



Guidance for Preventing Transmission of Influenza in Congregate Care Facilities

October 27, 2009

Decisions about management of patients should be made based on clinical judgment and current surveillance data. The following recommendations apply only when influenza viruses are circulating in NYC. Check nyc.gov/flu often to find out when influenza viruses begin to circulate more widely in NYC.

THIS GUIDANCE can help congregate care facilities stop the spread of influenza, including both seasonal and novel H1N1 flu; protect residents and staff most at risk for severe influenza; and preserve normal activities with the least possible disruption.

These recommendations are intended to supplement, but not replace, provisions required by oversight agencies, and they can be used by any size or type of facility, including long-term-care residences, adult-care centers, supportive housing, juvenile homes and homeless shelters.

The New York City Department of Health and Mental Hygiene provides this guidance based on the best current information. Recommendations may change, and New York City recommendations may sometimes differ from those issued by the national Centers for Disease Control and Prevention: visit nyc.gov/flu for frequently updated information.

Contents

1. Overview
2. Planning and Preparation
3. Identifying Influenza-like Illness and Reporting Clusters to the Health Department
4. Evaluation and Medical Care of Residents With Influenza-like Illness
5. Managing Influenza-like Illness
6. Managing Staff With Influenza-like Illness
7. Transportation
8. Responding to an Influenza Outbreak
9. Resources

1. Overview

1-A. Transmission of influenza

Influenza (flu) is a contagious respiratory illness that spreads mainly through droplets when an infected person coughs or sneezes. Influenza usually spreads person-to-person but it is also

possible to become infected by touching a virus-contaminated surface (such as a doorknob or phone), then touching the eye, nose or mouth.

- Seasonal flu and novel H1N1 influenza are transmitted in the same way and present similar symptoms and possible health complications. The same measures reduce transmission of both seasonal flu and novel H1N1 influenza:
- The best way to prevent the flu is vaccination with seasonal and novel H1N1 vaccine.
- These other actions also help prevent the spread of flu and other infections:
 - ✓ Covering coughs and sneezes with a tissue or sleeve—not a hand
 - ✓ Washing hands frequently with soap and water or an alcohol-based hand cleaner
 - ✓ Keeping people with influenza-like illness (ILI) away from others

1-B. Identifying influenza-like illness

Influenza-like illness (ILI) = fever of 100°F or higher with a cough or sore throat
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- Influenza-like illness (ILI) usually starts suddenly. ILI is defined as fever of 100°F or higher with a cough or sore throat. People with ILI may also experience fatigue, body aches, headache, chills, and runny or stuffy nose. Some also report diarrhea and vomiting.
- Facilities should treat all patients with ILI as though they have influenza. To prevent the spread of illness, people with ILI should stay home from work or school until they are fever-free for at least 24 hours, without the use of fever-reducing medications such as acetaminophen or ibuprofen.
- People without risk factors for severe influenza (**see section 1-C**) usually recover from ILI on their own, without medical treatment or antiviral medications.

1-C. Chronic health conditions and other risk factors for severe influenza or complications

People with the following conditions are more likely than others to get very sick with the flu. Contact a health care provider right away if a person who belongs to one of these groups develops ILI, or has close contact with someone with ILI. Antiviral medication to prevent illness or treat symptoms may be indicated and is most effective when started as soon as possible, ideally, within 48 hours of symptom onset.

- Pregnancy or recent (within prior 2 weeks) childbirth, miscarriage, or abortion
- Age 65 years or older
- Age younger than 2 years
- Metabolic disease, such as diabetes
- Lung disease, such as asthma or emphysema
- Heart, liver, or kidney disease, except hypertension
- Blood disease, such as sickle cell anemia
- Weakened immune system (eg, caused by HIV, cancer, or medication)
- Seizure, neuromuscular, spinal cord injury, cognitive dysfunction, and other disorders that may cause problems breathing or clearing mucus
- Long-term aspirin therapy in children less than 19 years old because of the risk of Reye syndrome

1-D. Signs of severe influenza-like illness

Any of the following signs should prompt referral to an emergency department:

Adults

- Trouble breathing
- Severe pain or pressure in the chest or abdomen
- Suddenly dizzy (feeling faint)
- Severe or persistent vomiting
- Confusion or change in mental status

Children

- Trouble breathing
- Turning blue (trouble breathing, not getting enough oxygen)
- Not drinking enough fluids (dehydration)
- Severe or persistent vomiting
- Lethargy
- Extremely irritable (doesn't want to be held)

2. Planning and Preparation

2-A. Appoint a team to develop a flu-prevention plan

The facility manager should appoint designated staff to develop and put a plan in place to prevent the spread of influenza. The team should represent all parts of the facility, such as program, medical, housekeeping, and administrative units. It should address the following areas, along with others required by oversight agencies:

- Employee education and risk assessment
- Influenza vaccination
- Medical and mental health resources
- Education and training for residents and staff
- Facility readiness: signs, supplies, and housekeeping
- Identifying and reporting clusters of influenza-like illness
- Managing influenza-like illness: medical care and infection control
- Transportation
- Responding to influenza outbreaks

The team should assess needs, decide how to implement each activity, and identify resources for mild/moderate and severe outbreaks. It should hold regular meetings to report on the status of preparations and discuss public health updates from the New York City Department of Health and Mental Hygiene and others.

2-B. Educate employees and assess their risk of exposure

Make sure employees know how to prevent the spread of flu. Identify staff who have close contact or provide care or other support services to residents with influenza-like illness (ILI). Implement infection control procedures to prevent person-to-person transmission of the virus (**see section 5-B**). Educate all employees about the importance of vaccination and how to prevent influenza.

Strongly encourage:

- Covering coughs and sneezes with a tissue or sleeve – not a hand
- Washing hands frequently with soap and water or an alcohol-based hand cleaner
- Keeping people with ILI as far away from others as possible

Health care workers must use infection control measures and facilities should refer to www.cdc.gov/flu for current recommendations on infection control in health care settings. **See section 6** for guidance on managing employees with ILI.

2-C. Encourage vaccination

Vaccination is the best way to prevent influenza. Priority groups for immunization against seasonal influenza and novel H1N1 influenza are different.

Seasonal vaccine is recommended for:

- Children aged 6 months to 18 years, especially those younger than 5 years
- Pregnant women
- People aged 50 years and older, especially those 65 and older
- People with chronic health conditions* that make them more likely to get very sick with the flu
- Residents of long-term-care facilities
- Health care workers
- People who live with or care for children younger than 5 years, especially infants younger than 6 months (Babies this age can get very sick with the flu, but are too young to be vaccinated)
- People who live with or care for people 50 or older, and those with chronic health conditions
- Anyone who wishes to reduce the risk of becoming ill with influenza or transmitting it to others

Novel H1N1 vaccine is recommended for:

- Pregnant women
- Children and young adults aged 6 months through 24 years
- People who live with or care for children younger than 6 months
- Health care and emergency medical services workers
- People aged 25 through 64 years with chronic health conditions*

Once these groups have been vaccinated, the following should be vaccinated:

- People aged 25 through 64 years who do not have chronic health conditions,* then:
- People aged 65 and older

***See section 1-C**

Visit www.nyc.gov/flu for frequently updated information on seasonal and novel H1N1 vaccines.

2-D. Medical and mental health resources

Identify resources available for residents and review and update emergency medical protocols, provider contracts, and contact information for providers and pharmacies.

2-E. Education and training

Hold mandatory educational sessions for residents and staff on influenza and facility policies, including:

- How flu spreads
- Recognizing influenza-like illness
- The importance and availability of vaccination
- Basic coughing and sneezing etiquette
- Hand washing
- Personal protective equipment
- Housekeeping procedures

All staff should attend—administrators, case workers, clinical staff, custodians, and food handlers. Information can also be provided through signs, written materials, and video presentations. As more is learned about an outbreak, make regular announcements, especially regarding changes in prevention measures and treatment protocols.

2-F. Post educational signs prominently

- Display the Health Department’s “Cover Your Cough” and “Wash Your Hands” signs at all entrances, bathrooms, and common areas.
- Display signs instructing residents to notify the appropriate staff if they have flu-like symptoms.
- Post “STOP” triage signs at facility entrances.
- Consider showing a streaming video in a common area that demonstrates proper hand washing and respiratory etiquette. One such video is available at www.cdc.gov/CDCTV/HandsTogether/

Visit www.nyc.gov/flu or call 311 to obtain posters, brochures and other public-education materials in several languages

2-G. Practice good housekeeping

Keeping the facility clean and well maintained helps prevent the spread of flu. Where residents attend to their own housekeeping, provide training on use of supplies, general cleaning, and garbage disposal methods.

- Clean facilities routinely and effectively.
- Clean frequently touched surfaces, such as doorknobs, door handles, handrails, and telephones as well as surfaces in bathrooms, sleeping areas, cafeterias, and offices.
- Maintain hand-washing supplies: soap, paper towels, alcohol-based hand cleaners.
- Maintain general cleaning supplies and disinfectants.
- Place wastebaskets in visible locations and empty regularly.
- Ensure that waiting areas, TV rooms, and reading rooms have adequate ventilation, such as fans and open windows.
- Wash laundry in a standard washing machine with water and detergent. It is not necessary to separate soiled linen and laundry of individuals with ILI from that of other residents.
- Information on disinfectants can be found at: www.epa.gov/oppad001/influenza-disinfectants.html.

3. Identifying Influenza-like Illness and Reporting Clusters to the Health Department

Early identification of individuals with ILI can help prevent spread and protect residents and staff at higher risk for severe influenza (**see section 1-C**). Congregate care facilities should develop a plan to quickly identify and track residents and staff with ILI (**see section 1-B**). They should also provide medical follow-up when appropriate to limit the spread of infection.

3-A. Screen for influenza-like illness at the facility entrance

- Screen all new residents for ILI upon arrival.
- Advise residents and staff to notify medical or administrative personnel immediately if they develop ILI or suspect that someone is ill.
- Separate persons with ILI—both residents and staff—from people who are well.
- Advise staff with ILI to stay home until they are fever-free for at least 24 hours without fever-reducing medication.

- Post signs telling people entering the facility to notify staff immediately if they have had or been exposed to ILI in the last 24 hours.
- Ask visitors not to enter until they have been fever-free for at least 24 hours without the use of fever-reducing medication.
- Consider fever checks for residents unable to verbally communicate whether they have ILI.
- If one or more people develop ILI, consider active surveillance to identify additional cases. For example, consider daily screening at the main entrance, in other common areas, or at nightly bed sign-in.

3-B. Investigate cases

When more than one case of ILI is found, it is important to collect information on those who are ill. This information can direct procedures to contain transmission and control outbreaks. Information that may be helpful in identifying sources of transmission includes:

- Location in facility, if resident
- Job description and location in facility, if staff
- Contact with someone with ILI
- Identifying higher-risk individuals (**see section 1-C**) who have been exposed as soon as possible so they can discuss the potential need for preventive antiviral treatment with their health care provider.

3-C. Reporting clusters to the Health Department

If 5 or more cases of ILI are identified in the facility report the cluster to the New York City Department of Health and Mental Hygiene right away. Call the Provider Access Line (866-NYC-DOH1 or 866-692-3641). Only initial clusters need be reported. Also notify the oversight agency and be aware that reporting requirements of other agencies may differ.

4. Evaluation and Medical Care of Residents With Influenza-like Illness

4-A. Evaluating and caring for residents with ILI

Individuals aged 2 to 64 years without risk factors for severe influenza usually recover on their own without medical treatment. People who do have these risk factors (**see section 1-C**), however, should contact a provider promptly if they develop or are exposed to ILI. If a resident is identified with ILI, take the following steps immediately:

- Provide the resident with a face mask, with instructions to wear it whenever close contact with other people is unavoidable.
- Direct the resident to a hand-washing station. If a resident with ILI has a disability that makes hand hygiene difficult, a dedicated staff person, wearing appropriate personal protective equipment, should assist.
- Place resident in a separate room, if possible. If a separate room is not available, seat masked individuals away from others.
- Facilitate medical examination if warranted. If possible, the resident should be placed in a separate room.

4-B. Facilities with medical personnel on site should check residents with ILI for severe illness. When examining patients, medical personnel should wear fit-tested N95 respirators and adhere to other infection control precautions (**see section 5-B**). Individuals with severe symptoms (such as trouble breathing) and individuals with mild ILI who experience worsening symptoms (**see section 1-D**) should be transported to an emergency department for medical care.

4-C. Facilities without medical personnel on site should follow infection control precautions for non-health-care workers (**see section 5-B**) and established protocols for managing potentially

infectious people, including consultation, referral, or transportation for medical evaluation. Do NOT send residents with mild symptoms to emergency departments.

If a medical provider is affiliated with the facility, contact that provider for recommendations regarding antiviral treatment for residents with risk factors for severe influenza (**see section 1-C**). Residents with severe symptoms (**see section 1-D**), such as difficulty breathing, should be taken immediately to an emergency department. In congregate care facilities where no support services are provided on site, assigned social service organizations should adhere to all of the above guidelines while providing care and services.

4-D. People with weakened immune systems

People with weakened immune systems, such as from HIV or cancer or medications, are at higher risk for severe illness and complications from the flu. In addition to following general guidelines for congregate settings, facilities should consider self-isolation and additional infection control precautions for immunocompromised people.

- Keep people with weakened immune systems away from people with ILI until fever resolves for at least 24 hours without the use of fever-reducing medication. Immunocompromised people who develop ILI should be evaluated immediately by a medical provider who can make a decision to initiate early antiviral treatment (ideally within the first 48 hours of onset of fever or respiratory symptoms).
- Prophylaxis with antiviral medication should be considered for immunocompromised residents who have had close contact with someone with ILI.
- In settings where peers provide services, immunocompromised peers should not assist residents with ILI until fever resolves for at least 24 hours without the use of fever-reducing medication.

4-E. Antiviral treatment

Caring for high-risk residents with ILI

- Residents with certain health conditions (**see section 1-C**) and ILI, regardless of severity, should promptly consult a health care provider and be treated with antiviral medication as soon as possible. New York City Department of Health and Mental Hygiene guidelines emphasize the importance of starting treatment early (ideally, within 48 hours of illness onset).

Caring for non-high-risk residents with ILI

- People with ILI who are not at high risk of severe illness or complications usually recover without medical treatment, though resolution of symptoms may take one week or more. Rest, drinking plenty of liquids, and taking medications to treat symptoms (for example, acetaminophen or ibuprofen) are helpful. However, persons 18 years and younger with ILI should not take aspirin or aspirin-containing products, because of the risk of Reye syndrome.

Preventive treatment for higher-risk residents

- In some circumstances, residents with certain health conditions (**see section 1-C**) may be given antiviral medication (eg, oseltamivir or zanamavir) to prevent illness. This might be indicated for a resident who has a high-risk condition and has had close contact with someone with ILI. Alternatively, “watchful waiting” may be recommended – that is, monitoring the exposed person for fever and starting treatment with antiviral medications right away if symptoms of ILI develop.

Preventive treatment for staff

- Although generally not needed for healthy health care workers, preventive treatment should be offered to staff who have been exposed through a breach in respiratory personal protective equipment (PPE) at work OR through unprotected exposure in the home or community if the staff member either has a high-risk condition OR takes care of vulnerable patients in a high-risk unit.

Guidance on antiviral dosing and precautions

- See www.nyc.gov/flu for information on antiviral medications.

4-F. Precautions for designated caregivers

- If possible, appoint dedicated staff members to care for persons with ILI, provide food, and assist in daily needs.
- Staff providing direct patient care that involves close contact with persons with ILI (bathing, turning, feeding) should be trained in proper infection control precautions for health care workers, including wearing fit-tested N95 respirators and gloves (**see section 5-B**). In addition, the person with ILI should be asked to wear a face mask while in close contact with a caregiver. A covered waste receptacle should be available for proper disposal of used face masks.
- After removing a respirator and gloves, staff should wash hands thoroughly with soap and water right away and before providing care or having contact with other residents or patients. Staff who provide support services (eg, food handlers, custodial staff) to residents with ILI but have no direct or close contact should continue their activities following routine procedures.

Infection control precautions for health care workers and treatment recommendations may change. Visit www.nyc.gov/flu for frequently updated recommendations.

5. Managing Influenza-like Illness

Separate people with ILI from those who are well, and use flu-prevention practices to limit the spread of illness.

5-A. Basic infection control for residents and staff

- Incorporate frequent hand washing, respiratory etiquette, and basic hygiene into Daily Living Skills education.
- Prominently display the Health Department's "Cover Your Cough" and "Wash Your Hands" signs in areas where people congregate.
- Encourage vaccination of residents and staff against both seasonal and novel H1N1 influenza.
- Encourage residents and staff to dispose of used tissues immediately in a covered wastebasket, and wash hands after disposing of tissues.
- Maintain hand-washing facilities in good order and provide easy access to hand sanitizers.
 - ✓ Encourage collective hand washing before and after activities and for people who may need additional support, such as people with special needs).
 - ✓ Alcohol-based hand sanitizers should be used if a sink is not easily available and hands are not visibly soiled.
 - ✓ Explain that alcohol-based hand sanitizers should never be drunk or used as a mouthwash or gargle.
 - ✓ Keep hand-washing facilities well stocked with soap and paper towels.
 - ✓ Ensure there are a sufficient number of wastebaskets available throughout your facility.

- ✓ Consider using a “One Stop” infection control station where people can use hand sanitizer and tissues, with accessible garbage cans for quick use and disposal of used items
- ✓ Provide face masks to people with ILI when they need to be in common areas or around people who are not ill.

5-B. Infection control for health care workers and staff in close contact with residents with ILI

The U.S. Centers for Disease Control and Prevention recently released infection control guidelines for novel H1N1 for health care settings (see www.cdc.gov/flu). These guidelines apply nationwide and include a range of protective measures—including standard precautions and the use of respiratory protection that is at least as protective as a fit-tested disposable N95 respirator for health care workers in close contact with people who have confirmed or suspected novel H1N1. These measures are legally enforceable in health care settings by occupational safety and health agencies and must be complied with. Refer to the CDC guidance for definitions of health care workers and health care settings and a full description of infection control measures.

The NYC Health Department supports the CDC recommendation of N95 respirators for health care workers because these are legally enforceable national standards, but recommends **standard and droplet (face mask) precautions for all non-health-care workers**, including those in congregate care facilities. The Health Department’s recommendations for non-health-care workers are based on current information on novel H1N1 outbreaks in New York City and considers the negative impact of a potential supply shortage of N95 respirators.

The best ways to protect workers from exposure to novel H1N1 influenza in congregate care settings include:

- Using infection control measures and recommendations included in this guidance, such as vaccinations, isolation of residents with ILI, limiting number of staff that come into close contact with residents with ILI, staff staying home when sick, and basic hand hygiene and respiratory etiquette.
- All workers in close contact with residents with ILI should use standard precautions, including use of non-sterile gloves for any contact with potentially infectious material, followed by hand washing or use of an alcohol-based hand sanitizer, and should use gowns or eye protection for any activity that might generate respiratory secretions.
- Health care workers should use respiratory precautions, including a fit-tested N95 respirator when in close contact with residents with ILI. (For health care workers, close contact is defined as less than 6 feet) These workers must be part of a complete respirator program that includes training, fit-testing, and medical clearance.
- Facilities need to be aware that there may be shortages of N95 respirators during the 2009-2010 flu season and plan accordingly. Prioritize use of N95 respirators by workers at the highest risk of exposure to influenza. Implement work practices that can extend the use of disposable N95 respirators. Train personnel to wear respirators during multiple patient encounters.
- Non-health-care workers, such as case workers, escorts, administrative staff, and custodial staff, should wear face masks when in close contact with residents with ILI.

5-C. Use social distancing to limit the spread of influenza

When there is evidence of an influenza outbreak, use social distancing to limit the number of people who congregate and allow more physical space between people. Depending on the severity of an outbreak, social distancing can range from decreasing the number of people who can congregate at one time, to suspending all nonessential activities. Explain to residents and staff why people are isolated from others to avoid stigmatizing those affected.

Examples of Social Distancing in Congregate Settings

Sleeping Arrangements	<ul style="list-style-type: none"> • House fewer residents within a dorm/unit during flu season. • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use temporary barriers (foot lockers, curtains) to create distance between beds. • Move residents with ILI into separate rooms with closed doors, and provide a separate bathroom if possible. • If only shared rooms are available, consider housing the ill person in a room with the fewest number of other residents. • Do not house people with underlying conditions in the same room as people with ILI.
Mealtimes	<ul style="list-style-type: none"> • Stagger mealtimes to reduce crowding in shared eating facilities. • Stagger the schedule for use of common/shared kitchens.
Bathrooms & Bathing	<ul style="list-style-type: none"> • Stagger bathing schedule to reduce the number of people using the facilities at the same time.
Recreation/Common Areas	<ul style="list-style-type: none"> • Create a schedule for using common spaces. • Hold fewer large group activities such as “house meetings” in favor of smaller groups.
Transport	<ul style="list-style-type: none"> • Transport fewer people per trip so passengers don’t sit too close together.
Communication	<ul style="list-style-type: none"> • Reduce face-to-face meetings with residents for simple informational purposes. • Instead, consider using mailboxes, bulletin boards, signs, posters, brochures, e-mails, and phones—even sliding information under the door.
Staff Activities	<ul style="list-style-type: none"> • Don’t hold large meetings when information can be communicated in other ways. • Consider conference calls instead of in-person meetings.

5-D. Support for residents with special needs

- Isolating residents with ILI can provoke significant anxiety, fear, guilt and other psychological symptoms in both the ill and the well. Persons with special needs may be particularly vulnerable and require additional support to cope with isolation and other disruptions to routine. Clearly explain the reasons for segregating residents to avoid stigmatizing those who are affected. Whenever possible, provide healthful enhancements to support isolated individuals, such as special beverages, entertainment options like magazines, radio, and TV.
- Facility staff should reinforce prevention messages frequently with residents with ILI, particularly those who may have difficulty practicing hygiene and following instructions under normal circumstances.

6. Managing Staff With Influenza-like Illness

- Ask all staff members to put on a face mask immediately and notify management at once if they develop acute fever with a cough or sore throat. Require that all employees with ILI stay home from work until they have been fever-free for at least 24 hours without the use of fever-reducing medication. Facilities should ensure that there are no disincentives that might cause ill employees to come to work in spite of these recommendations. They also are

advised to consider ways to provide staff coverage if critical staff members or a substantial number of staff members are unable to come to work.

- Advise employees with ILI that some health conditions (**see section 1-C**) increase the risk of severe influenza. Advise that people with any of these conditions consult a health care provider right away to discuss the need for antiviral treatment if they develop or are exposed to ILI. Antiviral treatment is most effective when started within 48 hours of symptom onset.
- Advise that people with mild ILI and no high-risk health conditions generally do not need antiviral medications, and should not seek emergency treatment at a hospital.
- If an employee with ILI is waiting to see a medical provider at the facility, the person should be given a face mask, directed to a hand-washing facility, and seated in a separate area if possible. If seated in a public area, the ill person should be seated away from others. Any employee with ILI should leave work immediately and stay home until fever-free for at least 24 hours. The employee should wear a face mask while in the facility and should return home in a private car or taxi. It is not recommended to take public transportation. If public transportation cannot be avoided, the person should wear a face mask and stay away from other people.

7. Transportation

Many congregate facilities require transporting clients/residents as part of program services or provide transport to medical facilities.

- Residents with ILI should wear a face mask, if tolerated, while being transported.
- If ill clients must be transported with others, efforts should be made to keep ill clients masked, to instruct them not to touch others, and to remain separated from well clients.
- If sick passengers refuse to wear a mask, the staff or driver and well passengers should be encouraged to wear face masks while in a vehicle.
- Staff members/drivers who are in close contact with ill residents during transport should wear face masks. The masks should be discarded after one use, and hands should be washed with soap and water or hand sanitizer.
- For transport to hospitals or medical providers, alert the receiving facility that the person en route has ILI.

8. Responding to an Influenza Outbreak

Isolation is used to separate ill persons from others in order to prevent exposure. It is maintained for as long as the ill person is considered contagious.

Use these strategies to limit contact between persons with influenza-like illness and others:

- Post a “STOP” triage sign at the door asking all persons entering the facility if they have ILI symptoms so that they may be given a face mask and separated from others.
- Consider doing medical triage via Internet-based video conferencing for persons in scatter site congregate settings, where appropriate.
- Residents with ILI should be asked to stay in their room until they have been fever-free for at least 24 hours without the use of fever-reducing medication. The patient should be instructed to practice careful hand hygiene, to cover the mouth and nose with a tissue or sleeve when coughing and sneezing, and to avoid contact with other people.
- Residents or patients with ILI who must leave their rooms should wear face masks and receive repeat instruction on observing respiratory etiquette/hygiene. Ensure that an ill person who must leave his room has adequate tissues and a wastebasket in which to dispose of them.
- Have meals brought in to the ill person’s room. If this is not possible, have the ill resident eat at a different time or in an area separated from others.

- Keep tissues, a wastebasket, and alcohol-based hand sanitizer at each ill resident's bedside, or in an area that is easily accessible to the resident, and at the entrance to the resident's room.
- Limit the number of visitors who enter the ill resident's room. Visitors should be asked not to visit until 24 hours after the resident's fever is gone. Visitors should be instructed on how to wear a face mask and how to perform hand hygiene.
- Create staggered schedules for residents with shared bathrooms. Separate bathroom facilities may be designated if a large number of residents become ill.
- During an outbreak, it may be necessary to close down common spaces altogether. Each facility must use judgment to make these decisions regarding common areas.
- If possible, cancel the ill person's nonessential appointments at other agencies, group sessions, transfers between shelters, etc. For medically necessary appointments, such as dialysis or chemotherapy, the sending facility should call the receiving facility ahead of time to notify them of the patient's ILI status; the patient should wear a face mask during his/her entire visit. Receiving facilities should implement their own infection control procedures.
- Residents with special needs may require additional support.

9. Resources

Signs/posters from the New York City Department of Health and Mental Hygiene, available in multiple languages (www.nyc.gov/flu or call 311):

- "Cover Your Cough" sign: <http://www.nyc.gov/html/doh/html/cd/cd-cough.shtml>
- "Wash Your Hands," adults: www.nyc.gov/html/doh/downloads/pdf/cd/cd-adult-handwash-poster.pdf
- "Wash Your Hands," kids: www.nyc.gov/html/doh/downloads/pdf/cd/cd-kids-handwash-poster.pdf
- "STOP" triage: <http://www.nyc.gov/html/doh/downloads/pdf/cd/res-poster-clinics.pdf>

Signs and video from the Centers for Disease Control and Prevention (www.cdc.gov/flu):

- "Put Your Hands Together" video: www.cdc.gov/CDCTV/HandsTogether/
- EPA list of antimicrobial disinfectants: www.epa.gov/oppad001/influenza-disinfectants.html

LifeNet mental health resources (call 311 or 800-LifeNet, 800-543-3638):

- Spanish LifeNet: 311 or 1-877-AYUDESE (877-298-3373)
- Asian LifeNet (Mandarin, Cantonese, and Korean): 311 or 877-990-8585

CDC - Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel:

<http://www.flu.gov/professional/hospital/infectioncontrolguidance.html>

OSHA - Guidance on Preparing Workplaces for an Influenza Pandemic:

<http://www.osha.gov/Publications/OSHA3327pandemic.pdf>