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|  PANDEMIC INFLUENZA | NO.  |
| Winning Wheels will follow the Center for Disease Control and World Health Organization guidelines for pandemic influenza.DEFINITION: A pandemic or global epidemic is an outbreak of an infectious disease that affects people or animals over an extensive geographical area. The primary strategies for preventing pandemic influenza are the same as those for seasonal influenza:1. Vaccination
2. Early detection
3. Treatment with antiviral medications
4. The use of infection control measures to prevent transmission during patient care

Basic infection control principles for preventing the spread of pandemic influenza in healthcare settings include but are not limited to the following:1. Limit contact between infected and non-infected persons
	1. Private room or defined area for confinement of those residents affected
	2. Limit contact between nonessential personnel and other persons and residents who are ill with pandemic influenza. Post visual alerts at the entrance to the facility restricting entry by persons who have been exposed to or have symptoms of pandemic influenza. Enforce visitor restrictions by assigning personnel to verbally and visually screen visitors for respiratory symptoms at points of entry to the facility. Provide a telephone number where persons can call for information on measures used to prevent the introduction of pandemic influenza
	3. Control of personnel. Screen personnel for influenza-like symptoms before they come on duty. Symptomatic personnel should be sent home until they are physically able to return to duty.
	4. Promote spatial separation in common areas (i.e., sit or stand as far away as possible-at least 3 feet-from potentially infectious persons) to limit contact between symptomatic and non-symptomatic persons
	5. Limit movement within the facility (e.g., temporarily close the dining room and serve meals on nursing units, cancel social and recreational activities.)
2. Protect persons caring for influenza residents in healthcare settings from contact with the pandemic influenza virus. Persons who must be in contact should observe the following precautions:
	1. Wear a surgical or procedural mask for close contact with infectious patients
	2. Use contact and airborne precautions
	3. Wear gloves (gown if necessary) for contact with respiratory secretions
	4. Perform hand hygiene after contact with infectious patients
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| * 1. Residents with known or suspected pandemic influenza should be placed on droplet precautions for a minimum of 5 days from the onset of symptoms. Immunocompromised residents may shed virus for longer periods and should be placed on droplet precautions for the duration of their illness
	2. If pandemic virus is associated with diarrhea, contact precautions should be added
1. Contain infectious respiratory secretions in the following ways:
	1. Instruct persons who have “flu-like” symptoms to use respiratory hygiene/cough etiquette
	2. Promote use of masks by symptomatic persons in common areas or when being transported

Symptoms of influenza include:1. Fever-may not always be present in elderly residents or residents in long-term care facilities or in persons with underlying chronic illnesses
2. Headache
3. Myalgia
4. Prostration
5. Coryza
6. Sore throat
7. Cough
8. Diarrhea

DISPOSAL OF SOLID WASTE:Standard precautions are recommended for disposal of solid waste (medical and non-medical) that might be contaminated with a pandemic influenza virus.* 1. Contain and dispose of contaminated medical waste in accordance with facility specific procedures and/or local or state regulations for handling and disposal of medical waste, including used needles and other sharps, and non-medical waste
	2. Discard as routine waste used resident-care supplies that are not likely to be contaminated
	3. Wear disposable gloves when handling waste. Perform hand hygiene after removal of gloves

LINEN AND LAUNDRY: Standard precautions are recommended for linen and laundry that might be contaminated with respiratory secretions from residents with pandemic influenza:1. Place soiled linen directly into a laundry bag in the resident’s room. Contain linen in a manner that prevents the linen bag from opening or bursting during transport and while in the soiled linen holding area
2. Wear gloves and gown when directly handling soiled linen and laundry as per standard precautions. Do not shake or otherwise handle soiled linen and laundry in a manner that might create an opportunity for disease transmission or contamination of the environment
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| 1. Wear gloves for transporting bagged linen and laundry
2. Perform hand hygiene after removing gloves that have been in contact with soiled linen and laundry
3. Wash and dry linen according to routine standards and precautions

DISHES AND EATING UTENSILS: Standard precautions are recommended for handling dishes and eating utensils used by a resident with known or possible pandemic influenza:1. Wash reusable dishes and utensils in a dishwasher with recommended water temperature
2. Disposable dishes and utensils should be discarded with other general waste
3. Wear gloves when handling resident trays, dishes, and utensils

PATIENT-CARE EQUIPMENT: Standard practices for handling and reprocessing used patient-care equipment, including medical devices.1. Wear gloves when handling and transporting used patient-care equipment
2. Wipe heavily soiled equipment with an EPA-approved disinfectant before removing it from the resident’s room. Follow current recommendations for cleaning and disinfections or sterilization of reusable resident-care equipment

ENVIRONMENTAL CLEANING AND DISINFECTION: Cleaning and disinfections of environmental surfaces are important components of routine infection control. Environmental cleaning and disinfections for pandemic influenza follow the same general principles used in healthcare settings. 1. Cleaning and disinfections of resident-occupied rooms
	1. Wear gloves in accordance with facility policies for environmental cleaning and wear a surgical or procedure mask in accordance with droplet precautions. Gowns are not necessary for routine cleaning of an influenza resident’s room
	2. Keep areas around the resident free of unnecessary supplies and equipment to facilitate daily cleaning
	3. Use any EPA-registered detergent-disinfectant. Follow manufacturer’s recommendations for use-dilution, contact time, and care in handling
	4. Follow facility procedures for regular cleaning of resident-occupied rooms. Give special attention to frequently touched surfaces (e.g. bedrails, bedside and over-bed tables, TV controls, call buttons, telephones, lavatory surfaces, safety pull-up bars, doorknobs, commodes) in addition to floors and other horizontal surfaces
	5. Clean and disinfect spills of blood and body fluids in accordance with current recommendations for isolation precautions
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| CLEANING AND DISINFECTION AFTER RESIDENT DISCHARGE OR TRANSFER: Standard facility procedures for post-discharge cleaning of an isolation room1. Clean and disinfect surfaces that were in contact with the resident or might have become contaminated during resident care. No special treatment is necessary for window curtains, ceilings, and walls unless there is evidence of visible soiling
2. Do not spray occupied or unoccupied rooms with disinfectant. This is a potentially dangerous practice that has no proven disease control benefit.

POSTMORTEM CARE: Standard facility practice s for care of the deceased. Practices should include standard precautions for contact with blood and body fluids EDUCATION: Educate facility staff, residents, and visitors on the importance of containing respiratory secretions to help prevent the transmission of influenza and other respiratory viruses Educate facility staff, residents, and visitors on isolation procedures and practices  Educate facility staff on the importance of proper hand washing Educate facility staff on proper respiratory/cough etiquette:1. Containing respiratory secretions to help prevent the transmission of influenza and other respiratory viruses
2. Posted signs served with instructions to residents and family members or friends to report symptoms of a respiratory infections
3. Source control measures (e.g. covering the mouth/nose with a tissue when coughing and disposing of used tissues: using masks on coughing person when they can be tolerated and are appropriate?
4. Hand hygiene after contact with respiratory secretions
5. Spatial separation, ideally >3 feet of persons with respiratory infections in common waiting areas
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