

ALASKA PIONEER HOME		P&P No: 08.04
Title: Seasonal Flu (Influenza)		Approval: D. COTE
Key Words: Risk, Precautions, Spread, Symptoms, Treatment		
Team: All Employees	Effective Date: 8/1/12	Page: 1 of 5

**PURPOSE**

To provide information about influenza and procedures to take when caring for residents at the Alaska Pioneer Homes (AKPH) during the annual flu season.

**POLICY**

A safe, healthy environment is maintained at the AKPH for residents, visitors, and staff by minimizing exposure to the flu.

AKPH will plan for disruption of services and supplies inside and outside the Homes during a pandemic flu. The support chain of food and medical supplies may be interrupted and staff shortages may occur.

**DEFINITIONS**

**Influenza** (the flu) is a contagious viral infection that occurs every fall and winter and attacks the respiratory system-the nose, throat, and lungs.

**Social distancing** is a non-medical measure to reduce the spread of disease from person to person by preventing or discouraging residents from coming in close contact with each other.

**Close contact** is direct physical contact or approach within 3 feet of a person with suspected or confirmed influenza.

**Segregation** is the separation and restriction of activity of ill infected residents at AKPH.

**PROCEDURE**

**I. Influenza (the Flu)**

A. Risk groups for developing flu complications:

1. Most people who get the flu will have mild illness, will not need medical care, and will recover within two weeks.

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2. Some people are more likely to have flu complications that result in hospitalization and occasionally death.
3. People at risk for flu complications include:
  - a. 65 years and older
    - 1) Immune defenses become weaker with age.
    - 2) 90% of deaths and 60% of hospitalizations in the US occur in people 65 years and older.
  - b. Weakened immune systems.
  - c. Chronic illness.
4. Flu-related complications include:
  - a. Pneumonia.
  - b. Bronchitis.
  - c. Sinus infections.
  - d. Ear infection.
  - e. Chronic health problems worsen, such as asthma and congestive heart failure.

**B. Precautions to minimize the spread of the flu**

1. Seasonal flu vaccine.
  - a. A vaccine for the resident is ordered by the physician or nurse practitioner.
2. Standard precautions.
  - a. Use with *all* residents, whether or not they have a confirmed or suspected infection.
  - b. Precautions are used when there is a chance of contact with blood, body fluids (except sweat), broken skin, or mucous membranes.
  - c. Eyes, nose, and mouth are not touched while near someone who is sick.
  - d. Hands are washed immediately after any contact with an ill person.
3. Hand hygiene.
  - a. The most important way to prevent and reduce infections.
  - b. AKPH staff cleans their hands frequently; see 08.01 hand hygiene.
4. Containment of respiratory secretions when the flu is suspected.
  - a. Coughs and sneezes are covered with a tissue, or caught in the elbow crook of the sleeve if there is no tissue.
  - b. Hands are cleaned after a cough or sneeze.
  - c. A distance of 6 feet is maintained between the infected resident and other residents and visitors. When a person coughs or sneezes, the droplet mist that is spewed can extend 6 feet from the person.
5. Education of residents and staff about flu prevention and transmission.
6. Cleaning and disinfecting the environment by housekeeping.
  - a. Kill germs on surfaces to prevent infection.
  - b. Clean countertops and sinks with disinfectant.

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- c. Disinfect doorknobs, tables, telephones, and items that people touch often.
- d. Wash the surface with soap, then disinfect with the Home's standard disinfecting procedure.

7. AKPH staff that is sick remains at home away from work and the residents.

C. Spreading the flu virus

1. The flu is spread mainly from person to person through the coughing, sneezing, or talking to someone with the flu.
2. The flu is also spread when an object with the flu virus is touched, and then the mouth, eyes, or nose is touched.
3. The flu virus is infectious beginning one day before symptoms appear and up to 7 days after becoming sick.

D. Flu and cold symptoms

Symptoms	Cold	Flu
Fever	Rare	High, 100-102°; lasts 3-4 days
Headache	Rare	Prominent
Aches, pains	Slight	Common and often severe
Fatigue, weak	Mild	Can extend 2-3 weeks
Total exhaustion	Never	Early and prominent
Stuffy nose	Common	At times
Sneezing	Common	At times
Sore throat	Common	At times
Chest discomfort, cough	Mild to moderate, hacking cough	Common and can be severe
Complications	Sinus congestion, earache	Bronchitis, pneumonia; can be life-threatening
Prevention	Hygiene	Annual flu vaccine
Treatment	Symptom relief	Antiviral drug within 24-48 hours of onset

1. After 5 days, flu fever and other symptoms usually disappear, but a cough and weakness may continue.
2. All flu symptoms are usually gone in 1-2 weeks.
3. Flu symptoms that trigger emergency medical care:
  - a. Difficulty breathing or shortness of breath.
  - b. Pain or pressure in the chest or abdomen.
  - c. Sudden dizziness.
  - d. Confusion.

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- e. Severe or persistent vomiting.
- f. Flu-like symptoms improve but then return with fever and worse cough.
- g. High fever for more than 3 days.

**E. Treatment of the flu**

1. Treat the flu seriously because it can lead to pneumonia and other life-threatening complications in the elder.
2. Drink lots of fluids to prevent dehydration.
3. Get plenty of sleep and take it easy.
4. Wear layers of clothing because the flu often causes a feeling of cold one minute and hot the next.
5. Warm showers and warm compresses reduce body aches.
6. Room humidifiers may help to reduce congestion while trying to sleep.
7. Decongestant for nasal or sinus congestion and pressure in the head, nose, and ears.
  - a. Used to open the mucous membranes in the nose and help drainage.
  - b. Can increase blood pressure and heart rate and increase the risk of heart attack and stroke.
8. Saline nose spray for nasal stuffiness.
9. Antihistamine for itchy, runny nose and eyes, sneezing, and itchy throat.
  - a. Thickens mucous which can be a problem with COPD (chronic obstructive pulmonary disease) or asthma.
10. Cough suppressant if cough is persistent and interferes with daily life.
11. Over-the-counter anti-pyretic for fever, such as Tylenol or Advil.
  - a. Fever helps the body fight infection by suppressing the growth of bacteria and viruses and activating the immune system.
  - b. Elders with heart or lung disease may benefit from a medication that suppresses fever.
12. Sore throat treatments include salt water gargle, pain relievers, and medicated lozenges.
13. Antiviral drug.
  - a. Taken at the onset of the flu to decrease the severity and duration of flu symptoms.
14. Antibiotics do not help flu symptoms.
  - a. Antibiotics only treat bacterial infections, not flu viruses.
  - b. Antibiotics may be prescribed for an associated bacterial sinus or respiratory tract infection.

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- F. Outcome of the flu
1. Most people who get the flu recover completely in 1-2 weeks.
  2. The elders and people with chronic health problems are more likely to develop serious complications after a flu infection.

**HISTORY OF REVISIONS**

New: 1/1/12

Revised: 2/28/12; 7/20/12

Reviewed: 2/28/12

**ATTACHMENTS****REFERENCES**