



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Epidemiology and Immunization

**Interim Guidance for Shelters, Long Term Care Residences and Other
Congregate Facilities for Novel Swine-Origin Influenza A H1N1**

Updated June 23, 2009

Background

Novel H1N1 Influenza is in Massachusetts. Most people infected with this new flu have mild illness and do not need to be tested or treated with antiviral medication. However, serious illness has happened in some people, especially in people with chronic health conditions.

This virus appears to be spread in the same way as seasonal flu – through wet droplets that get into the air when a sick person sneezes or coughs. These droplets are more likely to be spread to people who are less than 3-6 feet away. These wet secretions, can get on hands or surfaces, can also spread the virus and infect others. The same steps prevent the spread of seasonal flu will also prevent the spread of H1N1 flu.

This guidance applies to facilities such as homeless shelters, long-term care residences, adult care facilities, or other facilities where people live or spend the night. It describes steps that staff can take to prevent the spread of the H1N1 flu among residents, staff and visitors at their facilities. It includes information on:

1. Preventing residents from getting H1N1 in your facility
2. Taking care of residents with influenza like illness (ILI) and preventing the spread of illness.
3. Responding to staff that have ILI
4. Housing people with compromised immune systems
5. Housekeeping and environmental measures
6. Reporting of cases and clusters to the Massachusetts Department of Public Health

Facilities will need to tailor the guidelines to their own staff and client populations, their physical facilities, and other factors. Please note that guidelines may change as the situation evolves and more is known about this virus. For the most up to date guidance, visit the DPH influenza webpage, www.mass.gov/dph/swineflu.

1. Preventing Residents from Contracting H1N1 in Your Facility

Educate Staff and Residents About Infection Control Steps

Managers should make sure that all staff members, including custodians and food handlers, know about the steps they should take to help prevent the spread of flu. Staff should know the symptoms of flu, and what steps they should take if someone has those symptoms.

- Staff who have symptoms of ILI (fever with a cough, sore throat or runny nose) should stay home for 7 days or 24 hours after symptoms resolve – whichever is longer.
- People should cover their coughs and sneezes with a tissue or their inner elbow.
- Hands should be washed with soap and warm water often throughout the day.
- Alcohol-based hand sanitizers should be used if a sink is not available.
- Cleaning staff should keep hand-washing facilities well stocked with soap and paper towels.

Point of Entry Precautions

At all entrances to your facility:

- Display posters about hand washing and cough etiquette. You can download posters free from the DPH website by going to: <http://tinyurl.com/handandcough>
- Display signs telling residents to notify a staff member if they have flu-like symptoms (fever with a cough, sore throat or runny nose).
- Make sure that masks, tissues and alcohol-based hand sanitizers are readily available for staff and residents to use. If you do not already have masks, you can buy them at a local retail store (pharmacy, hardware, etc.).
- Make sure trash cans are accessible, and that they are emptied regularly.
- Clean surfaces that are touched frequently. While this is *much* less important than hand washing and covering coughs, cleaning may help prevent the spread of infection. Please see the section below on Environmental Care Issues for more information.

Common Area Precautions

In addition to the recommendations above:

- Make sure that waiting areas, TV rooms and reading rooms have good ventilation (e.g., fans and open windows). Also make sure these areas have access to either hand washing facilities or hand sanitizer.
- Encourage residents participating in group meals or activities to wash their hands or use hand sanitizer prior to the activity. Residents should not share eating utensils, towels or linens without them being thoroughly washed first.

Surveillance and Reporting for Influenza-like Illness (ILI)

ILI is defined as fever of at least 100.4° F accompanied by cough, sore throat or runny nose. Residents and staff should be told to notify medical or administrative personnel immediately if they develop ILI symptoms.

Reporting of Cases and Clusters of Flu-Like Illness:

Please report any flu cases, or clusters of flu-like illness, to your local board of health and to Massachusetts Department of Public Health at 617-983-6800. A DPH epidemiologist (available 24/7) can provide further guidance on diagnosis, surveillance and outbreak control.

2. Managing Residents with Influenza Like Illness (ILI)

Facilities *without* medical staff on site should follow the established protocols, including consultation, referral, or transportation for medical evaluation.

- Facilities should **not** send residents with mild symptoms to emergency departments for medical care.
- If a medical provider is connected with the site, contact that provider regarding whether antiviral treatment is recommended based on the individual's clinical history. If antiviral medication is recommended, early treatment is important.
- Residents with more severe symptoms, such as difficulty breathing should be sent immediately to the emergency department for evaluation.
- Before sending patients to any office or hospital, you **MUST** call ahead and describe the situation to the provider so that the proper precautions can be taken when they arrive for their evaluation.

In facilities with medical staff on site, a resident with ILI should immediately be offered a mask, directed to wash their hands, and seated at least 3 feet away from other residents while waiting to be examined. If possible, the resident should be placed in a separate room.

- Medical staff should assess the patient for severe illness.
- When examining patients, medical staff should wear surgical masks and follow standard and droplet precautions.
- Contact a DPH epidemiologist (617-983-6800) to get guidance about the need for diagnostic testing. We usually recommend that testing be done on 1 or 2 residents in a cluster who have the most recent onsets (24 to 72 hours). But, testing can be done later.
- People with severe symptoms (e.g., respiratory distress, pneumonia) or people with mild ILI who experience worsening symptoms (e.g., increased fever, shortness of breath, chest pain or pressure, cyanosis, vomiting, dizziness or confusion) should be transported to the nearest hospital for care.
- If respiratory status allows, the patient should wear a mask during transfer to the hospital.
- Staff members who must have direct contact with the patient during transport should wear masks and gloves. The gloves and masks should be discarded after one use, and hands should be washed with soap and warm water.
- Personnel at the facility should alert the hospital by telephone that the patient is on their way, and has severe ILI.
- **Note:** Rapid influenza tests, used in some medical offices and emergency rooms, can help in the diagnosis and management of patients with signs and symptoms of influenza. However, a negative rapid influenza test result does not mean that someone does not have H1N1 influenza. This is because the reliability of rapid tests is not yet known for this type of influenza. All individuals with influenza-like illness should be isolated for 7 days, or 24 hours after their symptoms have gone away – whichever period is longer.

Individuals at increased risk of complications from influenza

Any resident with ILI – even if it is mild – who has an underlying health condition (see below) should be started on antiviral agents **as soon as possible** (ideally within 48 hours of onset of illness). Early treatment is important in those with risk factors.

- People over 65 or under 2 years of age

- Pregnant women
- People with chronic lung disorders, such as emphysema or asthma
- People with chronic heart, kidney, liver or blood disorders
- People with diabetes
- People whose immune systems are compromised by illness or medication
- People on long-term aspirin therapy
- People with neurological problems that can interfere with breathing

Prophylaxis (preventive treatment) should also be considered for:

- Residents with underlying conditions who have had close contact with sick residents during their infectious period. The infectious period is one day before symptoms start until 7 days after.
- Health care workers (with or without underlying condition) or other facility staff with underlying conditions had close contact with a sick person who was not masked, and they were not wearing a mask and gloves
- **A DPH epidemiologist (617-983-6800) can help you identify who has had close contact and which groups of residents and staff should receive prophylaxis, as well.**

Residents with ILI who do not have underlying health conditions do not typically need antiviral treatment for mild illness and do not need to be tested.

Guidelines for treatment and prophylaxis are changing as we learn more about the clinical and epidemiologic characteristics of the H1N1 virus. Health care providers and facilities should visit www.mass.gov/dph/swineflu to get the most up-to-date recommendations.

Isolation Recommendations

A sick resident who stays at the facility should be asked to stay in their room for 7 days or until 24 hours after symptoms have resolved – whichever is longer. The resident should not take part in group activities during this period. They should wash their hands often, cover their mouth and nose while coughing and sneezing, and to avoid contact with other people. Staff should reinforce this message frequently, particularly with people who may have difficulty practicing hygiene and following instructions under normal circumstances.

- If a resident with ILI has a physical disability that makes it hard to wash their hands, a dedicated staff person, wearing a mask and gloves, should help. The staff person should be sure to wash his/her hands immediately after assisting the resident.
- If a resident with ILI is combative or is not cooperative about washing their hands and staying away from others, manage in accordance with the facility's policy for handling difficult patients. Dedicated staff should be assigned to manage this resident to minimize the number of staff in contact with them.
- Limit the number of visitors who enter the room of an ill resident. People should be asked not to visit for 7 days or 24 hours after resolution of fever and symptoms – whichever is longer.
- Have meals brought in to the sick person's room. If this is not possible, have the sick person eat at a different time or in an area separated from others by at least three feet.
- Keep tissues, a waste basket and alcohol-based hand sanitizer by each sick person's bed, or in an area that is easily accessible to them, and at the entrance to the room.

If possible, cancel the sick person's appointments at other agencies, group sessions, transfers between shelters, etc. For those appointments that are medically necessary such as dialysis or chemotherapy:

- Call the receiving facility ahead of time to notify them of the patient's ILI status so that the proper precautions can be taken.
- The patient should wear a mask during his/her entire visit.
- Receiving facilities should implement their own infection control procedures.
- Residents or patients who must leave their rooms should wear a mask and wash their hands.
- Ensure that the sick person who must leave their room has adequate tissues and a receptacle in which to dispose of them.

Designated caregivers. If possible, assign dedicated staff to be caregivers to people in isolation and educate them on proper infection-control procedures.

- Staff providing direct patient care that involves close contact with sick residents (e.g., including bathing, turning, feeding) should wear surgical masks and gloves. In addition, the person with ILI should be asked to wear a surgical mask while in close contact with a care giver. A waste basket should be available for disposal of used surgical masks.
- If a surgical mask isn't available, masks sold at a local retail store can be used.
- When resident/patient care is completed, staff should remove gloves first and then remove the mask in order to reduce the possibility of contamination of the mask and face by anything that the gloves have touched.
- After removing gloves and mask, staff should wash hands thoroughly with soap and water right away. It is very important to do this before providing care or having contact with other residents or patients.
- Staff (like food handlers and custodians) that are around sick residents but have no direct close contact should wear gloves and dispose of them and wash their hands afterwards as they normally would.

Sleeping arrangements. If possible, move sick residents to a separate room with closed door. The room should ideally have a private bathroom, or at least be near the bathroom and shower areas.

- Make sure that soap and running water are available.
- Give residents clear guidance on hand washing, and place hand washing posters in bathroom and shower areas.
- If only shared rooms are available, consider housing the sick person in a room with the fewest possible number of other residents.
- Avoid housing the sick person in a room with people who have underlying health conditions that increase the risk of severe illness and complications from influenza. (See list above.)
- If possible, increase spacing between beds so that the sick resident's bed is at least 3 feet from the next bed.
- Arrange beds so that individuals lie head-to-toe (or toe-to-toe), whichever provides the greatest distance between faces.
- Use sheets or curtains to create temporary barriers between beds.

Reporting clusters. If a case or a cluster of ILI is identified in the facility, contact and your local health department as well as DPH at 617-983-6800. DPH's Division of Epidemiology can answer your questions and provide you with additional guidance 24 hours a day.

Consider taking these additional steps if possible:

- House sick residents on a separate unit or floor with a separate common area and/or dining area. Bring meals into the unit where sick residents are staying so that they do not take meals in public settings.
- Identify dedicated staff to provide care for this cohort of sick patients.
- Limit the number of clients or visitors and request that visitors with ILI refrain from visiting the facility for 7 days or 24 hours after symptoms have resolved –whichever is longer.
- Cancel or postpone all group activities, if possible.
- Cancel or postpone all counseling sessions, group therapy, etc.

Common areas. If the sick resident must be around others (e.g., transport, dining room), they should wear a mask, be asked to wash hands frequently and cover all coughs and sneezes.

- Try to establish staggered meal schedules, deliver meals to rooms, or designate separate dining areas for people with ILI.
- Explain the reasons for separating residents to avoid stigmatizing those who are affected.
- Increase the frequency of cleaning in the common areas.

3. Responding to Staff with ILI

Staff members with ILI should stay home from work for 7 days or 24 hours after the resolution of symptoms – whichever is longer. Please emphasize to all employees the importance of staying home from work while sick.

- Advise employees with ILI that underlying health conditions increase the risk of severe influenza. Anyone with an underlying health condition should call his or her doctor to discuss antiviral treatment.
- People with mild ILI and no underlying health conditions generally do not need to be treated with antiviral medications.
- People with mild ILI should *not* seek treatment at a hospital emergency department. If possible, they should consult a primary care physician.

Ask all staff members to notify management immediately if they develop fever, cough or other respiratory symptoms while working. Any employee with a fever of 100.4 degrees Fahrenheit or higher should leave work immediately. The employee should wear a mask while in the facility prior to going home.

If an employee with ILI is waiting to see a medical provider at the facility, the person should be given a mask, directed to a hand-washing facility, and seated in a separate area if possible. If seated in a public area, the ill person should stay at least 3 feet away from other people.

4. Housing People with Compromised Immune Systems

The chances of spreading illnesses is higher in settings that house people with compromised immune systems or other underlying chronic medical conditions. These settings should consider the following guidelines:

- People with compromised immune systems or other underlying chronic medical conditions who develop ILI should be seen immediately by a medical provider. The provider will make a decision about starting early antiviral treatment. DPH recommends early initiation (ideally within 48 hours) of antiviral treatment for anyone at risk of complications from influenza, even mild illness, if treatment is needed.
- Prophylaxis should be considered for residents with compromised immune systems or other chronic medical conditions who have had close contact with someone with ILI during their infectious period. People are considered infectious one day before their symptoms start until 7 days after they resolve.
- Facility managers and on-site case managers should watch for signs of ILI among residents. Anyone who develops ILI should be promptly seen by a medical provider, and the provider should be informed of the resident's risk factors for severe illness.
- In facilities where support services exist (e.g., supportive housing facilities), on-site case managers should arrange for one person to care for the ill resident, provide food, and assist in daily needs. The caregiver should wear a surgical mask when caring for the ill resident, and should discard it properly and wash their hands when leaving the room. The sick resident should be asked to wear a surgical mask when in close contact with a caregiver.
- In settings where peers provide services, peers with compromised immune systems or other underlying chronic medical conditions should not assist residents with ILI until at least 7 days after symptom onset or 24 hours after fever and symptoms have resolved, whichever is longer.
- In facilities where no support services are provided on site, assigned social service organizations should follow all of the above guidelines while providing care and services.

5. Housekeeping and Environmental Measures

Cleaning and disinfection, while less important than hand washing and covering coughs, may help to prevent spread of flu and other infections.

- Make sure that bathrooms in all areas are cleaned on a regular basis with cleaners or disinfectants, in accordance with workplace safety and health protocols.
- Make sure that soap and paper towels are always available in bathrooms, that warm running water is available in bathrooms and that toilets are in good working order. Residents should not share towels for drying hands. Disposable paper towels are preferred. If this is not possible, each resident should have their own clearly distinguished cloth towel.
- Clean surfaces that people touch often, such as doorknobs, door handles, handrails and telephones, as well as surfaces in bathrooms, sleeping areas, cafeterias and offices.
- Use general cleaners or soap and water. Disinfectants may be used on frequently contacted surfaces.

- Disinfectant wipes can also be used to disinfect small surfaces, but these shouldn't be used for cleaning. Discard wipe after use.
- Cleaning staff should wash hands, preferably with soap and water or, alternatively, with alcohol-based hand sanitizer after all cleaning activities. Staff may need training in proper hand washing technique. Posters reminding staff and residents of proper hand washing technique should be posted in wash areas. Hand washing posters can be downloaded for free at: <http://tinyurl.com/handandcough>

Good ventilation may help reduce transmission. Open windows and use fans when practical, and keep building ventilation systems in good working order.

Laundry can be washed in a standard washing machine with water and detergent. It is not necessary to separate soiled linen and laundry from ill individuals from that of other residents. Staff should clean their hands with soap and water or alcohol-based hand rub right after handling used linen.

Consider using disposable cups, plates and eating utensils for ill individuals. If your facility uses non-disposable cups, plates and eating utensils, they should be washed with soap and warm water or in a dishwasher.

6. To Report Cases or to Get More Information:

Please report any flu cases, or clusters of flu-like illness, to your local board of health and to the MDPH at 617-983-6800. A DPH epidemiologist (available 24/7) can provide further guidance on diagnosis, surveillance and outbreak control.