

All healthcare facilities should follow the infection control guidance in the section Basic Infection Control Principles for Preventing the Spread of Pandemic Influenza in Healthcare Settings

The following guidance is intended to address setting-specific infection control issues that should also be considered.

Hospitals

a) Detection of persons entering the facility who may have pandemic influenza

- Post visual alerts (in appropriate languages) at the entrance to hospital outpatient facilities (e.g., emergency departments, outpatient clinics) instructing persons with respiratory symptoms (e.g., patients, persons who accompany them) to:
 - Inform reception and healthcare personnel when they first register for care, and
 - Practice respiratory hygiene/cough etiquette (see www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm). Sample visual alerts are available on CDC's SARS website: <http://www.cdc.gov/ncidod/hip/INFECT/RespiratoryPoster.pdf>
- Triage patients calling for medical appointments for influenza symptoms:
 - Discourage unnecessary visits to medical facilities.
 - Instruct symptomatic patients on infection control measures to limit transmission in the home and when traveling to necessary medical appointments.

As the scope of the pandemic escalates locally, consider setting up a separate triage area for persons presenting with symptoms of respiratory infection. Because not every patient presenting with symptoms will have pandemic influenza, infection control measures will be important in preventing further spread.

- During the peak of a pandemic, emergency departments and outpatient offices may be overwhelmed with patients seeking care. A "triage officer" may be useful for managing patient flow, including deferral of patients who do not require emergency care.
- Designate separate waiting areas for patients with influenza-like symptoms. If this is not feasible, the waiting area should be set up to enable patients with respiratory symptoms to sit as far away as possible (at least 3 feet) from other patients.

b) "Source control" measures to limit dissemination of influenza virus from respiratory secretions

- Post signs that promote respiratory hygiene/cough etiquette in common areas (e.g., elevators, waiting areas, cafeterias, lavatories) where they can serve as reminders to all persons in the healthcare facility. Signs should instruct persons to:
 - Cover the nose/mouth when coughing or sneezing.
 - Use tissues to contain respiratory secretions.
 - Dispose of tissues in the nearest waste receptacle after use.
 - Perform hand hygiene after contact with respiratory secretions.Samples of visual alerts are available on CDC's SARS website: <http://www.cdc.gov/ncidod/hip/INFECT/RespiratoryPoster.pdf>
- Facilitate adherence to respiratory hygiene/cough etiquette by ensuring the availability of materials in waiting areas for patients and visitors.
 - Provide tissues and no-touch receptacles (e.g., waste containers with pedal-operated lid or uncovered waste container) for used tissue disposal.
 - Provide conveniently located dispensers of alcohol-based hand rub.

- Provide soap and disposable towels for handwashing where sinks are available.
- Promote the use of masks and spatial separation by persons with symptoms of influenza.
 - Offer and encourage the use of either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties or elastic) by symptomatic persons to limit dispersal of respiratory droplets.
 - Encourage coughing persons to sit as far away as possible (at least 3 feet) from other persons in common waiting areas.

c) Hospitalization of pandemic influenza patients

- Patient placement
 - Limit admission of influenza patients to those with severe complications of influenza who cannot be cared for outside the hospital setting.
 - Admit patients to either a single-patient room or an area designated for cohorting of patients with influenza.
- Cohorting
 - Designated units or areas of a facility should be used for cohorting patients with pandemic influenza. During a pandemic, other respiratory viruses (e.g., non-pandemic influenza, respiratory syncytial virus, parainfluenza virus) may be circulating concurrently in a community. Therefore, to prevent cross-transmission of respiratory viruses, whenever possible assign only patients with confirmed pandemic influenza to the same room. At the height of a pandemic, laboratory testing to confirm pandemic influenza is likely to be limited, in which case cohorting should be based on having symptoms consistent with pandemic influenza.
 - Personnel (clinical and non-clinical) assigned to cohorted patient care units for pandemic influenza patients should not “float” or otherwise be assigned to other patient care areas. The number of personnel entering the cohorted area should be limited to those necessary for patient care and support.
 - Personnel assigned to cohorted patient care units should be aware that patients with pandemic influenza may be concurrently infected or colonized with other pathogenic organisms (e.g., *Staphylococcus aureus*, *Clostridium difficile*) and should adhere to infection control practices (e.g., hand hygiene, changing gloves between patient contact) used routinely, and as part of standard precautions, to prevent nosocomial transmission.
 - Because of the high patient volume anticipated during a pandemic, cohorting should be implemented early in the course of a local outbreak.
- Patient transport
 - Limit patient movement and transport outside the isolation area to medically necessary purposes.
 - Consider having portable x-ray equipment available in areas designated for cohorting influenza patients.
 - If transport or movement is necessary, ensure that the patient wears a surgical or procedure mask. 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. Patients should perform hand hygiene before leaving the room.
- Visitors
 - Screen visitors for signs and symptoms of influenza before entry into the facility and exclude persons who are symptomatic.
 - Family members who accompany patients with influenza-like illness to the hospital are assumed to have been exposed to influenza and should wear masks.
 - Limit visitors to persons who are necessary for the patient's emotional well-being and care.
 - Instruct visitors to wear surgical or procedure masks while in the patient's room.

- Instruct visitors on hand-hygiene practices.

d) Control of nosocomial pandemic influenza transmission

- Once patients with pandemic influenza are admitted to the hospital, nosocomial surveillance should be heightened for evidence of transmission to other patients and healthcare personnel. (Once pandemic influenza is firmly established in a community this may not be feasible or necessary.)
- If limited nosocomial transmission is detected (e.g., has occurred on one or two patient care units), appropriate control measures should be implemented. These may include:
 - Cohorting of patients and staff on affected units
 - Restriction of new admissions (except for other pandemic influenza patients) to the affected unit(s)
 - Restriction of visitors to the affected unit(s) to those who are essential for patient care and support
 - If widespread nosocomial transmission occurs, controls may need to be implemented hospital wide and might include:
 - Restricting all nonessential persons
 - Stopping admissions not related to pandemic influenza and stopping elective surgeries