

# Reducing Risk of Transmission of H1N1

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# Fairview Health System

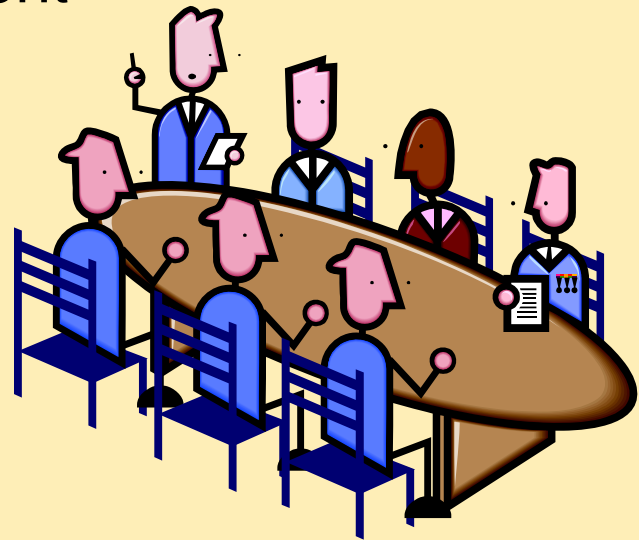
- Approximately 18,000 employees
- Health System located throughout MN
  - Minneapolis (University of Minnesota Medical Center)
  - Edina (Fairview Southdale Hospital)
  - Burnsville (Fairview Ridges Hospital)
  - Princeton (Fairview Northland Medical Center)
  - Wyoming (Fairview Lakes Medical Center)
  - Redwing (Fairview Redwing Medical Center)
  - Maple Grove (Fairview Maple Grove Medical Center)
  - Hibbing (Fairview University Medical Center – Mesabi )

# Initial Response

- Initial meeting with Infection Prevention, Safety, Employee Health, Administration
- System Incident Command Center
  - Open for 1 week
- System Infection Prevention Committee ongoing oversight

# Incident Command

- Infection Prevention
- Employee Occupational Health
- Safety
- Emergency Management
- Human Resources
- Communications
- Administration
- Operations
- Pharmacy
- Materials



# Challenges

- N95 for HCW's caring for suspected, probable, confirmed H1N1
- Identification of Cases
- Exposure Follow ups
- Employee Surveillance
- Communication
- Education



# First Challenge – N95's

- Fit Testing previously focused on hospital staff –
  - Clinics and ambulatory staff need fit testing
- Supply of N95
  - Companies with competing contracts
  - Stock of multiple types require multiple fit tests
  - Private stashes

# PAPR

## Powered Air Purifying Respirator

- Initially No PAPR use
- End of week PAPR
  - Clinics did not have PAPR
  - Staff needed education on PAPR
- PAPR supplies

# Conference with MDH

- Frequent teleconference between MDH and infection prevention
- Decision to move to Droplet Mask with Contact for general patient care of H1N1 patients.
- Respirators only for aerosolizing procedures.

# Modified Droplet

- Minnesota Department of Health (MDH)
  - Droplet with Contact Precautions
  - Mask with Face Shield
  - Gloves
  - Gowns for inpatients
  - HCW Pregnancy reassign
  - N95 Aerosolizing Procedures



# Modified Droplet Isolation

*(Interim MDH Recommendations)*



- Place patient in private room, keep door closed
- Staff entering the room must do the following:
  - Apply surgical mask with face shield (N95 not required)
  - Use Standard Precautions when performing patient care
  - On exiting room:
    - Remove barriers
    - Perform hand hygiene
- **Pregnant or Immunocompromised health care workers**
  - **Do not enter room**
  - **If room entry required, wear a respirator – N95 with faceshield or PAPR**
- Patient transport
  - Patient wears surgical mask if leaving room

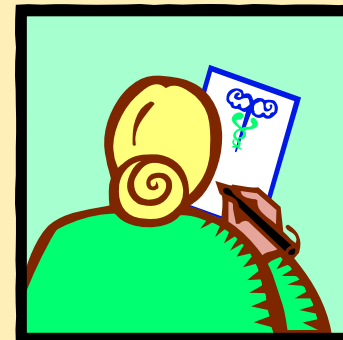
**If performing an aerosol generating procedure**

- Examples — Intubation, extubation, nebulizer treatments, bronchoscopy, suctioning
- Wear N95 respirator and visor, or PAPR (NOT a regular mask)

**Visitors: must be instructed by patient's nurse before entering room**

## 2. Identification of Cases

- Rapid Influenza A tests
  - Some false positive
  - More false negatives
- False negatives removed from Isolation
  - Exposure Follow ups



# Rapid Tests

- April 30, 2009 to July 10, 2009
  - 35 patients suspected
    - 10 Rapid A Positive
    - 23 Rapid A Negative
    - 2 No Rapid Tests Completed



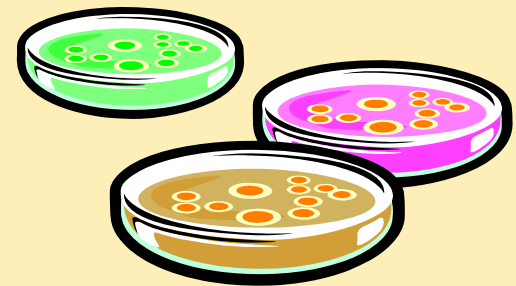
# Positive Rapid Tests to H1N1 PCR

- 10 Rapid A Positive
  - 7 confirmed H1N1
  - 2 Negative
  - 1 Not sent for confirmatory testing
  - 70% accurate



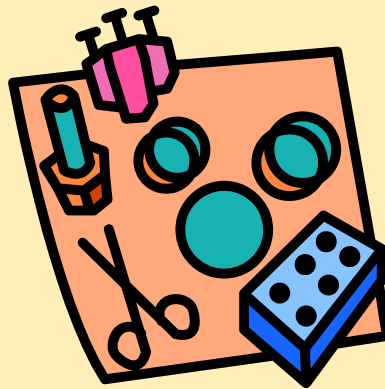
# Negative Rapid Tests to H1N1 PCR

- 23 Rapid A Negative Tests
  - 5 tested positive H1N1 PCR
  - 16 confirmed negative
  - 1 tested positive for seasonal influenza
  - 1 testing not performed
  - 69.5% accurate



# Additional H1N1 specimens

- 2 additional specimens sent to MDH for testing
  - Neither had rapid testing done at Fairview
  - 1 was negative
  - 1 did not have testing completed



# 3. Exposure Follow ups

- False Negatives
  - Provider confidence in testing
  - Multiple Exposure follow up
  - 100+ employees
  - Antiviral recommendations
    - Only high risk employees

# Rapid Testing Stopped

- Rapid testing stopped July 11, 2009
  - False Negatives
  - False sense of security
  - Missed Cases
  - Exposure follow ups
  - Lag in test results



# Mandatory Modified Droplet

- All patients with respiratory illness
  - Pneumonia
  - Asthma exacerbation
  - Influenza Like Illness
  - Testing sent in to the MDH if met criteria
- Decreased Exposures



# 4. Employee Surveillance

- Voluntary Reporting
  - Union Contracts
- Following CDC
- 7 days off or until symptom free



# 5. Communication



- Fluid situation
- Continual change of information
- Multiple changes within short periods of time
- Multiple agencies with information
- State and County Health Alert Networks
- Email – Pros and Cons

## 6. Education for Staff

- H1N1 Intranet website for staff
- Format for Official Emails to help identify correct information
- Posters and rounding for clarification

