



Otago
District Health Board
Poari Hauora-ā-rohe ki Ōtāgo

Key Information

to support

Infection Prevention and Control

of

Influenza A H1N1

HAND HYGIENE/CHIRP

Good hand hygiene is vital for infection control.

Frequent use of Hand Gel has been shown to prevent the spread of infections by reducing viral load.

- If your hands are visibly contaminated you **MUST** wash them with soap and water.

Hand washing with soap and water for 20 seconds followed by 20 seconds of drying with a clean towel is the **best way** of reducing the spread of viral infections.

NB: Hand Gel is shown to be very effective in killing micro organisms such as

- Influenza
- MRSA
- *E. Coli*
- *Clostridium difficile*

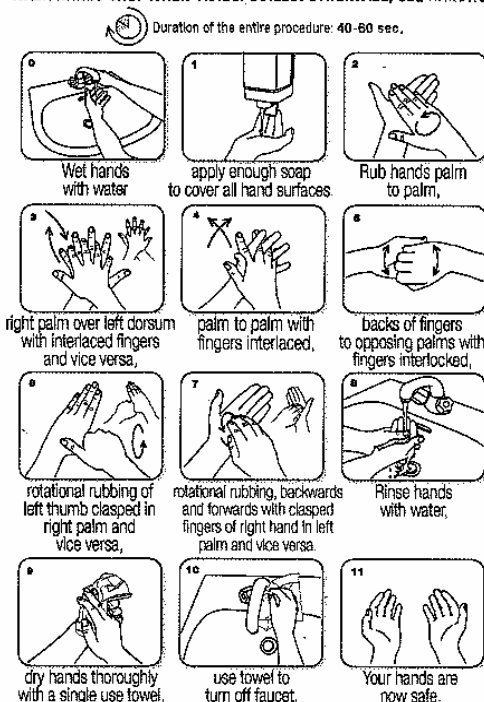
How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS ONLY WHEN VISIBLY SOILED!



How to handwash?

WASH HANDS ONLY WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB!



CHIRP – People can be their own best protection against this illness

Cover your mouth when you cough, with your elbow or a tissue

Hands – wash them often

Isolate yourself by maintaining a personal space of 1.5 m and stay at home if you are sick

Reducer germs in your home and workplace by cleaning with disinfectant

Prepare yourself and your family by creating an emergency plan and influenza kit.

Case Definitions for Infection with Swine Influenza A (H1N1) Virus

Ministry of Health, NHCC, 1st May 2009, 1310 hrs

Confirmed case

A confirmed case of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection by one or more of the following tests:

- real-time RT-PCR
- viral culture
- four-fold rise in swine influenza A(H1N1) virus specific neutralising antibodies

Probable case

A probable case of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness with an influenza test that is positive for influenza A, and has developed symptoms within 7 days of travel to an area of concern

OR

A probable case of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness with an influenza test that is positive for influenza A, and is considered to be a close contact of a probable or confirmed case

Suspected case

A suspected case of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness who has developed symptoms within 7 days of travel to an area of concern

OR

A suspected case of swine influenza A (H1N1) virus infection is defined as a person with an acute respiratory illness who is considered to be a close contact of a probable or confirmed case.

Close contact

Close contact is defined as having cared for, lived with, or had direct contact with respiratory secretions or bodily fluids of a probable or confirmed case.

Acute respiratory illness

For the purpose of these case definitions, an acute respiratory illness is defined as:

- Recent onset of at least 2 of the following:
 1. Rhinorrhoea or nasal congestion
 2. Sore throat
 3. Cough
 4. Fever or feverishness

OR

- Influenza-like illness: fever $>37.8^{\circ}\text{C}$ plus cough or sore throat

Area of concern

An area of concern is any country so defined by the Ministry of Health

Diagnostic testing for A/H1N1 (swine) influenza

Person with an acute respiratory illness defined as:

Recent onset of at least 2 of the following:

- Rhinorrhoea or nasal congestion
- Sore throat
- Cough
- Fever

OR

- Influenza-like illness with fever $>37.8^{\circ}\text{C}$ plus cough or sore throat

Suspected case of influenza A (H1N1) is a person

- with acute respiratory illness who has developed symptoms within 7 days of travel to an area of concern

OR

- has an acute respiratory illness (above) and who was a close contact of probable or confirmed case of swine influenza

Notify Public Health South Medical Officer of Health at (Dunedin) 476-9800 who will advise on need for viral testing

Wearing appropriate personal protective equipment, collect the following specimens

1. Nasopharyngeal or combined nasopharyngeal/throat swabs. Place swabs into viral transport medium (see protocol for collecting swabs)
2. Blood for serology. Place 10 ml blood into gold-topped tube. Send convalescent specimen in 2 weeks.

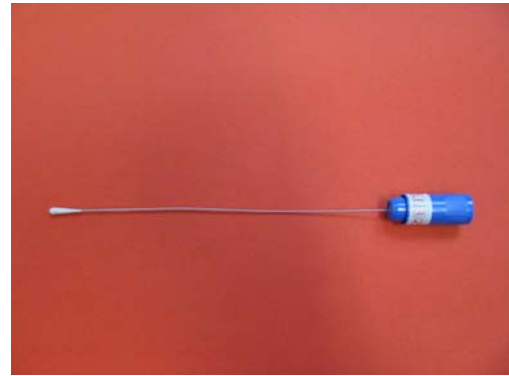
Ensure all specimens are double-bagged

On specimen form clearly state “suspected swine influenza” and “notified to Medical Officer of Health”

Inform laboratory that specimens are coming

Transport to laboratory promptly

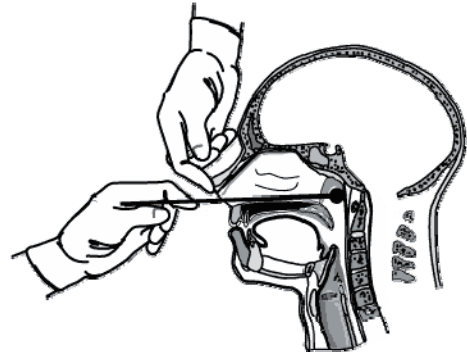
Instructions for taking specimens for suspected swine (H1N1) influenza



Remove blue-tipped nasopharyngeal swab (NPS) from packet. Discard the black media

Insert swab into one nostril, parallel to the palate, rotate gently and advance until resistance is felt (one eye often waters when swab is in correct position).

Press swab tip on the mucosal surface of the mid-inferior portion of the inferior turbinate (see diagram), leave in place for a few seconds, and then slowly withdraw with a rotating motion.



Take virus transport medium (VTM) tube from packet containing the green swab

Place NP swab into the virus transport media

Viral swab and VTM

Ideally, both a nasopharyngeal and a throat swab (viral) should be collected. If collecting throat swab as well, cut the wire of the NPS and place swab tip into VTM. Then take throat swab with the green-tipped swab. Place this swab in the same VTM. Squeeze the sponge in the base of the swab tube to ensure the VTM is in contact with the swab(s)

CASES OF INFLUENZA A H1N1

If you have a suspected case of Influenza A H1N1:

1. Isolate affected patient immediately
2. Institute contact and airborne precautions
(see information sheets **NB: N95 mask to be used**)
3. Follow diagnosis process
4. Notify the IPC via the telephone and complete an isolation notification
 - "Isolation Notification" form is on the intranet home page
 - Remember to click on "Check NHI" button
 - Complete details -> airborne + contact + eye protection
 - Click send button
5. Continue isolation for adult patient until 7 days after fever, for children patients under 12 should ideally remain in isolation until 21 days after onset of illness

Notes:

- If the symptomatic patient is in a 4-bed room, remove patient to a single negative pressure room
- Order a terminal clean of the vacated bed space
- Do not admit to that room until all other patients in that room are symptom free of respiratory secretions
- Order a terminal clean of the single room when isolated patient is discharged. Note: Negative pressure room must be closed for 1 hour prior to terminal clean

Cleaning Contact Details:

Tracer 6292, Monday to Friday, 6am – 11pm

Out of hours contact Duty Coordinator – tracer 6527

Infection Prevention and Control – Jo Stodart 027 113 4631

Insert:

1. Donning PPE
2. Removing PPE
3. Airborne Precautions
4. Contact Precautions

EXAMPLE OF DOOR SIGNAGE

Write in 'YES'/'NO' or '✓'/'X' in the Right hand column to indicate what applies

(Write Isolation Type In Here) AIRBORNE & CONTACT	Checked by: (IPCT)	
	Dated: (IPCT)	
Can Go to Communal Areas		NO
Can Go To Out-Patient Departments		NO
Can Use A Communal Bathroom		NO
<ul style="list-style-type: none">• ALL Visitors to Report to Nurses Station First• ALL Visitors Please See This Patient Last Can Have Visitors		YES WITH POSSIBLE RESTRICTIONS
Face Mask		YES – N95
Disposable Gloves		YES
Full Sleeved Gown		YES
Eyewear		YES
Can Have Door Open		NO
Additional Comments &/or Precautions		

VISITING

Visiting is strictly

2pm – 8pm

In all wards except the:

- Neo-natal Intensive Care Unit, and
- Adult Intensive Care and High Dependency Units

Where visiting is by appointment only.

Special arrangements can be made for parents with children in our wards and the partners or essential support people for women in our Queen Mary Maternity Centre.

HAND CARE

When entering the hospital	While at work	When leaving the hospital
Use soap & water to wash hands at the closest hand wash facility to the entrance before you go in the lift	Normal hand washing practise Moisturise	Use soap & water to wash hands at the closest hand wash facility to the entrance before you go in the lift

Skin Care advice

- ✓ Always wet hands before applying soap
- ✓ Use the right soap for the right task
- ✓ Rinse hands well
- ✓ Pat dry, rather than wipe
- ✓ Use gel (if you can) whenever indicated
- ✓ Ensure finger webs, under rings, etc are dry (do not wear jewellery other than wedding band)
- ✓ Apply hand cream before starting work, at every break, before going to bed and **as often as you can**
- ✓ Cover cuts, scratches and any skin breaks with impermeable dressing
- ✓ Always use appropriate gloves:
 - At home when washing dishes and using cleaning products
 - Outside in the cold
 - Gardening
 - Any other time your hands can be exposed to water / irritants

Frequent use of a skin moisturizer helps to:

- ✓ Rehydrate your skin with natural oils and moisture
- ✓ Decrease bacterial shedding
- ✓ Reduce skin micro bacterial count

Recommended alternative skin care products:

- ✓ Emulsifying ointment
- ✓ Lipobase hand cream
- ✓ Aqua Care hand cream

These can be ordered from the hospital pharmacy.

Useful Information for Staff

Influenza A (H1N1) Swine Flu

The following websites are useful information sites for staff to access if you would like more information on Influenza A (H1N1) Swine Flu.

www.otagodhb.govt.nz (Otago District Health Board)

www.moh.govt.nz/moh (Ministry of Health)

www.who.int (World Health Organisation)

www.cdc.gov (Centre for Disease Control)

Staff Advisory's provide a summary of information for staff to access and these are released on a regular basis via the email system. They are also accessible via the Otago District Health Board website.