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**New York State Department of Health (NYSDOH)  
Guidance for Shelters on Novel H1N1 Flu  
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Please note: This guidance is intended for use in shelters outside of New York City. For guidance related to shelters in New York City, see the New York City Department of Health and Mental Hygiene (NYCDOHMH) Advisories at: [www.nyc.gov/health/nycmed](http://www.nyc.gov/health/nycmed).

This guidance focuses on measures aimed at preventing and/or reducing disease transmission of novel H1N1 flu virus and associated illness in shelters – e.g., homeless shelters, emergency shelters, and transitional facilities. These recommendations are based on information that suggests most cases of illness from this virus are similar in severity to seasonal influenza. However, recommendations may need to be revised as more information becomes available.

### **BACKGROUND**

Since April 2009, the Centers for Disease Control and Prevention (CDC) has been working with the World Health Organization (WHO), state, city, and local officials to conduct an ongoing investigation of a nationwide outbreak of human cases of novel H1N1 flu infection. This is a novel influenza A virus that has not been identified in people before, and human-to-human transmission of the virus appears to be ongoing into the summer months. Currently available information on disease severity continues to show that most U.S. cases have not been severe and are comparable in severity to seasonal influenza. CDC, local, and state health officials will continue to closely monitor the severity and spread of this novel H1N1 flu outbreak.

Shelter administration and health professionals play a critical role in protecting the health of their residents, staff, and the community from contagious diseases such as novel H1N1 flu. **At this time, the primary means to reduce spread of influenza in shelters is to focus on early identification of ill residents and staff that should be separated from non-ill residents, and to encourage good cough and hand hygiene etiquette.**

### **IDENTIFICATION**

Symptoms of influenza-like illness (ILI) and possible novel H1N1 flu include fever (measured temperature of  $\geq 100^{\circ}\text{F}$ ) and either cough or sore throat. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, body aches, diarrhea, and vomiting. Like seasonal flu, novel H1N1 flu infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure and even death are possible.

### *Screening*

- Screen new residents as they arrive at the facility for any current ILI. A “Flu Symptom Check List” is provided in Appendix 1. In addition, new residents should be asked if they have been exposed to anyone with symptoms of ILI during the past seven days and that information should be documented. Staff should be observed at arrival to work. Any residents or staff members with ILI should be kept separate from well residents and staff and their healthcare providers should be contacted to see if a medical evaluation is warranted.
- If the facility keeps a routine medical log, check the entries daily for increased frequency of cases of ILI. If multiple residents and/or staff are ill, your facility may be experiencing an outbreak. It is required that you report these illnesses to your local health department immediately (within 24 hours).
- Depending on the situation, the local health department may recommend testing for novel H1N1 flu.
- Visitors should be screened for current illness or ILI. Visitors who have current ILI symptoms should be discouraged from visiting the facility. If visiting is required, the ill visitor should be given a facemask and asked to wash their hands.

### *Infection control*

- Residents with ILI should be asked to wear a surgical facemask, as tolerated, upon entry, while waiting and while being examined and treated.
- Staff who have close contact, including examining or providing direct medical care for residents or staff with ILI should wear a surgical facemask and gloves, and should put the facemask on ideally before entering the room.
- Staff should be instructed to perform hand hygiene and put facemask on first followed by gloves. When patient care is complete, remove gloves first then facemask, and perform hand hygiene.
- Meticulous hand hygiene should be performed before and after removal of personal protective equipment and before and after patient care.

### *High-risk populations*

- It is important to identify residents and staff who may be at higher risk for complications of the novel H1N1 flu infection because antiviral medications may be recommended if they are in close contact with someone with novel H1N1 flu. At this time, the same age and risk groups who are at higher risk for seasonal influenza complications should also be considered at higher risk for novel H1N1 flu infection complications. High-risk populations include:
  - Children <5 years old (the risk for severe complications from seasonal influenza is highest among children <2)
  - Adults  $\geq 65$  years
  - Persons with the following conditions: Chronic pulmonary disease (including asthma); cardiovascular disease (except hypertension); renal, hepatic, or hematological disorders (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus); or immunosuppression (including that caused by medications or by HIV)
  - Pregnant women

- Persons <19 years who are receiving long-term aspirin therapy
- Residents of nursing homes and other chronic-care facilities

### **MANAGING RESIDENTS WITH ILI**

A resident identified as having ILI should immediately be moved to a room separate from non-ill residents and staff. If a separate room is not available, ill residents should share a room with other residents who are ill with ILI or who are recovering from ILI.

- In facilities without medical personnel on site, follow the protocols already established by the facility for managing potentially infectious people in their settings, including consultation, referral, or transportation for medical evaluation.
- Residents with mild illness **and** who have no underlying medical conditions that place them at higher risk of complications from influenza may not need to be evaluated. The medical provider affiliated with the site should be contacted to determine if the resident will need to be evaluated.
- Residents with more severe symptoms (e.g., increased fever, shortness of breath, chest pain or pressure, cyanosis, vomiting, dizziness or confusion) or individuals with mild ILI who experience worsening symptoms should be sent immediately to the emergency department for evaluation.
- Patients should wear a surgical mask during transfer to the hospital.
- Personnel at the sending facility should alert the receiving hospital by telephone that the patient is en route and experiencing severe ILI.
- Where support services exist (e.g., supportive housing facilities), facilities should arrange for one person to care for the ill resident(s), provide food, and assist in daily needs. The caregiver should wear a surgical mask when providing care to the ill resident(s), and should discard it properly and wash his or her hands when leaving the room. Ill residents should be asked to wear a surgical mask when in close contact with caregiver.
- In settings where peers provide services, immunocompromised peers should avoid assisting residents with ILI until at least 7 days after illness onset or 24 hours after fever and symptoms have resolved, whichever is longer.

Any resident with ILI, even if mild, and who is at high-risk for influenza related complications (see high-risk populations above) may need to be treated with antiviral medication as soon as possible (ideally within 48 hours) after onset of symptoms. The resident's healthcare provider should be contacted to discuss the need for antiviral treatment and whether evaluation is necessary.

Guidance for healthcare providers on antiviral dosages and precautions is available at:

[http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/swine\\_flu/](http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/swine_flu/)

- Prophylaxis (preventive treatment) should be considered for residents who have underlying conditions and have had close contact with residents with ILI during their infectious period (one day before onset to 7 days after onset of symptoms).
- Post-exposure antiviral prophylaxis should also be considered for health care workers or other facility staff with underlying conditions if there is a recognized unprotected close contact or if a breach in personal protective equipment occurs during provision of direct care to a person with ILI during the person's infectious period (one day before to 7 days after onset of symptoms).

## PREVENTION AND CONTROL

The novel H1N1 flu virus appears to be spread like other influenza viruses. Seasonal human influenza viruses spread from person to person mostly when an infected person coughs or sneezes near another person. This typically requires close contact between infected persons and uninfected persons because droplets from coughs and sneezes do not stay in the air and generally travel only a short distance (< 6 feet). Contaminated surfaces are other possible sources of contact with these droplets.

### *General prevention recommendations*

- All staff and residents (regardless of illness) should be instructed to cough and sneeze into their elbow and to limit personal contact like handshaking, hugging, and kissing.
- Hand washing (staff and residents) must occur frequently (not just during outbreaks).
  - Adequate supplies of hand washing soap and disposable towels must be available at all times in food service and dining areas, bathrooms, and other areas where toileting or food service may occur.
  - Wash hands carefully with soap and warm, running water for 20 seconds after using the toilet. Additionally, all residents and staff should wash their hands frequently throughout the day and before eating or preparing food. Staff should monitor residents' hand washing.
  - Staff should supervise and/or help young children wash their hands thoroughly and properly.
  - A dedicated staff person, wearing appropriate personal protective equipment, should help residents with ILI who have a physical disability making it difficult to perform effective hand hygiene.
  - Residents with ILI who are combative or have behavioral issues that make him or her less cooperative in performing hand hygiene or maintaining isolation should be managed in accordance with the facility's policy for handling difficult residents.
  - Hands should be washed with soap and warm water prior to performing ceremonial hand washing (e.g., *Asher Yatzar* or *Netilat Yadayim*).
  - Alcohol-based hand sanitizers should be used if soap and water is not available. Consider making alcohol-based hand sanitizers available throughout the facility.
    - Exercise caution and ensure proper supervision of young children using alcohol-based sanitizers.
    - When hands are visibly soiled or potentially contaminated with body fluids, alcohol-based sanitizers should not substitute for soap and water.

### *Housing*

- Maintain at least 6 feet separation distance between the heads of beds in sleeping quarters.
- Consider arranging beds so that residents lie head-to-toe (or toe-to-toe), whichever will provide the greatest distance between faces.
- Use sheets or curtains to create temporary barriers between beds.
- Do not house ill persons with other well residents.
- If possible, cancel the ill resident's appointments at other agencies, group sessions, transfers between shelters, etc. For those appointments that are medically necessary, such as dialysis or

chemotherapy, the sending facility should call the receiving facility ahead of time to notify them of the resident's ILI status; the resident should wear a mask during his/her entire visit.

- Ill residents who must leave their rooms should wear a mask and receive repeat instruction on observing respiratory etiquette and hand hygiene. Ensure that the ill person who must leave their room has adequate tissues and a receptacle in which to dispose of them.

#### *Cleaning and disinfection*

- Housekeeping – “Sick” areas (bathrooms, sleeping areas, etc.) and high-touch surfaces require increased housekeeping emphasis.
  - Conduct regular cleaning and disinfection of bathroom facilities and high touch surfaces: toys, sports equipment, tabletops, faucets, door handles, computer keyboards, and the handles of communal washing cups. After cleaning, disinfection can be accomplished with a disinfectant rated to control influenza A or chlorine bleach (at a recommended concentration of 1 part household bleach to 50 parts water). These can be used to disinfect hard, non-porous environmental surfaces. Always follow label precautions.
  - Educate staff on the use of personal protective equipment (gloves and masks) and disposable cleaning products.
  - Staff should practice thorough hand washing and be encouraged to change to clean clothing after performing housekeeping duties in “sick” areas and prior to resuming other activities.
  - When cases are identified, handle linens, sleeping bags, mattress covers, and clothing as little as possible. Promptly clean, disinfect, remove or discard these items. These soiled items should be laundered with detergent in hot water (at least 140°F) at maximum cycle length and then machine dried on the highest heat setting. If there are no laundry facilities onsite capable of reaching 140°F, soiled items should be double bagged (using plastic bags) and taken offsite for proper washing and drying. If soiled items are sent home, instruct parents or caregivers on the proper washing and drying procedures.

#### *Food Service*

- If cases are identified, discontinue salad and sandwich bars, “family-style” service, and buffets – use servers only.
- Dining areas, including tables, should be wiped down after each use using a bleach solution of 1 part household bleach per 50 parts water. Allow surfaces to air dry.
- Do not allow use of common eating utensils, drinking cups, etc. Consideration should also be given to replacing common service items such as salt, pepper, ketchup, and other condiments with single service packets.

### **RESTRICTIONS AND EXCLUSIONS**

- When possible, residents or staff with ILI should be excluded from group activities and should not go into the community, except to seek medical care, for at least 7 days after the start of the illness or until they are symptom-free for 24 hours, whichever is longer.
- If ill residents must leave the shelter, try to provide them with the following:
  - Food and beverages to avoid infecting others while standing in food lines
  - Tissues or other care items

- Ill staff members with ILI should be sent home. Any staff member sent home because of ILI should call their healthcare provider to see if they need to be evaluated. They should not go into the community, except to seek medical care, for at least 7 days after the start of the illness or until they are symptom-free for 24 hours, whichever is longer.
- Ill residents or staff members must be isolated from other residents in a location separate from uninfected residents and staff.
- Ill residents who must leave their rooms should wear a mask and receive repeat instruction on observing respiratory etiquette and hand hygiene. Ensure that the ill person who must leave their room has adequate tissues and a receptacle in which to dispose of them.
- New arrivals should not be housed with sick or recovering residents.
- Consider placing limits to entry and exit from the facility and postponement or restriction of activities involving visitors when residents or staff are experiencing ILI.
- Limit the number of visitors a resident has. Visitors should be asked not to visit when ill. If visiting is required, the ill visitor should be given a facemask and asked to wash their hands.

#### **ADDITIONAL INFORMATION**

- **NYSDOH Public Web Site, H1N1 Flu (Swine Flu)**  
<http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/>
- **H1N1 Frequently Asked Questions and Answers**  
[http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/questions\\_and\\_answers.htm](http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/questions_and_answers.htm)
- **Clinical Guidance for Assessment, Testing, and Treatment of Novel Influenza A (H1N1) Virus**  
[http://www.nyhealth.gov/diseases/communicable/influenza/h1n1/docs/2009-05-07\\_h1n1\\_health\\_advisory\\_update\\_4.pdf](http://www.nyhealth.gov/diseases/communicable/influenza/h1n1/docs/2009-05-07_h1n1_health_advisory_update_4.pdf)
- **“Be a Good Hand Washer” poster**  
<http://www.health.state.ny.us/environmental/docs/handwashing.pdf>
- **"Your Health is in Your Hands" poster**  
[http://www.health.state.ny.us/diseases/communicable/influenza/your\\_health\\_is\\_in\\_your\\_hands\\_poster.htm](http://www.health.state.ny.us/diseases/communicable/influenza/your_health_is_in_your_hands_poster.htm)

## Flu Symptom Checklist for Screening Residents of Shelter Care Facilities

Yes  No      **Does the resident have a sore throat or a bad cough?**

Yes  No      **Does the resident have a fever of 100 degrees or more?**

### **Here is how to tell if the resident has a fever using a thermometer:**

- Wash the thermometer with soap and warm water before using.
- Do not let the resident drink anything for 15 minutes, and then take her/his temperature.
- Put the thermometer under the resident's tongue. Have the resident close her/his lips around the thermometer and stay with the resident while the thermometer is in the resident's mouth. You can hold it in place.
- It takes about one minute to check a temperature by mouth. A digital thermometer beeps when it is ready to read. The resident's temperature shows on the thermometer like this:

   One hundred point two          One hundred and two

### **If you are unable to take the resident's temperature, you can look for these signs of fever:**

- The resident's face may be red. Skin may be hot to touch or moist.
- Residents who are children may be fussy and have a headache.

**If the resident has a fever AND you answered "yes" to the other question above (she/he has a sore throat or cough), the resident might have the flu.**

- Residents with flu-like symptoms must be isolated from other well residents in the infirmary or in a location separate from uninfected residents and staff. This will need to occur for at least 7 days after the start of the illness or until they are symptom-free for 24 hours, whichever is longer. Note that influenza may result in a residual cough. If 7 days have passed, the resident is fever free, and otherwise feels well for at least 24 hours, exclusion from group activities is no longer needed even if they have a residual cough.

### **When should residents be evaluated by a doctor?**

Otherwise healthy residents with mild flu-like symptoms usually do not need to be seen by a doctor. CALL their health care provider if the resident is more ill than usual. Be alert for signs that the resident is having trouble breathing or is not drinking enough fluids. Be alert for skin rashes or any signs that the resident is more uncomfortable than you would expect with the flu.