

Administrator Alert

*Policy updates & rule clarifications for Assisted Living,
Residential Care & Nursing Facilities*

Office of Licensing & Quality — Oregon Department of Human Services

DATE: May 8, 2009

***Title: Guidance for Long-term Care Facilities in
Communities with One or More Reported Probable or
Confirmed Cases of Swine-Origin H1N1 Influenza.***

Action required: See attached letter.





Oregon

Theodore R. Kulongoski, Governor

Department of Human Services
Public Health Division
800 NE Oregon Street
Portland, OR 97232-2162

4 May, 2009

Guidance for Long-term Care Facilities in Communities with One or More Reported Probable or Confirmed Cases of Swine-Origin H1N1 Influenza

Staffing

- To the extent possible, while Swine-Origin H1N1 Influenza cases are occurring in the community, modify workplace environments and schedules to decrease social density to the greatest extent possible without disrupting essential services.
- Plan for maintenance of services in the event of a reduced workforce due to illness, isolation, or quarantine.
- Strongly encourage ill employees to remain at home, not going to work or out into the community for 7 days after their symptoms begin or until 48 hours after symptoms resolve, whichever is longest.
- If possible, adopt modified, non-punitive sick leave policies that facilitate employee adherence with recommendations for as many as seven to ten days of isolation in the event of illness.

Prevention

- Encourage clients, residents, staff, and visitors to:
 - Cover their nose and mouth with a tissue when coughing or sneezing. Throw the tissue in the trash after use. If a tissue is not available, use your sleeve or elbow, not your hands.
 - Wash hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
 - Wash your hands between every resident.
 - Avoid touching eyes, nose or mouth. Germs spread this way.
 - Unless necessary for patient/client care, try to avoid close contact with sick people.
 - Stay home from work for seven days after the onset of symptoms, or until 48 hours after symptoms have resolved to keep from infecting others.
- Consider designating a person to be responsible for coordinating education and training on influenza prevention measures.

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- Evaluate incoming residents for signs and symptoms of febrile respiratory illness (i.e. fever, cough, sore throat, body aches, headache, chills, fatigue). Establish clear admission policies to guide appropriate placement and isolation of patients with an influenza-like illness. (Processes used during periods of seasonal influenza can be applied during pandemic influenza.)
- If H1N1 virus is common in your community or if a resident is a probable or confirmed case of H1N1 infection, consider closing your facility to visitors.
- If you have several probable or confirmed cases of H1N1 infection, consider closing your facility to new admissions.

Supporting someone with H1N1 Infection

- When providing care to a person who is ill, the most important ways to protect other residents and staff are to:
 - Keep the sick person away from other people as much as possible. Attempt to maintain a distance of six feet between ill persons and contacts.
 - Remind sick persons to cover their coughs and sneezes and to avoid touching eyes, nose, and mouth.
 - Keep tissues handy.
 - Discard used tissues in nearest waste receptacle.
 - Encourage frequent hand washing and use of alcohol-based sanitizer, especially after sneezing or coughing, touching the nose or face or removing respirators, facemasks, eye protection, or gloves;
 - Have the sick person wear a mask if they need to be in a common area near others.
 - If feasible, limit visitors to sick persons other than caregivers. A phone call is safer than a visit. Place a notice on the door to contact staff prior to entering.
 - If feasible, assign only one adult to take care of a sick person.
 - If feasible, avoid having pregnant women care for sick persons. (Pregnant women are at increased risk of influenza-related complications and immunity can be suppressed during pregnancy).
 - Remind all staff to clean their hands frequently with soap and water or an alcohol-based hand rub, including after every contact with the sick person or the person's room or bathroom;
 - Ask a healthcare provider if roommates of the sick person and others who had close, extended contact—particularly those contacts who may have chronic health conditions—should take antiviral medications.
- If a suspected, probable or confirmed Swine-Origin H1N1 Influenza case is diagnosed in the facility:
 - If feasible, isolate sick person with influenza-like illness in a single room with door closed.

- Reinforce staff education on infection control procedures when caring for flu patients.
- Use gloves, gowns, masks and eye protection for hands-on interactions with sick person and other prolonged interactions within 6 feet.
- Assure adequate infection-control supplies and personal protective equipment are available.
- Consider closing to visitors. If there are several cases within a facility, consider closing to new admissions.
- Perform regular symptom screening to rapidly identify flu symptoms and implement procedures for separating the sick from the well.
- Quarantine close contacts (mainly roommates) suspected, probable, or confirmed cases of SO H1N1 Influenza until 3 – 4 days after the last face to face interaction with the sick person. (*Note: quarantine may be inappropriate and abandoned as a strategy if there are multiple pandemic flu cases in multiple housing units.*)
- Continue staff and client training on infection control.
- Monitor adherence to infection control guidelines.
- Monitor daily infection control supply use and daily inventory control.

Emergency Planning

- If not already completed, a plan for addressing staff absences and other related occupational issues in event of an outbreak (i.e. multiple cases of flu-like illness or Swine-Origin H1N1 Influenza) that includes:
 - A liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy should consider:
 - The handling of personnel who develop symptoms while at work.
 - When personnel may return to work after having influenza.
 - When personnel who are symptomatic, but well enough to work, will be permitted to continue working.
 - Personnel who need to care for family members who become ill.
 - A plan to educate staff on how to self-assess and report symptoms of pandemic influenza before reporting for duty.
 - A list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic.
 - A plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave or altering their work location.
 - Increase environmental cleaning of “high touch” surfaces, e.g., door knobs, keys, telephones.
 - Educate employees and visitors not to come to the facility if they have flu symptoms.
 - Assess adequacy of infection-control supplies and review distribution plan.

- Conduct active surveillance to look for influenza cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths, etc.). Interview influenza-like illness cases for pandemic risk factors), and obtain samples for testing in case of severe illness.