



Oklahoma State Department of Health
Creating a State of Health

Influenza Prevention and Mitigation in Long-Term and Residential Care Facilities

Residents in nursing homes and other residential facilities are at particular risk from exposure to and infection with influenza viruses and other easily transmitted infectious agents. Residents of these facilities are often older, disabled and more vulnerable to infections and their complications. H1N1 influenza and other agents can be introduced through facility personnel, new admissions and visitors. Once an easily transmitted agent is introduced, controlling its spread can be difficult. With emergence of the new H1N1 “swine flu” virus, nursing homes and residential facilities should implement aggressive measures to prevent introduction of the virus and, if infection occurs inside their facility, to institute measures to minimize its impact.

Prevention or delay of influenza virus introduction into facility:

Visitors

- Post visual alerts (in appropriate languages) at the entrance to the facility restricting entry by persons who 1) have recently been exposed to known H1N1 influenza, or 2) have traveled to an area with confirmed H1N1 cases in the previous 10 days, or 3) have symptoms consistent with influenza-like illness (fever >100 F with cough and/or sore throat). Headache, body aches, and fatigue are also common symptoms. Note: people who become ill with the swine flu strain of H1N1 often develop gastrointestinal symptoms, primarily diarrhea, more frequently than people with seasonal influenza.
- It is recommended that personnel be assigned to verbally and visually screen visitors for respiratory symptoms at entry points.
- Encourage visitors to wash their hands upon entry into a facility and make hand sanitizer available.
- Provide educational material concerning cough and hand hygiene. Post a telephone number on visual alerts for visitors to call for information on H1N1 influenza (swine flu).

Personnel

- Implement a system to screen all personnel for influenza-like illness each day before they present for duty.
- Instruct workers to stay home if they are sick with an influenza-like illness.
- Send symptomatic personnel home until they are asymptomatic and are at least 7 days past the onset of their symptoms.

- Personnel should be educated in, and practice strict hand and cough hygiene.
- Encourage and provide annual influenza vaccination against seasonal strains.

Residents

- All new admissions and re-admissions (as well as residents returning to the facility after being away for 24 or more hours) should be screened for influenza-like illness.
- Educate and encourage residents in proper hand and cough hygiene practices.
- Encourage residents to report symptoms (especially fever, cough, headache, body aches) promptly.
- Encourage and provide annual influenza vaccination against seasonal strains.

Mitigation of the impact of influenza virus after introduction:

- Educate and encourage residents in proper hand and cough hygiene practices.
- Residents with influenza-like symptoms should remain in their room, if practical, until asymptomatic and for at least 7 days past the onset of their symptoms.
- Monitor residents closely for symptoms of worsening illness including increased respiratory rate, shortness of breath, cyanosis, disorientation, increasing fever, etc.
- Confinement is impractical and nearly impossible with certain patients. In these situations, time in communal areas should be limited. The resident should wear a surgical mask and remain 6 or more feet from others for 7 days past onset of symptoms, if possible.
- Patients with influenza-like symptoms and their roommates do not need to be separated. Roommates should be considered exposed cohorts and monitored for development of illness.
- Consider limiting movement within the facility (e.g. temporarily close the dining hall, serve meals in rooms and cancel social/recreational activities as practical)
- Contact the primary care provider for individuals who are experiencing flu-like symptoms and for exposed cohorts. Antiviral chemotherapy for ill residents and chemoprophylaxis for exposed cohorts should be strongly considered.
- Personnel should implement droplet precautions with appropriate protective equipment (mask, disposable gloves, gown) when in contact with residents with influenza-like illness and exposed cohorts.