

Pandemic Preparedness: Swine Influenza A

The World Health Organization has raised the influenza pandemic alert to phase 4. This virus poses not only an immediate danger, but also highlights the potential danger of mutated avian influenza and increased severity



"...swine influenza (H1N1)... All infection preventionists will be called upon to activate preparedness and response plans at their affiliates to prevent cross transmission and manage a surge of potentially infectious patients...."

Russell N. Olmsted, MPH, CIC - Epidemiologist, Ann Arbor, MI

Triage - Patient Isolation - Mass Isolation



Suspected pandemic patients present at hospital. If possible, a separate contained waiting area should be established for these patients to avoid general exposure of the main waiting room.



Separate isolated waiting and triage areas can be quickly and easily established with an ECU2, Corridor Flange and negative air machine in traditional or alternative spaces.



"Patients with suspected or confirmed case-status should be placed in a single-patient room with the door kept closed. If available, an airborne infection isolation room (AIIR) with negative pressure air handling with 6 to 12 air changes per hour can be used. Air can be exhausted directly outside or be recirculated after filtration by a high efficiency particulate air (HEPA) filter. For suctioning, bronchoscopy, or intubation, use a procedure room with negative pressure air handling."

CDC: Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting



Surge Capacity can be easily expanded. The ECU2 is a flexible solution that can be used to establish AIIR equivalent performance in a standard, bronchoscopy or other procedure room. Negative pressure isolation provides a safer solution than the minimal requirement of single patient room placement with "the door kept closed".



In the event of widespread transmission many hospitals will not have the capacity for individual patient isolation and may have difficulty maintaining a protective environment.



Mass Isolation / Cohorting can be achieved with the ECU2 bundle and Corridor Flange. Part or all of a ward can be put into negative pressure isolation with a 13' anteroom / airlock.