

Influenza

When flu strikes, it can hit your facility hard -- at the same time it knocks out you and your staff. But with some advance planning, you can minimize the impact of influenza in your facility. To help you, this page contains 5 helpful hints to protect your facility this winter.

1. Start preparing by preventing -- vaccinated
2. Focus on your patients' needs
3. Refresh facility licensed and non licensed staff of their diagnostic (symptoms) skills
4. Don't be caught short staffed
5. Plan for prompt initiation of treatment

1. Start preparing by preventing

You and your staff should be vaccinated before the influenza season. Other target groups for influenza vaccination include the elderly, residents of nursing homes. For more information, please see "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)." MMWR (Morbidity and Mortality Weekly Report) Recommendations and Reports. April 30, 1999; Vol. 48: No. RR-4. (Available on-line at: <http://www.cdc.gov>)

2. Focus on your patients' needs

Display relevant patient education brochures/posters/in-service on topics such as influenza, colds and pneumonia. If possible, it is also a good idea to have plenty of fluids/beverages available and easily accessible for your residents' comfort. One option might be to offer a water cooler with disposable cups to help minimize the spread of germs between residents.

3. Refresh diagnostic skills

Promote flu awareness in your practice, and aid your staff in recognizing the signs and symptoms of flu. Effective management with antiviral therapy relies upon prompt initiation of treatment, so rapid recognition of flu is essential. The onset of flu is sudden: people describe feeling like they've "been hit by a truck." Fever, dry cough, muscle aches and pains and chills are common flu clues [3](#) and help differentiate flu from other common respiratory viral infections, such as a cold. If there are reports of flu in your area and a patient has these classic flu symptoms, chances are increased that it is influenza.

Signs and symptoms	Flu	Cold
Onset	Sudden	Gradual
Fever	Characteristic, high (over 101°F); lasting 3 to 4 days	Rare
Cough	Dry; can become severe	Hacking
Headache	Prominent	Rare
Myalgia (muscle aches and pains)	Usual; often severe	Slight
Tiredness and weakness	Can last up to 2 to 3 weeks	Very mild
Extreme exhaustion	Early and prominent	Never
Chest discomfort	Common	Mild to moderate
Stuffy nose	Sometimes	Common
Sneezing	Sometimes	Usual
Sore throat	Sometimes	Common

-- Adapted from the National Institute of Allergy and Infectious Diseases

4. Don't be caught short staffed

Schedule to minimize staff absences during the flu season. As the end of the year approaches, it's natural for people to try to take their vacation days -- especially with all of the November and December holidays. A few staff members may also miss work due to the flu. Planning ahead can help to ensure coverage, reduce staff conflict and make sure everyone gets their well-deserved time off, while still providing quality care for your patients.

5. Plan for prompt initiation of treatment

When a resident exhibits symptoms, use the opportunity to identify if he or she meets your established protocols and if he or she may be an appropriate candidate for antiviral treatment (Tamiflu).

Since early initiation is essential for treating influenza with antivirals, it is important to see the patient as soon as possible. Treatment should begin within 2 days (48 hours) from the onset of symptoms. Tamiflu is a covered medication through the nursing facility medicaid vendor drug program. Recommended dosage is 75 mg. BID for 5 days.