

Flu Update #3

This is the third H1N1 novel flu update. The first discussed vaccines; the second, suggestions about staffing absenteeism. If you didn't see the first two, please read at the Administrator Alerts at this website <http://www.oregon.gov/DHS/spd/provtools/newsletters.shtml#aa> (you will likely need to copy/paste the address into your web browser).

This update deals with protecting staff and others when someone in your facility/home has the flu. Guidelines from the federal Centers of Disease Control are available at http://www.cdc.gov/h1n1flu/guidance_homecare.htm . Attached is a fact sheet on vaccination.

Basic information

The flu spreads by droplets from the respiratory tract when someone sneezes and coughs. The fairly large droplets travel about 3-6 feet from the infected person. It lasts on surfaces from about 3 hours to possibly as long as 24 hours, depending on the temperature, type of surface, and the humidity. Many people catch the flu by picking it up on their hands and then touching their face. People have to be in very close to a coughing person (within 6 feet) to catch the virus from the air.

Measures to protect others when caring for a person sick with the flu

1. Keep the sick person away from other people as much as possible
 - Ask staff, volunteers, family members, workers, etc. to stay home if they think they may have the flu – a fever with cough, sneezing, etc. People should not return until the fever is gone for a full 24 hours and they are not taking any medications to reduce the fever.
 - If someone has the flu in the home/facility, consider discouraging visitors and others from entering.
 - Try to keep people with the flu separate from those who are not ill. This can include trying to keep a person in their room and moving ill people into one section of the facility/home.
 - If the person with the flu must be in common areas, try to have the person wear a mask.
 - Avoid having a pregnant person take care of someone with the flu.

- If staff move between people who are ill and those who are not, make sure that the staff have adequately washed their hands and removed any gloves or masks that they were using before dealing with a healthy person.
2. Working directly with the ill person
 - If possible try to stay 3 feet from the person.
 - When staff need to be closer, protect eyes, mouth and nose from contamination. Masks and eye protection are effective. Simply turning your face from the person can help.
 - Masks and gloves should only be used once and properly discarded. Wash hands immediately after they are removed.
 - Avoid touching your face and eyes.
 - When finished, wash hands thoroughly. Hand sanitizers with at least 60% alcohol will also work.
 3. Cleanse and disinfect
 - Clean surfaces regularly of visible dirt with ordinary soaps or detergents and any common disinfectant.
 - For surfaces that are touched frequently (door knobs, TV controls, refrigerator doors, phones, etc.), clean often with a disinfectant or a disinfectant wipe.
 - Wash laundry in the regular way but try not to “fluff” or shake dirty laundry and wash hands after handling dirty laundry.
 - Keep personal items (toothbrushes, bathroom cups, etc.) separate so there is no contamination from others.
 - Wash your hands often and scrub well and long enough. (One way to make sure of this is to sing “Happy Birthday” twice through while washing.) Alcohol-based hand gels do work.
 4. Other guidance
 - Ask a health care provider if household contacts of the sick person – particularly those who are younger than 5 years old, who may have chronic conditions or who are pregnant – should take antiviral medications.
 - If the ill person does not need immediate medical attention but you need medical advice about him or her, contact his or her physician or health care provider.
 - If you believe the person needs immediate medical attention, call 911.