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From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Guidance on Limitation of Visitors and Preventing Introduction of H1N1 in VHA Health Care Facilities During the 2009 H1H1 Influenza Pandemic

To: Network Director (10N1-23)

1. The purpose of this memorandum is to provide guidance for facilities to use in their efforts to ensure a safe health care environment. Influenza and other respiratory viruses are easily transmitted from person to person. Taking measures to decrease the risk of transmission is particularly important in the health care setting where many persons are already sick and/or highly susceptible to complications due to infection.
2. The United States is now experiencing widespread illness from 2009 H1N1 influenza. While the severity of disease associated with this influenza strain appears similar to seasonal influenza, specific subgroups, such as pregnant women and children, appear to be particularly vulnerable to more severe infection. For the protection of patients, staff, and visitors, it is critical that the number of persons who may easily transmit infection to others be minimized.
3. The following definitions are provided:
  - a. Acute respiratory illness (ARI) is defined as an illness that has arisen within the preceding two (2) weeks and is accompanied by two or more of the following: fever or feeling feverish, cough, rhinorrhea/coryza, diffuse achiness, sore throat and headache.
  - b. Severe immunosuppression can be due to a variety of conditions, including congenital immunodeficiency, human immunodeficiency virus (HIV) infection, leukemia, lymphoma, generalized malignancy, or therapy with alkylating agents, antimetabolites, radiation, or large amounts of corticosteroids. For some of these conditions, all affected persons will be severely immunocompromised. For others, such as HIV infection, the spectrum of disease severity due to disease or treatment stage will determine the degree to which the immune system is compromised. The responsibility for determining whether a patient is severely immunocompromised ultimately lies with the physician.<sup>1</sup>
  - c. Staff includes, but is not limited to, paid employees, without compensation (WOC) staff, volunteers, trainees, students, and contractors

<sup>1</sup> Adapted from: Recommendations of the Advisory Committee on Immunization Practices (ACIP): Use of vaccines and immune globulins in persons with altered immunocompetence. MMWR 1993;42 (No. RR-4) <http://www.cdc.gov/mmwr/preview/mmwrhtml/00023141.htm>

4. The facility directors are responsible for:
  - a. Ensuring appropriate resources are available for hand and respiratory hygiene at facility entrances and at the entrance and within clinical areas;
  - b. Ensuring that signage is posted at entrances noting the facility visitation restrictions and the importance and practice of hand and respiratory hygiene;
  - c. Ensuring that access to health care and other VHA resources remains available to VA beneficiaries.
  
5. Facilities should perform the following actions:
  - a. Staff with an ARI are directed to remain home and away from work until well for at least 24 hours.
  - b. Health care providers suspected or confirmed to have 2009 H1N1 infection working with severely immunocompromised patients must avoid close contact (within 6 feet) with severely immunocompromised patients for at least seven (7) days after the onset of an ARI and be well for a minimum of 24 hours before resuming contact with these patients.
  - c. Patients with an ARI should be identified rapidly. After identification, patients should be instructed to perform hand hygiene and don a surgical mask. Facilities are encouraged to educate patients with an ARI in proper performance of hand and respiratory hygiene and ensure that the appropriate supplies are available.
  - d. Patients should perform hand hygiene is to be performed on entering the facility, entering a patient care area, and entering a patient room. Patients must also perform hand hygiene when exiting any patient care area or room. Patients are encouraged to perform hand hygiene upon leaving the facility.
  - e. All reasonable efforts should be made to place patients with an ARI in a private room as rapidly as possible.
  - f. Inpatients are to be cared for within a private room (airborne infection isolation room, AIIR, preferred, if available). If no private room is available, inpatients strongly suspected/confirmed with 2009 H1N1 influenza may be placed together in a shared room. It is suggested that a physical barrier, such as an isolation curtain, be drawn between potentially contagious patients to provide separation.<sup>2</sup>

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<sup>2</sup> Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>

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- g. If feasible and if greater numbers of patients with suspected and confirmed 2009 H1N1 infection are hospitalized, facilities should make efforts to cohort patients with confirmed and suspected 2009 H1N1 infection in separate rooms/areas.
6. The following guidance is being provided regarding visitors:
- a. Persons with an ARI should not be allowed to visit VHA facilities.
  - b. All visitors shall adhere to strict hand hygiene practices. Hand hygiene is to be performed on entering the facility, entering a patient care area, and entering a patient room. Visitors must also perform hand hygiene when exiting any patient care area or room. Visitors are encouraged to perform hand hygiene upon leaving the facility.
  - c. VHA Central Office recommends that children under 12 not visit if 2009 H1N1 influenza is endemic among children within the facility catchment area. (Facilities may grant exceptions for specific circumstances).
  - d. VHA Central Office recommends that persons between 12 and 16 years old be discouraged, not forbidden, from visiting if 2009 H1N1 influenza is endemic among children within the facility catchment area. (Facilities may grant exceptions for specific circumstances).
  - e. If a Veteran patient presents with a visitor who has an ARI it should be recommended that the visitor leave the facility. If it is determined that it is in the Veteran's best interest and reasonable for the visitor to stay with the Veteran, the Veteran and visitor should be rapidly brought back to a private room to minimize the exposure. The visitor should be asked to wear a surgical mask and instructed in performing hand hygiene.
7. The following guidance is being provided for surveillance for persons with ARIs:
- a. Facilities should consider limiting the number of entrances to the facility and posting signage directing 1) visitors with an ARI to not enter the facility, 2) patients with an ARI to go immediately to their destination and identify their ARI to the clerk and 3) staff with an ARI should immediately inform their supervisor and consider being evaluated by Occupational/Employee Health.
    - i. Waterless alcohol hand hygiene products should be readily accessible at main entrances.
    - ii. Surgical masks should be available at main entrances.

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- b. If the impact from 2009 H1N1 influenza is significantly affecting patients and staff (e.g., a case of health care associated influenza infection, aspects of clinical care services at or near capacity), the facility should consider actively screening persons entering the facility for possible ARI. This activity may generally be accomplished in one of two ways.
  - B. Staff at main entrance(s) actively engage persons entering and direct them to a) perform hand hygiene, b) consider whether they have an ARI, and c) assist them with next steps if they do have an ARI.
    - i. Staff at main entrance(s) actively engage all individuals entering and ask them about specific signs and symptoms of an ARI. If a person with an ARI is identified, staff assist them with next steps if they do have an ARI.
- 8. The following guidance is being provided regarding access to health care and other VA resources:
  - a. Facilities must carefully weigh and balance the risk a visitor presents to its Veterans and staff with the role the visitor plays in assisting the Veteran seeking medical care and/or other services. It is expected that circumstances will present where young children and/or ill visitors will be allowed to enter a facility due to the support they provide to a Veteran.
  - b. Factors to consider include, but are not limited to:
    - i. The distance the Veteran traveled for the appointment.
    - ii. The medical importance of the appointment.
    - iii. The wait required for the appointment and inconvenience if the appointment is to be rescheduled.
- 9. Key information sources are <http://www.flu.gov> and VA sites <http://www.publichealth.va.gov> and <http://vaww.publichealth.va.gov>. Contact information is the Outlook group VHA OC Action, which is managed by the Office of Public Health and Environmental Hazards.
- 10. Thank you for all you are doing to provide the best care and the safest health care environment during these challenging times.

*for*  
  
William Schoenhard, FACHE

Cc: VISN Chief Medical Officers, Facility Directors, and Chiefs of Staff