

ATTACHMENT D: INFECTION CONTROL AND ISOLATION AT HOME

Infection Control and Isolation in the Home

Many, if not most patients with novel or pandemic influenza, will be managed in the home setting. They and their caregivers will need to observe careful infection control and isolation precautions in order to protect those in the home who are uninfected.

For patients with suspected novel or pandemic influenza: (1) who are managed as outpatients, or (2) who have been hospitalized, but discharged less than 14 days following the onset of symptoms (in the case of novel influenza) or less than 5 days following the onset of symptoms (in the case of pandemic influenza), the following infection control and isolation procedures should be followed in order to protect the well persons:

1. Limit contact between infected and not-infected persons:
 - a. Physically separate the patient with influenza from non-ill persons living in the home as much as possible. If more than one person in the home has influenza, all ill persons can share the same room. Ideally the patient(s) with influenza should have their own room with windows that open to increase air circulation.
 - b. Patients should not leave the home during the period when they are most likely to be infectious (5 days after onset of symptoms and potentially longer). When travel outside the home is necessary (e.g. for medical care), the patient should cover the mouth and nose when coughing and sneezing and should wear a mask.
 - c. As much as is possible, one person in the home should be the designated caregiver and all others should limit contact to the extent possible.
 - d. If contact between infected and not-infected individuals cannot be avoided (e.g., during transport in a car), place a surgical or procedure mask over the nose and mouth of the ill person and open the windows to increase air circulation.
2. Contain infectious respiratory secretions of the ill:
 - a. All persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should:
 - i. Cover nose and mouth when coughing or sneezing.
 - ii. Use tissues to contain respiratory secretions.
 - iii. Dispose of tissues in the nearest waste receptacle after use.
 - iv. Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.
3. Protect the well persons with personal protective equipment (PPE) and hand hygiene:
 - a. Persons caring for individuals suspected to be infected with influenza in the home can protect themselves by doing the following:
 - i. Wear a surgical or procedure mask when in close contact (< 3 feet) with an infectious person. Masks should be changed and discarded when they become moist. Wash hands or use alcohol based hand rub after touching or discarding a mask.
 - ii. Wear gloves if there is likely to be contact with respiratory secretions. Discard gloves immediately after use.
 - b. Hand hygiene
 - i. If hands are visibly soiled, wash them with warm water and soap.
 - ii. If hands are not visibly soiled, used an alcohol-based hand rub (these products are preferred over soap and water in this situation because they don't dry the skin).

- iii. Perform hand hygiene after contact with a person who may be ill, after removing mask or gloves, or after touching items or surfaces that may be soiled.
- c. Promote air circulation and keep environmental clean.
- d. Good air circulation has been shown to decrease the chance of spreading respiratory viruses.
 - i. When caring for patient in the home, place patient in their own room with an operable window. Keep window open as the climate permits, and if necessary use a fan to circulate the fresh air.
 - ii. UV radiation can kill influenza virus. Open the shades and allow sunlight into the room.
- e. Waste disposal
 - i. Tissues and other waste used by or for the ill person should be placed in a bag and disposed of with other household waste.
- f. Linen and laundry
 - i. Laundry may be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linen and laundry used by a patient with influenza from other household laundry. Care should be used when handling soiled laundry (i.e. avoid “hugging” the laundry) to avoid self-contamination. Hand hygiene should be performed after handling soiled laundry.
- g. Dishes and utensils
 - i. Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap. Separation of eating utensils for use by a patient with influenza is not necessary.
- h. Environmental cleaning and disinfection
 - i. Influenza can survive on environmental surfaces for up to eight hours so hand contact with surfaces which may be contaminated by persons caring for an influenza patient should be followed by careful hand hygiene. Environmental surfaces in the home can be cleaned by washing with soap or detergent and water and allowing to dry.

The attached “Home Isolation Checklist” should be given to patients with novel or pandemic influenza that are being managed at home and to assist them in following these practices.

HOME ISOLATION CHECKLIST

A person with influenza may continue to be infectious (able to spread illness) for at least 5 and up to 14 days after the first day they had symptoms. Please follow this checklist to help limit the spread of illness in your home.

1. Limit physical contact between those with influenza and those without.

- √ The ill household member(s) with influenza needs to be physically separate from non-ill persons living in the home. Pick one room in the house where the ill person(s) can stay for their entire infectious period. If more than one person in the home has influenza, all ill persons can share the same room. The ideal room for ill person(s):
 - has windows that open to increase air circulation,
 - gets natural light (UV light can kill influenza virus),
 - has a door that closes,
 - has a bathroom attached or nearby so the ill person isn't sharing bathroom space with those who aren't ill.
- √ One person in the home should be the designated caregiver; all others should have limited to no contact. The designated caregiver can bring meals, beverages and medicines to the room of the ill person.
- √ Ill persons should not leave their room or the home during the period when they are most likely to be infectious (5 days after onset of symptoms and potentially longer). When travel outside the home is necessary (e.g. for medical care), the ill person should cover the mouth and nose when coughing and sneezing and should wear a mask.
- √ If contact between infected and not infected cannot be avoided (e.g. during transport in a car), place a surgical or procedure mask over the nose and mouth of the ill person (or the well persons if the ill person cannot tolerate a mask), and open the windows to increase air circulation.

2. Contain the respiratory secretions of the ill. All persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should:

- √ Cover their nose and 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 and contaminated objects/materials

3. Protect the well persons with personal protective equipment (PPE) and hand hygiene.

The primary caregiver, or anyone who cannot avoid contact with the ill household member, can protect themselves by:

- √ Wear a surgical or procedure mask when in close contact (< 3 feet) with an infectious person. Masks should be changed and discarded when they become moist. Wash hands or use alcohol based hand rub after touching or discarding a mask.
- √ Wear gloves if there is likely to be contact with respiratory secretions. Discard gloves immediately after use.
- √ If hands are visibly soiled, wash them with warm water and soap.
- √ If hands are not visibly soiled, use an alcohol-based hand rub (these products are preferred over soap and water in this situation because they don't dry the skin). Clean hands after contact with a person who may be ill, after removing mask or gloves, or after touching items or surfaces that may be soiled.

4. Keep environment clean.

- √ Tissues used by the ill person and other waste should be placed in a bag and disposed of with other household waste.
- √ Laundry may be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linen and laundry used by a patient with influenza from other household laundry. Care should be used when handling soiled laundry (i.e. avoid “hugging” the laundry) to avoid self-contamination. Clean hands after handling soiled laundry.
- √ Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap. Separation of eating utensils for use by a patient with influenza is not necessary.
- √ Environmental surfaces in the home can be cleaned using normal procedures. An EPA registered hospital disinfectant can be used according to manufacture’s instructions, but is not necessary. There is no evidence to support the widespread disinfection of the environment or the air.

5. Prevent illness among household members.

- √ Persons who have not been exposed to pandemic influenza and who are not essential for patient care or support should not enter the home while persons are actively ill with pandemic influenza.
- √ Household members should monitor closely for the development of influenza symptoms and contact a telephone hotline or medical care provider if symptoms occur.