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APPENDIX C

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 <b>case log</b> . (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 visitor not to enter if 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 there are available beds. When transferring an ill resident, if the ill resident can tolerate, put a surgical/procedure mask on the resident. Otherwise, cover the ill resident's mouth and nose with a piece of tissue while in transport, and others 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. 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).



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Recommendations, continued

Date Recommended	Date implemented	Recommendation
		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.
		<b><u>Consult with the local health department about laboratory testing. WE ARE REQUESTING NASOPHARYNGEAL SAMPLE FOR STATE TESTING FOR H5N1. CALL THE ABOVE SFDPH STAFF TO ARRANGE.</u></b>
		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 symptoms-free for 10 days. Request ill family member 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: \_\_\_\_\_