after the aerosol-generating procedure is completed should be instructed to put on a new set of Personal Protective Equipment as noted in this section.

II. INFECTION CONTROL PRECAUTIONS TO MINIMIZE TRANSMISSION IN THE HOME SETTING

For persons suspected or confirmed to have avian influenza A (H5N1) who can be managed at home (e.g., patients managed as outpatients or hospitalized patients discharged prior to 14 days after the onset of symptoms), infection control precautions for the home setting should be maintained until 14 days after the onset of symptoms, unless an alternative diagnosis is established or infection with influenza A (H5N1) has been excluded. For pediatric or immune-compromised persons suspected or confirmed to have avian influenza A (H5N1) these infection control precautions may need to be maintained for 21 days or longer; consult an Infection Control Professional or the San Francisco Department of Public Health Communicable Disease Control Unit at (415) 554-2830, as needed.

Follow the infection control precautions in the home setting as described below:

1. Ill Person's Placement or Home Isolation

- 1.1 Patients should not have contact with non-infected people inside and outside the home and should not go to work, school, out-of-home childcare, or other public areas until 14 days after the onset of symptoms, except when necessary.
- 1.2 Separate the person suspected or confirmed to have avian influenza A (H5N1) from other people in the household to the extent possible. Use a separate room and bathroom if available.
- 1.3 Limit (to 1 or 2) the number of persons in the household who are essential for support of the person suspected or confirmed to have avian influenza A (H5N1). Other household members should either be relocated, if possible, or should minimize contact with the patient in the home.
- 1.4 Friends and relatives should not visit until at least 14 days after the onset of the ill person's fever or respiratory symptoms. Children and immune-compromised persons may have to have an extended period of 21 days or longer without visitors.
- 1.5 While still symptomatic at home, the person suspected or confirmed to have avian influenza A (H5N1) should have their meals brought to them in their room.

2. Transport

- 2.1 Persons suspected or confirmed to have avian influenza A (H5N1) should not leave their home and should not go to work, school, out-of-home childcare, or any public areas except for medical appointments or other emergencies until at least 14 days after the first onset of fever and/or respiratory symptoms (cough, shortness of breath).
- 2.2 If the person suspected or confirmed to have avian influenza A (H5N1) must leave the home, he or she should wear a surgical/ procedure mask at all times while outside the home and should avoid crowds and minimize contact with other people as much as

possible. The person suspected or confirmed to have avian influenza A (H5N1) should inform the receiving location of the expected arrival time. If an ambulance is used, ambulance personnel should be informed that the ill person is suspected or confirmed to have avian influenza A (H5N1). Do not use public transportation for these situations.

3. Hand Hygiene/Handwashing/Hand Decontamination

- 3.1 Household members should wash their hands with soap and water when hands are visibly dirty or visibly soiled with blood or other body fluids.
- 3.2 When hands are not visibly soiled, use an alcohol-based (60% - 95%) hand rub or wash with soap and water.
- 3.3 Wash hands **before**:
 - i) Having direct contact with the person suspected or confirmed to have avian influenza A (H5N1)
 - ii) Moving from an open or dirty body site to a clean body site while providing care to the person suspected or confirmed to have avian influenza A (H5N1)
 - iii) Preparing food
 - iv) Eating
- 3.4 Wash hands **after**:
 - i) Each gloved or ungloved contact with the person suspected or confirmed to have avian influenza A (H5N1). (This may include, but is not limited to contact with respiratory (lung or nasal) secretions, blood and other body fluids (stool, urine, wound drainage, etc.), skin, nose, eyes, mouth or other moist body parts, or wound dressings)
 - ii) Each gloved or ungloved contact with inanimate objects or environmental surfaces in the immediate vicinity of the person suspected or confirmed to have avian influenza A (H5N1)
 - iii) Removing gloves
 - iv) Using a restroom or assisting a person using the restroom or diapering
 - v) Leaving the room of a person suspected or confirmed to have avian influenza A (H5N1)
- 3.5 Individuals in contact with the person suspected or confirmed to have avian influenza A (H5N1) should be instructed not to touch their own nose, eyes, or mouth with unwashed hands.

4. Respiratory Hygiene/Cough Etiquette

- 4.1 Each person suspected or confirmed to have avian influenza A (H5N1) should be advised to cover his or her mouth and nose with a facial tissue when coughing or sneezing.

- 4.2 Persons suspected or confirmed to have avian influenza A (H5N1) should wear a surgical mask when in the same room as uninfected persons.
- 4.3 Uninfected persons should wear surgical masks when in the same room as the person suspected or confirmed to have avian influenza A (H5N1).
- 4.4 Masks should fit snugly around the face and should not be touched or handled during use.
- 4.5 Wash hands after contact with the mask or other respiratory secretions.
- 4.6 Keep the ill person's room well ventilated as much as possible.

5. Gloves

- 5.1 Wear disposable gloves (clean, non-sterile gloves are adequate) when touching the respiratory secretions, blood, body fluids, eyes, mouth or nose, skin, or contaminated items of the person suspected or confirmed to have avian influenza A (H5N1).
- 5.2 Wear disposable gloves (clean, non-sterile gloves are adequate) when entering the room of the person suspected or confirmed to have avian influenza A (H5N1).
- 5.3 Wear disposable gloves (clean, non-sterile gloves are adequate) when handling waste from the room of the person suspected or confirmed to have avian influenza A (H5N1).
- 5.4 Wear disposable gloves (clean, non-sterile gloves are adequate) when directly handling soiled linen and laundry (e.g., bedding, towels, personal clothing) of a person suspected or confirmed to have avian influenza A (H5N1).
- 5.5 Wear disposable gloves (clean, non-sterile gloves are adequate) when handling the unwashed dishes and utensils of the person suspected or confirmed to have avian influenza A (H5N1).
- 5.6 Immediately after activities involving contact with body fluids, gloves should be removed and discarded and hands should be washed.
- 5.7 If a gown is worn, gloves should cover the cuffs.
- 5.8 Remove gloves and discard them before touching non-contaminated items and surfaces.
- 5.9 Remove gloves and discard them before leaving the room.
- 5.10 If a gown is worn, remove it as indicated in Appendix B "Sequence for removal of Personal Protective Equipment".
- 5.11 Remove gloves and discard them promptly after use.

- 5.12 Always wash hands immediately after removing gloves.
- 5.13 Gloves are not intended to replace proper hand washing.
- 5.14 Gloves should never be washed or reused.

6. Respiratory Masks and Equipment

- 6.1 Persons suspected or confirmed to have avian influenza A (H5N1) should wear a surgical mask over their nose and mouth at all times while uninfected people are present in their room.
- 6.2 A person suspected or confirmed to have avian influenza A (H5N1) should wear a surgical mask over their nose and mouth at all times when outside his or her home.
- 6.3 If the person suspected or confirmed to have avian influenza A (H5N1) is unable to wear a surgical mask, household members should wear surgical masks when in the same room as the person suspected or confirmed to have avian influenza A (H5N1).
- 6.4 Masks should fit snugly around the face and should not be touched or handled during use.

7. Cleaning and Disinfection of the Environment

- 7.1 Environmental surfaces in the kitchen, bathroom, and bedroom and any other surfaces that are frequently touched (e.g. doorknobs) by the person suspected or confirmed to have avian influenza A (H5N1) or are soiled with body fluids should be cleaned at least daily with a household disinfectant according to the manufacturer's instructions, or use 1 part of regular household bleach mixed with 9 parts of water made fresh daily. Note the concentration Please note that bleach may be corrosive on some surfaces or fabrics.
- 7.2 Keep areas in which bleach is used well-ventilated.
- 7.3 Household utility gloves should be worn during the cleaning process and set aside for this specific purpose.

8. Patient-care Equipment

Clean and disinfect patient-care or medical equipment according to the manufacturer's instructions. If it cannot be cleaned, put it inside a plastic bag prior to removal from room.

9. Household Trash/Waste Disposal

Household waste soiled with respiratory secretions or other body fluids, including facial tissues and surgical masks should be placed in leak-proof garbage bags for disposal with other household waste. Wear disposable gloves when handling waste and wash hands after removal of gloves.

10. Dishes, Glasses, Cups & Eating Utensils and Other Personal Hygiene Items

- 10.1 Persons suspected or confirmed to have avian influenza A (H5N1) and other household members should not share unwashed eating utensils and dishes.
- 10.2 Persons suspected or confirmed to have avian influenza A (H5N1) and other household members should not share toothbrushes and other personal hygiene items.
- 10.3 Dishes and utensils should be washed with hot water and any commercial dishwashing detergent after use by the person suspected or confirmed to have avian influenza A (H5N1). Disposable plates or eating utensils are not necessary.

11. Laundry and Linen

- 11.1 The soiled clothes, bed linens, towels of the person suspected or confirmed to have avian influenza A (H5N1) should not be shared with well household members.
- 11.2 Gloves should be worn, if possible when handling soiled laundry
- 11.3 Care should be used when handling soiled laundry to avoid direct contact of skin and/or clothing with contaminated material.
- 11.4 Do not shake or agitate linens as this may aerosolize infectious particles.
- 11.5 Linens should be washed with any commercial laundry product.
- 11.6 Dry clothing in a heated dryer. If a heated dryer is not available, clothes should be washed in hot water with detergent and/or bleach and be dried in direct sunlight, if possible.
- 11.7 Wash hands or use hand sanitizer after contact with soiled linens and after removal of gloves.


12. Household contacts

- 12.1 Household members or other close contacts of persons suspected or confirmed to have avian influenza A (H5N1) who develop fever or respiratory symptoms should seek healthcare evaluation.
- 12.2 When possible, inform the healthcare provider that the household member is a close contact to a person suspected or confirmed to have avian influenza A (H5N1) before going to the doctor's office or emergency department.
- 12.3 Healthcare providers who see symptomatic household contacts of persons suspected or confirmed to have avian influenza A (H5N1) should immediately notify the Communicable Disease Control Unit of the San Francisco Department of Public Health by calling (415) 554-2830.

- 12.4 The household member/close contact of the person suspected or confirmed to have avian influenza A (H5N1) who develops fever or respiratory symptoms (sore throat, cough, shortness of breath) should be isolated in the hospital or at home as appropriate to their clinical condition with the same isolation precautions contained in this document pending confirmatory studies.
- 12.5 At this time, in the absence of fever or respiratory symptoms, household members or other close contacts of possible influenza A (H5N1) patients should follow the respiratory hygiene/cough etiquette and hand hygiene guidelines contained in this document when they are outside the home.

APPENDIX A


Sequence for Donning Personal Protective Equipment

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.</p> <p>1. GOWN</p> <ul style="list-style-type: none"> Fully cover torso (from neck to knees, arms to end of wrists), and wrap around the back Fasten in back of neck and waist <p>2. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> Secure ties or elastic bands at middle of head and neck Fit flexible band to secure fit edge Fit snug to face and below chin Fit checked respirator <p>3. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> Place over face and eyes and adjust to fit <p>4. GLOVES</p> <ul style="list-style-type: none"> Extend to cover wrist of isolation gown 	<p>El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario; por ejemplo, equipo estándar y de Contacto o de Aislamiento de Infección transmitida por gotas por el aire.</p> <p>1. BATA</p> <ul style="list-style-type: none"> Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y doblela alrededor de la espalda Asegure por detrás a la altura del cuello y la cintura <p>2. MÁSCA EN O RESPIRADOR</p> <ul style="list-style-type: none"> Asegure las correas o la banda elástica en la mitad de la cabeza y en el cuello Ajuste la banda flexible en el puente de la nariz Acomódela en la cara y por debajo del mentón Verifique el ajuste del respirador <p>3. GAFAS PROTECTORAS O CRISTAL</p> <ul style="list-style-type: none"> Colóquelas sobre la cara y los ojos y ajústelas <p>4. GUANTES</p> <ul style="list-style-type: none"> Extienda los guantes para que cubran la parte del puño en la bata de aislamiento
<p>USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION</p> <ul style="list-style-type: none"> Keep hands away from face Limit surface contact Change gloves when torn or heavily contaminated Perform hand hygiene 	<p>UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE A SÍ MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN</p> <ul style="list-style-type: none"> Mantenga las manos alejadas de la cara Limite el contacto con superficies Cambie los guantes si se rompen o están demasiado contaminados Realice la higiene de las manos

<http://www.cdc.gov/ncidod/sars/pdf/ppeposter148.pdf>

APPENDIX B

Sequence for Removing Personal Protective Equipment

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.</p> <p>1. GLOVES</p> <ul style="list-style-type: none"> Outside of glove is contaminated Grasp outside of glove with opposite gloved hand; peel off Hold removed glove in gloved hand Slide fingers of ungloved hand under remaining glove at wrist Peel glove off over first glove Discard gloves in waste container <p>2. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> Outside of goggles or face shield is contaminated To remove, handle by head band or ear pieces Place in designated receptacle for reprocessing or in waste container <p>3. GOWN</p> <ul style="list-style-type: none"> Close front and sleeves are contaminated Unlace ties Roll away from neck and shoulders, touching inside of gown only Turn gown inside out Fold or roll into a bundle and discard <p>4. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> Front of mask/respirator is contaminated — DO NOT TOUCH! Grasp bottom, free top ties or elastics and remove Discard in waste container 	<p>Con la excepción del respirador, quite el PPE en la entrada de la puerta o en la antecámara. Quite el respirador después de salir de la habitación del paciente y de cerrar la puerta.</p> <p>1. GUANTES</p> <ul style="list-style-type: none"> El exterior de los guantes está contaminado Agrape la parte exterior del guante con la mano opuesta en la que está la mano puesta al guante y quite el Deslice el guante que se quitó con la mano enguantada Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca Quite el guante de manera que acabe cubriendo al primer guante Arroje los guantes en el recipiente de desechos <p>2. GAFAS PROTECTORAS O OJETA</p> <ul style="list-style-type: none"> El exterior de las gafas protectoras o de la ojeta está contaminado Para quitárselas, tómelas por la parte de la banda de la cabeza o de las piezas de las ojetas Colóquelas en el recipiente designado para reprocessar materiales o de materiales de desecho <p>3. BATA</p> <ul style="list-style-type: none"> La parte delantera de la bata y las mangas están contaminadas Desate los cordones Elavando, sujete el interior de la bata, pásela por encima del cuello y de los hombros Voltee la bata al revés Dóblela o enróllala y deséchela <p>4. MÁSCARA O RESPIRADOR</p> <ul style="list-style-type: none"> La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE! Agrepe o agarre la parte de abajo (año los cordones o banda elástica de arriba) y por último quite la máscara o respirador Arrojela en el recipiente de desechos
PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE	EFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL

<http://www.cdc.gov/ncidod/sars/pdf/ppeposter148.pdf>

APPENDIX C

City and County of San Francisco

San Francisco Department of Public Health



Gavin Newsom
 Mayor

Communicable Disease Control and Prevention
Communicable Disease Control Unit
 101 Grove Street, Room 408
 San Francisco, CA 94102-4505

Phone: (415) 554-2830
 Fax: (415) 554-2848
<http://www.sfdph.org>

Avian Influenza Infection Control Recommendations Checklist

Date of Recommendations: _____ CDCU Staff Member: _____
 Name of Facility: _____ Contact Person(s): _____
 Address: _____
 Contact Phone Number(s): (415) _____ Date of verbal review with facility contact person: ___/___/___

Date Recommended	Date implemented	Recommendation
	<u>ongoing</u>	Nursing units should immediately report any residents or staff members with symptoms of avian influenza A (H5N1) to the infection control practitioner or nurse manager. New cases should be recorded daily using a case log . (see attached)
		Notify the medical director.
		Notify the local health department and the Licensing and Certification district office with jurisdiction over your facility.
		Post signs, in appropriate language(s), to alert staff and visitors not to enter if they have respiratory symptoms such as fever, cough, shortness of breath.
		Post signs, in appropriate language(s), to enforce handwashing with soap and water, or use of alcohol based hand rub when hands are not visibly soiled, upon entering and leaving the facility.
		Exclude non-essential personnel from entering residents' rooms.
		Make hand sanitizer available if hand washing sinks are not easily accessible.
		Cancel or postpone group activities until diagnosis is confirmed or H5N1 is ruled out.
		Limit new admissions until diagnosis is confirmed or H5N1 is ruled out. If new admissions are necessary, admit residents to an unaffected unit or to a unit that has separate ventilation circuit.
		Arrange to have resident transferred to an acute care hospital if there are available beds. When transferring an ill resident, put a surgical/procedure mask on the resident, if tolerated. Otherwise, cover the ill resident's mouth and nose with a piece of tissue during transport. Ambulance workers and staff should wear N95 masks during transport. Others should wear a surgical/procedure mask when in the same transport vehicle.
		If acute care beds not available, maintain airborne and contact precautions, assign the same staff to the ill residents, if possible, until a diagnosis is made.
		Confine symptomatic (fever, cough, sore throat, shortness of breath) residents to their rooms.

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Recommendations, continued

Date Recommended	Date implemented	Recommendation
		Move the resident to a single bedded room with negative pressure or room equipped with a HEPA filter, or at the end of the ventilator circuit if possible. Put the resident on airborne and contact isolation precautions and keep the door closed. Persons entering the room must wear N95 mask, gown, gloves, and eye protection (goggles or face shield).
		Ill residents must stay in their rooms for their meals. Utensils, cups, plates and serving trays can be cleaned using dish washer with a detergent as routine. Separation of service items is not necessary.
		Consult with the local health department about laboratory testing. <u>WE ARE REQUESTING PHARYNGEAL AND NASOPHARYNGEAL SAMPLES FOR STATE TESTING FOR H5N1. CALL THE ABOVE SFDPH STAFF TO ARRANGE.</u>
		Environmental staff must wear the N95 mask, gown, gloves, and eye protection when entering the room for routine cleaning. Remove and discard before leaving the room, and wash hands with soap and water. See Appendix A & B of the SF Avian Flu Infection Control Recommendations for the sequence of Putting on and Taking off Personal Protective Equipment.
		Use EPA approved disinfectant when cleaning. If possible, leave cleaning of ill resident's room last. Otherwise, cleaning material, mop head, and water must be changed after cleaning ill resident's room and laundered before use again. If possible, dedicate cleaning equipment to the ill resident or residents with similar symptoms.
		Trash inside the ill resident's room must be contained in a leak proof plastic container and discard in general waste stream.
		Dedicate the use of patient-care equipment to a single resident or among similarly symptomatic residents. If the use of common equipment or items is unavoidable, then adequately clean and disinfect equipment before use on another resident as per manufacturing's instruction.
		Care should be taken when handling used laundry or linen; minimize shaking or agitation. Laundry can be washed in washer with detergent and dry in hot dryer. Sorting/Separation of laundry from ill resident is not necessary.
		Laundry staff must wear N95 mask, gloves, gown and eye protection when handling soiled laundry.
		Require symptomatic staff to stay home until symptom-free for 10 days. Request ill family members to avoid visiting the facility until symptom-free for 10 days.
		Discontinue "floating" staff from the affected unit to non-affected units, if possible.

Other Follow Up

- CEIP notification date: _____
- Facility has a copy of most recent San Francisco Department of Public Health, Avian Influenza Infection Control Recommendation. If not, date provided: _____ (see attachment)
- Licensing and Certification - notification date: _____
- Provide updates to CDCU staff regarding newly identified cases at least _____
 - Daily 2 x per week Weekly until 6 days after last person is no longer infectious
- Environmental Health – notification date:

Sample

APPENDIX D
San Francisco Department of Public Health
AVIAN INFLUENZA A (H5N1) INFECTION CONTROL RECOMMENDATIONS
SELF MONITORING LOG SHEET for HEALTHCARE WORKERS

NAME: _____ Institution/Facility: _____

DOB: _____ Institution/Facility 24 Hour Contact Number to report symptoms: _____

Date of FIRST EXPOSURE: _____ First Day of Monitoring (1 day after first exposure): _____

DATE OF LAST EXPOSURE: _____ Last Day of Monitoring (Date of last exposure plus 10 days): _____

DATE	DAY SINCE LAST EXPOSURE	TEMPERATURE (check daily prior to going to work)		COUGH (Yes/No)	Sore Throat (Yes/No)	SHORTNESS OF BREATH (Yes/No)	NOTES/ COMMENTS
		TIME	TEMP in Degrees				

- Notes:**
1. If you develop any of the above symptoms while working, contact your supervisor and call the 24 Hour Contact Number to report symptoms.
 2. If you develop any of the above symptoms while not working, contact your medical provider and call the 24 Hour Contact Number to report symptoms. Do NOT report to work until cleared by your medical provider.
 3. If no symptoms develop by the last day of monitoring, please return this sheet to your Supervisor.
 4. This form may be reproduced or it can be downloaded at: <http://www.sfcdep.com/index.cfm?id=61>