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<th>Signs or Conditions</th>
<th>Action</th>
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| **Seasonal Flu or Swine Flu**  
  - Fever of 100.4 degrees Fahrenheit or greater with either sore throat or cough  
  - headache  
  - tiredness  
  - runny or stuffy nose  
  - body aches  
  - diarrhea  
  - vomiting  

  It is important to note that not all clients who catch the flu will have a fever or all of the symptoms listed.  

  Most people get better from the flu without prescription medicine. Those who may need prescription medicine include persons with:  
  - HIV/AIDS  
  - Hepatitis  
  - other serious illnesses  
  - those who have any of the severe flu signs listed above  

  Prescription medicine should be taken within 72 hours of the onset of flu signs to provide benefit.  

  Treat all clients with flu signs as though they have the Swine Flu.  

  **If severe signs of Swine Flu (H1N1) infection are identified, persons should be taken to receive medical attention from a healthcare provider or hospital.**  

  Severe signs include:  
  - Difficulty breathing or shortness of breath  
  - Serious Pain or pressure in the chest or abdomen  
  - Sudden dizziness or fainting  
  - Confusion  
  - Severe or persistent vomiting – not able to keep liquids down at all  
  - Extremely decreased urination or no longer passing urine  
  - Flu-like signs improve but then return with fever and worse cough  

  Keep clients who show any flu signs out of food preparation or distribution areas for a period of 7 days after the flu signs subside. Items that are often in contact with respiratory droplets and hands (e.g., doorknobs, faucets, etc.,) should be cleaned and disinfected regularly.  

  **Flu of any type is spread by droplets (sneezing, coughing reaching directly to another person or by way of an object like a doorknob). Flu viruses can live on objects and when these objects are touched, the flu viruses can be transferred to the person touching them, even after hours have passed. The best treatment for either Swine Flu or Seasonal Flu is prevention. Teach clients to:**  
  - Wash their hands frequently and before eating or handling food.  
  - Cough into a tissue, their shirtsleeve or into the inside neck of their shirt, then to wash their hands  
  - Keep their hands away from their nose and mouth.  
  - Dispose of tissues in the trash and assure no one touches the trash when the trashcan is emptied. Wash hands after emptying trash.  

  Keep the following on hand at the shelter and teach everyone to use them:  
  - Hand Sanitizer  
  - Tissues  
  - Face Masks (for those with flu signs when they absolutely have to leave their room)  
  - Thermometer (use thermometer covers and assure all staff know how to measure oral temperature)  

  Keep clients who show any flu signs away from others.  

  **Shelter staff and volunteers should be careful about early detection of illness and placing those with flu signs away from others. Shelter staff should report all flu signs shown by clients to Shelter administration.**  

  **Staff and volunteers with the flu should stay home and remain at home for at least 24 hours after their fever is gone except to get medical care or for other necessities (their fever should be gone without the use of a fever-reducing medicine). They should keep away from others as much as possible. This is to keep from making others sick.**  

  **Confine sick persons to individual rooms. If individual rooms for sick clients are not available, consider using a large, well-ventilated room specifically for sick persons with beds at least 6 feet apart and the use of temporary barriers between beds, when possible. Food and other items should be left outside the ‘sick room’ for sick clients to retrieve when the hallway is clear (6 ft.). Clients should remain isolated from others for at least 24 hours after their fever is gone except to get medical care or for other necessities (their fever should be gone without the use of a fever-reducing medicine). This is to keep from making others sick.**  

  **Sick clients should not leave their confinement except when absolutely necessary and even then, persons without flu signs should not be present. Surfaces touched by the sick client should be disinfected before th**
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<td>Cold flu signs without high fever (100 degrees Fahrenheit or less): nasal or head stuffiness, runny nose, coughing &amp; sneezing</td>
<td>Check for fever. Treat with over-the-counter remedies if available. Client may take Tylenol for headaches, which may accompany head stuffiness. If flu signs develop, then treat as flu.</td>
<td>Client should be encouraged to wash hands frequently, and sneeze/ cough into tissue. Keep clients away from food preparation or distribution areas. Teach clients to: • Wash their hands frequently and before eating or handling food. • Cough into a tissue, their shirtsleeve or into the inside neck of their shirt, then to wash their hands. • Keep their hands away from their nose and mouth. • Dispose of tissues in the trash and assure no one touches the trash when the trashcan is emptied.</td>
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<td>Severe Ear Ache with or without fever</td>
<td>If client has an established healthcare provider, make an appointment. If he/she does not, then make an appointment with a clinic that will take walk-in clients. Check for fever.</td>
<td>Clients can lose their hearing because of an earache. The loss of one’s hearing can disable him or her. Watch for flu signs that the client isn’t hearing noises within a normal hearing distance: • Can he/she hear you call from behind or when he cannot see your lips? • Does he/she talk abnormally loud?</td>
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<tr>
<td>Other conditions not mentioned above</td>
<td>Contact the client’s medical provider or Emergency Department.</td>
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**Private Insurance** – If client has any form of medical insurance then refer to appropriate healthcare provider. If the provider does not agree to see client then refer to another provid

**Free Medical Clinic - **

**Veterans Administration Clinics** – Call 1-866-520-7359 for an appointment.

**Private healthcare providers**- Available through the shelter staff on a voluntary basis.

**References**


Protocol developed by: Beth C. Norton, RN, DNP nortonb@nwfsc.edu Full use of the protocol is granted by the author.