

## Long-Term Care Survey Alert

### Clip 'N Save: Resident Got The Flu? Here's What The CDC Says To Do

**Know when you or the patient should wear a face mask.**

#### **Standard Precautions**

During the care of a patient with suspected or confirmed influenza:

1. Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is expected.
2. Wear a gown if soiling of clothes with patient's respiratory secretions is expected.
3. Change gloves and gowns after each patient encounter and perform hand hygiene.
4. Decontaminate hands before and after touching the patient, after touching the patient's environment, or after touching the patient's respiratory secretions, whether or not gloves are worn.
5. When hands are visibly soiled or contaminated with respiratory secretions, wash hands with either a non-antimicrobial or an antimicrobial soap and water.
6. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in clinical situations. Alternatively, wash hands with an antimicrobial soap and water.

#### **Droplet Precautions**

In addition to Standard Precautions, observe Droplet Precautions during the care of a patient with suspected or confirmed influenza:

7. Place patient into a private room. If a private room is not available, place (cohort) suspected influenza patients with other patients suspected of having influenza; cohort confirmed influenza patients with other patients confirmed to have influenza. Scientific evidence is insufficient to make a recommendation upon the routine use of negative-pressure rooms for influenza patients.
8. Wear a surgical mask upon entering the patient's room or when working within 3 feet of the patient. Remove the mask when leaving the patient's room and dispose of the mask in a waste container.
9. If patient movement or transport is necessary, have the patient wear a surgical mask, if possible.

#### **Control of Influenza Outbreaks in Health Care Settings**

When influenza outbreaks occur in health care settings, take additional measures to limit transmission. These include:

10. Identify influenza as the causative agent, early in the outbreak, by performing rapid influenza virus testing of patients with recent onset of symptoms suggestive of influenza. In addition, obtain viral cultures from a subset of patients to determine the infecting virus type and subtype.
11. Implement Droplet Precautions for all patients with suspected or confirmed influenza.
12. Separate suspected or confirmed influenza patients from asymptomatic patients.

13. Restrict staff movement between units and buildings.
14. For all patients without influenza illness in the involved unit and for whom the antiviral agent is not contraindicated, administer influenza antiviral prophylaxis according to current recommendations.
15. Administer influenza antiviral therapy to patients acutely ill with influenza, within 48 hours of onset of illness.
16. Administer current inactivated influenza vaccine to unvaccinated patients and health-care personnel.
17. Offer influenza antiviral prophylaxis to unvaccinated personnel for whom the antiviral agent is not contraindicated and who work in the affected unit or who are taking care of high-risk patients.
18. Consider prophylaxis for all health-care personnel, regardless of their vaccination status, if the outbreak is caused by a variant of influenza that is not well matched by the vaccine.
19. Curtail or eliminate elective medical and surgical admissions and restrict cardiovascular and pulmonary surgery to emergency cases only, when influenza outbreaks, especially those characterized by high attack rates and severe illness, occur in the community or acute care facility.

Source: Centers for Disease Control & Prevention's "Guidelines and Recommendations: Infection Control Measures for Preventing and Controlling Influenza Transmission in Health-Care Facilities," February 2004.