

Flu Control Measures for Healthcare Facilities FactSheet

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Introduction

Influenza (Flu) is a common cause of respiratory illness requiring both outpatient healthcare visits and hospitalization. During the influenza season, outbreaks of healthcare associated influenza affect both patients and healthcare workers in chronic care facilities and hospitals. This fact sheet provides infection control guidance for prevention and control of influenza transmission in healthcare facilities.

Transmission

Influenza transmission occurs when large droplets are expelled from the respiratory tract during coughing or sneezing. Particles usually do not remain suspended in the air, and close contact (less than 3 feet) usually is required for transmission. Transmission also occurs through direct contact with respiratory droplets or secretions, followed by touching the nose or mouth.

Prevention and Control Measures

Strategies for the prevention and control of influenza in healthcare facilities include the following:

- influenza immunization for persons at high risk for complications
- immunization for healthcare workers
- Respiratory Hygiene/Cough Etiquette programs
- Standard Precautions and Droplet Precautions, and
- visitor and worker restrictions.

Encourage persons at high risk for complications and healthcare workers to receive influenza immunization according to national recommendations.

- Immunization is the primary measure to prevent influenza, limit transmission of influenza, and prevent complications from influenza.
- Influenza immunization is recommended before or during the influenza season for the following persons who are at increased risk for complications from influenza: children ages 6-23 months, adults over 65 years old, pregnant women in their second or third trimester during influenza season, and persons over the age of 2 years old with certain underlying chronic conditions.
- Priority should be given to persons at high risk for complications, including household contacts, caregivers, and healthcare workers.
- Use of inactivated influenza vaccine is preferred for vaccinating healthcare workers because the risk of transmission of live attenuated viruses from the

worker to severely immunosuppressed patients.

Infection Control Measures

In addition to immunization, the following infection control measures are recommended to prevent person-to-person transmission of influenza and to control outbreaks in healthcare facilities:

• Respiratory Hygiene/Cough Etiquette

Respiratory Hygiene/Cough Etiquette programs should be implemented at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections, including influenza, in healthcare settings. A Respiratory Hygiene/Cough Etiquette program includes:

- posting visual alerts instructing patients and persons who accompany them to the healthcare facility to inform health care personnel if they have symptoms of respiratory infection;
- providing tissues to patients and visitors to use to cover their mouth and nose when coughing and sneezing;
- providing dispensers of alcohol-based hand rubs;
- ensuring that supplies for handwashing are available at sinks;
- offering masks to persons who are coughing;
- encouraging coughing persons to sit at least 3 feet away from others; and,
- having healthcare workers observe Droplet Precautions in addition to Standard Precautions.

• Standard Precautions

Healthcare workers should follow safe practices when caring for a patient with suspected or confirmed influenza:

- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is possible.
- Wear a gown if soiling of clothes with patient's respiratory secretions is probable.
- Change gloves and gowns after each patient encounter and perform hand hygiene.
- Decontaminate hands before and after touching the patient, after touching the patient's personal effects,

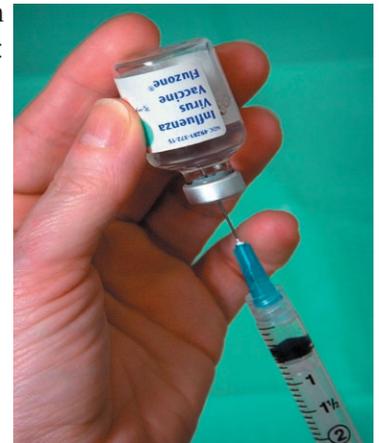


Photo by Jim Gathany, Courtesy of Centers for Disease Control



Photo by Kimberly Smith, Courtesy of Centers for Disease Control

or after touching the patient's respiratory secretions, whether or not gloves are worn.

- When hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands or wash hands with an antimicrobial soap and water.
- **Droplet Precautions**

Healthcare workers should follow safe practices in addition to Standard Precautions, and also observe Droplet Precautions during the care for a patient with suspected or confirmed influenza.

- 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.
- Wear a surgical mask upon entering a patient's room or when working within 3 feet of the patient. Remove the mask when leaving the patient's room and dispose of it in a waste container.
- When moving or transporting a patient have the patient wear a surgical mask.
- Visitor and Worker Restrictions Discourage persons with symptoms of a respiratory infection from visiting patients.
- Exclude healthcare workers with symptoms of respi-

ratory infection from work for the duration of illness.

- Control of Influenza Outbreaks in Healthcare Settings. When influenza outbreaks occur in healthcare settings, additional measures should be taken to limit transmission of the influenza virus.
- 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.
- Implement Droplet Precautions for all patients with suspected or confirmed influenza.
- Separate suspected or confirmed influenza patients from asymptomatic patients (patients showing no symptoms of influenza).
- Restrict staff movement between the healthcare units and buildings.
- To prevent spread of the virus, give an antiviral prophylaxis to all patients in the healthcare facility without influenza for whom the antiviral agent is not contraindicated.
- Administer influenza antiviral therapy to patients acutely ill with influenza, within 48 hours of onset of illness.
- Administer current inactivated influenza vaccine to unvaccinated patients and healthcare workers.
- Offer influenza antiviral prophylaxis to unvaccinated workers for whom the antiviral agent is not contraindicated and who work in the affected unit or are caring for high-risk patients.
- Consider prophylaxis for all healthcare workers, regardless of their vaccination status, if the outbreak is caused by a variant of influenza (virus that is different from the standard influenza virus) that is not well matched by the vaccine.
- 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.

Remember to practice safety. Don't learn it by accident.

This fact sheet was published with information from the Centers for Disease Control and the Texas Department of Insurance (TDI), Division of Workers' Compensation (DWC).

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