

## **HA Recommendations on Infection Control for Human Swine Influenza (HSI)**

### **1 HA response**

HA formulates her response according to the following levels:

- i. Serious Response Level (S1 and S2): A genuine risk of transmission upon close patient contact or evolving possibility of effective human-to-human transmission.
- ii. Emergency Response Level 1 (E1): Confirmation of local cases
- iii. Emergency Response Level 2 (E2): Declaration of Pandemic by the World Health Organization

### **2 Precautionary measures for suspected and confirmed cases of HSI**

- 2.1 Current evidence suggested that spread of HSI is not airborne but by droplets. The ~~%~~ droplets and contact precautions should be implemented for all suspected and confirmed cases. Use of Personal Protective Equipment should be referred to the Supplement 1.
- 2.2 Aerosol-generating procedures  
They include intubation, cardiopulmonary resuscitation, bronchoscopy and autopsy/surgery, should be done in at least an adequately-ventilated single room and preferably in a negative pressure isolation room.
- 2.3 Probable or confirmed patient should wear a surgical mask during transport.
- 2.4 Environmental Hygiene  
The Hospital should ensure cleaning and disinfection of the environment, furniture and facilities at least once daily and when the patient is discharged from care. Use one part of hypochlorite solution in 49 parts of water, then rinse and dry. For blood spills, use one part of hypochlorite in 4 parts of water, leave for 10 minutes and then rinse with water. Use 70% alcohol for metallic items.
- 2.5 Equipment decontamination  
The Hospital should ensure individual equipment dedication. For those sharing is unavoidable, disinfection with one part of hypochlorite solution in 49 parts of water before use is necessary. When central decontamination is

used, the department has to pack the contaminated items to prevent environmental contamination.

- 2.6 Linen and laundry management  
 No fluffing. Treat it as contaminated item and pack it well before sending to laundry at the earliest time interval.
- 2.7 Waste management  
 All waste from the care of HSI should be treated as clinical waste using the red bags. Staff handling the wastes should wear appropriate PPEs.
- 2.8 Mortuary Care  
 Standard precautions should be applied. Staff handling the corpse should wear appropriate PPE. The dead bodies with confirmed HSI are classified as Category 2 in which no autopsy should be done, the body should be bagged, no embalming is allowed, and hygiene preparation in funeral parlour is advisable.

**Supplementary 1: Recommended Staff PPE in HA Hospitals during Serious Response Level and Emergency Response Level**

Standard precautions for all patients # Transmission based precautions as indicated			
Activity (Based on risk assessment)	High risk patient areas* for caring suspected or confirmed cases	Other Patient areas	Non-patient areas
Enter into isolation room (no patient contact)	Surgical mask	Surgical mask	**
Close patient contact (< one metre)	Surgical mask Eye protection Disposable gown	Surgical mask	**
Procedures with - aerosol generating potentials or, - extensive dispersal of droplets, or - prolonged close contact of dependent patients (for high risk areas only)	N95 respirator Disposable gown Eye protection Latex gloves Cap	Surgical mask/N95 respirator Disposable gown Eye protection Latex gloves	**

<b>Other activities, no anticipated patient contact</b>	Surgical mask	Surgical mask	**
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\* High risk patient areas refer to triage stations of GOPDs, whole designated clinics, A&E Department (triage stations, resuscitation rooms, waiting areas/consultation rooms & isolation room in fever triage cubicles) and, isolation wards for confirmed cases or triaging suspected cases. All staff working in high risk patient areas should put on uniform or working clothes.

\*\* Individuals with signs and symptoms of respiratory infection should put on surgical mask.