



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

**Flu Guidance for Congregate Care Facilities: Pandemic H1N1 Influenza,
Seasonal Influenza and Influenza-like Illness**

Updated September 25, 2009

Background

Pandemic H1N1 influenza is circulating 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 that prevent the spread of seasonal flu will also prevent the spread of H1N1 flu.

This guidance pertains to pandemic H1N1 influenza, seasonal influenza and influenza-like illness (ILI). It applies to facilities such as homeless shelters, adult care facilities, group homes, or other facilities where groups of people live together or spend the night. It describes basic steps that can be taken to prevent the spread of the flu among residents, staff and visitors in any congregate care facility, regardless of size or residents served. It does not apply to long-term medical care settings such as hospitals and nursing homes. Facilities will need to tailor the guidelines to their own staff and client populations, their physical facilities, and other factors. Guidance is provided on:

1. Preventing the Spread of Flu in Your Facility
2. Taking Care of Residents with Influenza-like Illness (ILI)
3. Responding to Staff with ILI
4. Providing Housing for People with Chronic Medical Conditions
5. Housekeeping and Environmental Measures
6. Reporting of Cases and Clusters to the Massachusetts Department of Public Health (DPH)

Please note that guidelines may change as the pandemic situation evolves and more is known about this virus. For the most up to date guidance about flu, visit the DPH influenza webpage, www.mass.gov/flu. For infection control guidelines specifically developed for long-term medical care facilities such as nursing homes, please see the current MDPH “[Control of Influenza and Pneumococcal Disease in Long-Term Care Facilities.](#)” For additional guidance concerning influenza and schools, or influenza in childcare settings, go to www.mass.gov/flu.

1. Preventing the Spread of Flu in Your Facility

Vaccinate Staff and Residents to Prevent Influenza!

Staff and residents who are eligible should be vaccinated against both seasonal influenza and H1N1 influenza. Vaccination is the best way to keep people from getting the flu. Managers should consult with medical staff associated with the facility to determine how best to address the vaccination needs of the facility. Seasonal flu and H1N1 flu vaccination may be available to residents and staff by whatever means the facility typically normally uses to obtain medication for residents and staff, ranging from private providers to community health centers to public clinics. Your local board of health may be able to assist in identification of resources. Public influenza vaccination clinics are also listed at flu.masspro.org.

Educate Staff and Residents about Infection Control

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

- 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 when appropriate if a sink is not available.
- Hand-washing facilities should be kept well-stocked with soap and paper towels.
- Staff and residents who have symptoms of ILI (fever of 100.4 F or above with a cough or sore throat) should be isolated (see below).

Point of Entry Precautions

At all entrances to your facility:

- Request that residents notify a staff member if they have influenza-like symptoms (fever with a cough or sore throat).
- Display signs telling residents to notify a staff member if they have influenza-like symptoms (fever with a cough or sore throat).
- Display posters about hand washing and cough etiquette. You can download posters free from the DPH website by going to: mass.gov/flu
- Make sure that face masks, tissues and paper towels (and alcohol-based hand sanitizers where appropriate) 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 easily 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 Housekeeping Measures 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 when feasible). 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.
- Thoroughly wash shared items like eating utensils, towels or linens after each use. Discourage sharing of these types of items.

Surveillance and Reporting for Influenza-like Illness (ILI)

ILI is defined as fever of at least 100.4° F accompanied by cough or sore throat. **Residents and staff should be told to notify medical or administrative personnel immediately if they develop ILI symptoms. Residents should be isolated as much as is feasible (preferably in a private room) while ill (see below).**

2. Taking Care of Residents with Influenza Like Illness (ILI)

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

- Residents who have symptoms of ILI (fever of 100.4 F or above with a cough or sore throat) should be placed in a separate room (if possible) preferably with a closed door, where they should remain isolated until 24 hours after they no longer have a fever, without using fever-reducing medicines. These medicines include Motrin or Advil or store brand (ibuprofen), Tylenol or store brand (acetaminophen), or aspirin (adults over 18 only). For most people, this will be about four days. Of course, even 24 hours after resolution of fever residents and staff should be conscientious about covering coughs and sneezes, and washing hands. See “Isolation Recommendations” below for more information.
- Use the “Flu Symptom Check List for Congregate Housing Programs” at the end of this document to determine who should be isolated and when they can return to normal activities.
- Residents or patients who must leave their rooms should wear a mask (when feasible) and wash their hands frequently.
- 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 sick 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 the patients arrive for their evaluation.
- 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.

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.
- Residents who have symptoms of ILI (fever of 100.4 F or above with a cough or sore throat) should be placed in a separate room (if possible), preferably with a closed door, where they should remain isolated until 24 hours after they no longer have a fever, without using fever-reducing medicines. These medicines include Motrin or Advil or store brand (ibuprofen), Tylenol or store brand (acetaminophen), or aspirin (adults only). For most people, this will be about four days. See “Isolation Recommendations” below for more information.
- Use the “Flu Symptom Check List for Congregate Housing Programs” at the end of this document to determine who should be isolated and when they can return to normal activities.
- Residents or patients who must leave their rooms should wear a mask (when feasible) and wash their hands frequently.
- 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 until 24 hours after they no longer have a fever, without using fever-reducing medicines, even if they have a negative rapid influenza test result.

Individuals at increased risk of complications from influenza

Any resident with ILI – even if it is mild – who has a risk factors for influenza (see list below) should be medically evaluated for possible treatment with antiviral agents **as soon as possible** (ideally within 48 hours of onset of illness). Early treatment is important in those with the following risk factors for complications of influenza:

- People over 65 or under 5 years of age
- Pregnant women
- People with chronic lung, heart, kidney, liver, blood or neurological problems
- People with diabetes
- People whose immune systems are compromised by illness or medication
- People under 18 years of age on long-term aspirin therapy

Prophylaxis (preventive treatment) should also be considered for:

- Residents with underlying health conditions who have had close contact with sick residents during their infectious period. The infectious period is one day before symptoms start until 24 hours after the sick person’s fever ends.
- Health care workers (with or without underlying condition) or other facility staff with underlying conditions who had close unprotected contact with a sick person (i.e., the patient was not masked,

and the staff person was not wearing a mask and gloves, and there was a high likelihood of contact with respiratory droplets).

A DPH epidemiologist (617-983-6800) can help you identify those who have had close contact and which groups of residents and staff may need 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/flu to get the most up-to-date recommendations.

Isolation Recommendations

A sick resident who stays at the facility should be asked to stay in a separate room (if possible) where they should remain until 24 hours after they no longer have a fever, without using fever-reducing medicines. These medicines include Motrin or Advil or store brand (ibuprofen), Tylenol or store brand (acetaminophen), or aspirin (adults only). For most people, this will be about four days. The resident should not take part in group activities during this period. They should wash their hands frequently. Residents or patients who must leave their rooms should wear a mask and wash their hands

If the sick resident shares a room, they should be asked to stay in the room and the others who share the room should be asked to stay out of it as much as is feasible. The sick person should wash 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 residents. 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 until 24 hours after resolution of fever. Of course, even 24 hours after resolution of fever the resident, and visitors, should be conscientious about covering coughs and sneezes, and washing hands.
- Use the "Flu Symptom Check List for Congregate Housing Programs" at the end of this document to determine who should be isolated and when they can return to normal activities.
- 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 (if appropriate) 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 if tolerable.
- 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.

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 lay head-to-toe (or toe-to-toe), whichever provides the greatest distance between faces.
- Use sheets or curtains to create temporary barriers between beds.

Common areas. If the sick resident must be around others (e.g., transport, dining room), they should wear a mask if possible, and 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.

Designated care givers. If possible, assign dedicated staff (preferably vaccinated) 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 face masks and gloves. In addition, the person with ILI should be asked to wear a face mask while in close contact with a care giver. A waste basket should be available for disposal of used face masks.
- If a face 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 working in the general vicinity of sick residents but have no close contact should wear gloves and dispose of them and wash their hands afterwards as they normally would.

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 vaccinated 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 until 24 hours after the visitors' symptoms (particularly fever) have resolved.
- Cancel or postpone all group activities, if possible, including counseling sessions, group therapy, etc.

3. Responding to Staff with ILI

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 F or higher should leave work immediately. The sick 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.

Staff members with ILI should stay home from work for until 24 hours after the resolution of fever, without the use of fever-reducing medicines. These medicines include Motrin or Advil or store brand (ibuprofen), Tylenol or store brand (acetaminophen), or aspirin (adults only). For most people, this will be about four days. Please emphasize to all employees the importance of staying home from work while sick. Use the "Flu Symptom Check List for Congregate Housing Programs" at the end of this document to determine when employees with ILI can return to work.

- Advise employees with ILI that underlying health conditions increase the risk of severe complications of 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.

4. Providing Housing for People with Chronic Health Conditions

Settings that provide housing for people with chronic health conditions or other medical conditions (e.g., liver and kidney disease, asthma, diabetes, and compromised immune systems) may have some unique challenges due to the vulnerability of the residents to infections like influenza. These settings should consider the following guidelines:

- People with chronic medical conditions (including compromised immune systems) 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 onset of symptoms) of antiviral treatment for anyone at risk of complications from influenza, if treatment is needed.

- Prophylaxis should be considered for residents with chronic medical conditions who have had close contact with someone with ILI during the sick person's infectious period. People are considered infectious one day before their symptoms start until 24 hours after their fever resolves.
- 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 care giver (preferably vaccinated) should wear a face 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 face mask when in close contact with a caregiver.
- In settings where peers provide services, peers with chronic medical conditions should not assist residents with ILI until at least 24 hours after the sick person's fever has resolved. Of course, even 24 hours after resolution of fever the peers should be conscientious about covering coughs and sneezes, and washing hands.
- 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: mass.gov/flu

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. Reporting of Cases and Clusters 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 DPH at 617-983-6800. A DPH epidemiologist (available 24/7) can provide further guidance on diagnosis, surveillance and outbreak control.



The Commonwealth of Massachusetts
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Flu Symptom Check List for Congregate Housing Programs

September 25, 2009

The main symptoms of influenza (flu) include **fever and cough and/or sore throat**. Some people also have a runny nose, body aches, headache, chills and feel tired. Some people also have diarrhea and vomiting. **The most important thing that people can do to keep flu from spreading in the community is to stay away from other people when they are sick.**

DO I HAVE INFLUENZA-LIKE ILLNESS?

Yes No Have you had a fever of 100.4 degrees F or more in the past 24 hours?

Yes No Do you have a cough **OR** sore throat?

If you answered YES to both questions above, you have influenza-like illness. You should avoid other people as much as possible while sick. If possible, stay in a private room with a closed door.

CAN I RETURN TO NORMAL ACTIVITIES?

Yes No Have you had a fever of 100.4 degrees F or more in the past 24 hours?

Yes No Have you had acetaminophen (Tylenol or store brand) or ibuprofen (Motrin or Advil or store brand) in the past 24 hours?

If you answered NO to both questions above, you can resume normal activities.

If you answered YES to either one of the questions above, you CANNOT return to normal activities. Avoid close contact with others for at least another day to observe for additional symptoms. Then use the check list questions again to decide whether you can return to normal activities.

Where can I find more information about influenza?

- 1) Call the Massachusetts Department of Public Health information line: 211
- 2) Go to the Massachusetts Department of Public Health influenza website: mass.gov/flu
- 3) A "[Fever Fact Sheet](#)" with information on how to take a temperature is also available.