



H1N1 Planning Guide

Too Busy? Act Now to Prepare Your Community

A Four-Week Flu Action Plan

Week 1

Meet with Flu Action Team (FACT) – Executive Director / Administrator, Human Resources, Resident Care Leaders, Dining, Housekeeping, Activities, Maintenance, Admissions.

Update Contacts – Assign a subgroup of FACT to update phone lists and gather email addresses for resident family members and employees.

Create Outreach Letter – Builds awareness of flu; informs of signs, precautions; invites families to information night.

Inventory / Order Personal Protective Equipment (PPE) – Inventory existing PPE and order today as needed.

Week 2

Meet with FACT – Review letter and plans for upcoming event; discuss PPE location, inventory and re-training in-service schedule. Brainstorm for volunteers to rely on during staff shortages. Explore partnering with community volunteer groups, such as churches.

Outreach & Inform – Mail letter, send email to families informing of flu planning includes invitation to event. Create handout for PPE in-service. Prepare visitor awareness posters.

Hold Small Mandatory In-services – Refresh all employees on proper infection control standard precautions including cough and sneeze etiquette, hand washing, and PPE. Educate staff on flu symptoms with review of a prepared handout. Gather remaining staff contact information. Request list of staff family members who will help during shortages. Share proposed modified staffing assignments in case of work shortage. Ask employees to be on alert for signs of flu, reporting symptoms immediately to their supervisor and **FACT**.

Meet with Residents – Share planning information and infection control practices with residents through brief presentations during normally scheduled activities. Inform them of plans to limit visitors and gatherings should the existence of active flu become a reality.

Week 3

Meet with FACT – Finalize program for event; review, distribute awareness posters to alert visitors of precautions.

Host Family Event – Share with residents' family members symptoms, flu preparedness plans, and recruit volunteers in event of staff shortages. Collect remaining contact information for residents' families including work phone and email.

Cross-train – Schedule employee shadowing in different areas/shifts to further strengthen community's overall flexibility.

Seasonal Flu Shots – Ensure seasonal flu shots are available to residents through community or family physician. Track participation in flu shot program by residents and employees.

Week 4 (and beyond)

Meet with FACT – Review list of family and employee volunteers; confirm contact lists are updated and secured.

Monitor – PPE inventory levels, infection control practices, reports of residents/staff with symptoms, staffing changes and volunteer corps.

Stay Informed – Track news stories and events as they unfold to learn of current flu trends. Pass along relevant information to resident families, employees, and community volunteers.



H1N1 Planning Guide

Too Busy? Act Now to Prepare Your Community

More Flu FAQs

Are these plans enough? Do I have time to prepare?

Who can be certain? However, the more support you build **now**, while taking key steps to prepare, the better your residents and employees will fare should the flu arrive. In addition, increasing the community's awareness of infection control, symptoms, and response plans may very well lessen the risk to your residents and employees.

Who is at higher risk?

Those at higher risk of complications from seasonal flu may also be at higher risk of developing complications from H1N1:

- Pregnant women;
- Children and young adults;
- People 65 years or older; including residents of nursing homes and other chronic-care facilities;
- Adults and children who have chronic lung, heart, blood/blood vessel, liver, neurologic, neuromuscular or metabolic disorders (including COPD, asthma, and diabetes); and
- Adults and children who have suppressed immune systems.

What are symptoms? How can we control the spread?

There are many similarities between H1N1 and the seasonal flu virus. Scientist recommendations for H1N1 follow the guidelines for seasonal flu: people are assumed to be infectious from one day before the symptoms appear until they are symptom free - usually seven days after the symptoms started. Children, especially small children, may be infectious up to 10 days. **Symptoms for H1N1** and the seasonal flu typically include a combination of fever, chills, headache, upper respiratory tract symptoms (cough, sore throat, runny or congested nose, shortness of breath), muscle and/or joint aches, fatigue and vomiting or diarrhea - although the most common symptoms are fever with a cough and/or sore throat.

Flu viruses are spread through droplet transmission. Because all body fluids have potential to spread pathogens and since people can inadvertently transfer the virus by coming in contact with a contaminated surface and then touch their eyes, nose or mouth, it is imperative to emphasize to staff the importance of *washing hands and keeping them away from our faces*. In addition, the H1N1 virus can live on a surface for two to eight hours. Therefore, it is important to use cleaning products that disinfect surfaces, as this type of cleaner has been shown to be effective against both viruses.

In lieu of access to the limited H1N1 vaccine, how do we treat symptoms?

The antiviral drugs oseltamivir (Tamiflu) and zanamivir (Relenza) are effective against H1N1. If taken within 48 hours of the onset of symptoms, they can lessen the severity of symptoms and reduce the illness by up to two days. However, experts warn that Tamiflu should not be used in an effort to *prevent* the flu, since doing so increases risk that the virus may eventually become resistant to antiviral drugs. Also, as a **proactive** approach to H1N1 and the seasonal flu, employees in the caregiving profession should consider getting the seasonal flu shot. Although this will not prevent infections of H1N1, it will reduce the likelihood of becoming infected with the seasonal flu, thus helping to reduce staffing pressures.

The Bottom Line

The Centers for Disease Control and Prevention (CDC) expects the number of flu cases to nearly double this season, affecting as many as 120 million Americans, as both H1N1 and the seasonal flu will be active. Since a flu emergency will most likely last several weeks instead of a few days, proper planning and actions are essential to minimize the impact for residents and employees. Get the FACTs – Stay Informed – Act.