

**DHMH Interim Screening Guidelines For Healthcare Facilities including Health Care Facilities, Clinics, and Medical Offices (May 4, 2009)**

1. The goal of the current recommendations is to provide HCFs with interim guidance related to screening of staff, visitors and patients presenting to the facility.
2. Objective:
  - a. To protect staff and patients from exposure to H1N1 Swine flu.
3. Three key components of facility contingency plans for mitigation and response to potential threats from Swine Flu:
  - a. *Avoid contact* through surveillance/screening activities;
  - b. *Containment*: placement of infectious patients in proper negative pressure isolation and or Cohorting; limiting infectious visitors and staff from entering the facility;
  - c. *Limit Exposure*: use of proper PPE.
4. **Implementation of Facility Contingency Plans:**
  - a. Facilities should be reviewing their plans and assessing their capability and capacity to institute these plans.
  - b. Should be applied and adopted as needed:
    - i. Given the epidemiological and clinical information known concerning Swine flu for the facilities' location;
    - ii. The relative importance, contribution and value of the facility to the provision of healthcare in a given region.
  - c. The recommendations:
    - i. Represent a spectrum of mitigation actions and interventions;
    - ii. Factors affecting the applications of these recommendations include:
      1. Presence of community illness and disease:
        - a. Communities with reported and or widespread illness/disease;
        - b. Communities with no or very limited illness/disease;
          - i. Application may be applied according to known epidemiological links;
      2. Epidemiological links to identify potentially infectious threats may be lost requiring application to all individuals entering the facility with fever and respiratory symptoms.
5. **All recommendations for Respiratory Hygiene and Etiquette should be initiated at the first point of contact for all potentially infected visitors, staff and patients presenting to the facility including:**
  - a. Educational materials: signage at entry points for visitors and staff;
  - b. Facemasks;
  - c. Hand washing or hand gel if soap and water are not available;
6. **Patients:**
  - a. **All patients entering the facility should be screened at all potential points of entry including:**
    - i. Emergency Department:
      1. Signs and staff "greeter/screeners";
      2. EMS notification of arrival with patients having respiratory symptoms and fever;

- ii. Clinic appointments:
  1. Phone screening when requesting appointments;
  2. Screening upon arrival;
- b. Symptomatic patients presenting with fever and respiratory symptoms should be promptly segregated and assessed.
  - i. Negative pressure isolation room;
  - ii. Facemask (especially when patients are moved from negative pressure rooms);
  - iii. Consider:
    1. Cohorting in-patient care locations;
    2. Establishing flu only corridors or pathways for the movement of infectious patients;
  - iv. Limit staff exposure by:
    1. Donning appropriate PPE (N-95 respirator);
    2. Assigning limited number of staff to work with these patients or in the cohort areas;

## 7. Management of Visitors

- a. Visitors may have been in contact with sick individuals (out of or in hospital) or have community exposure;
- b. Screening activities:
  - i. Schedule and control visiting times for visitors;
    1. Visitors should be asked about influenza-like illness symptoms (fever and respiratory symptoms) before entering the hospital;
      - a. Consider phone screening;
      - b. Symptomatic visitors:
        - i. Should not be permitted to enter the facility;
        - ii. Be advised to see their healthcare provider;
    2. PPE for visitors (e.g., masks) should be appropriate for and determined by the clinical status of the patients they are visiting;
    3. Limit visitor movement within the facility;

## 8. Healthcare Personnel

- a. *Hospital administration should:*
  - i. *Review Continuity of Operations/Business Plans* regarding workforce sustainment and contingencies for increased staff absences;
  - ii. *Establish clear policies* related to approved and unexcused absence; pay and benefits as well as expectations during the pandemic;
  - iii. *Ensure staff have access to appropriate PPE such as fit-tested N95 respirators when indicated;*
  - iv. *Encourage self monitoring* by all staff for illness;
  - v. *Educate and inform staff that there are no penalties for self reporting of illness and absences;*
- b. All healthcare personnel should self monitor for signs and symptoms of febrile respiratory illness;
- c. Healthcare personnel who develop symptoms should be instructed:
  - i. Not to report to work, or
  - ii. If at work,
    1. Cease patient care activities;
    2. Notify;

- a. Their supervisor;
- b. Infection control personnel;
- c. Employee Health;
- d. Their Healthcare provider;
- d. Asymptomatic personnel may continue to work and should be encouraged to self monitor for illness;
- e. *Asymptomatic unprotected exposed staff* may continue to work if started on chemoprophylaxis <http://www.cdc.gov/h1n1flu/recommendations.htm>;
- f. *Special Considerations*:

Pregnant Healthcare Providers (see DHMH Interim Guidance and Recommendations)