

FLU GUIDANCE

for Emergency Shelters

Every year people are displaced from their homes by disasters. Emergency shelters provide relief for displaced persons in the community which create unique challenges with disease control. Precautions should be taken to stop the spread of the flu as emergency shelters face challenges to disease control.

The novel H1N1 influenza was detected in the United States in April 2009 and spread throughout the world. H1N1 flu spreads in the same way as seasonal flu through droplets that escape into the air when someone coughs or sneezes. Emergency shelters should develop a plan to help them respond effectively to a flu outbreak and reduce illness. The following information should be considered while planning and opening an emergency shelter.

Symptoms and Transmission

The symptoms of H1N1 flu are very similar to seasonal flu symptoms and may include fever, coughing, sore throat, runny or stuffy nose, headache, chills, tiredness, body aches, vomiting or diarrhea. Specific groups of people are at higher risk for complications from H1N1 flu. Those include:

- Children and young adults.
- Pregnant women.
- People with chronic medical conditions.

Most people that get the seasonal or H1N1 flu will recover without needing medical treatment. Groups at higher risk may develop more severe illness or complications that can lead to hospitalization and even death.

The flu is spread when droplets that escape from an infected person's mouth or nose are inhaled or introduced into another person's body through the eyes, nose or mouth. According to the Centers for Disease Control and Prevention (CDC), people that are infected with a flu virus can infect other people one day before symptoms develop and up to five to seven days after they become sick.

Protection

Education— Printable signs and posters are available at <http://www.FightTheFluMO.com/materials.html>. Information communicated to the residents, clients, staff, volunteers and visitors should include the following:

- Wash hands frequently with soap and water.
- Keep a distance of at least 6 feet from those that are sick.
- Cover coughs and sneezes with a tissue. If you do not have tissues, cough or sneeze into the bend of your elbow.
- Avoid touching the eyes, nose and mouth.
- Avoid sharing personal items such as utensils, drinks, or toothbrushes.

Vaccinations— encourage staff, volunteers and residents to get vaccinated. The vaccine provides the best protection against the flu virus.

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Hand washing— With warm water, wet hands and apply soap. Scrub all surfaces including fingernails, thumbs, palms and between fingers. If using alcohol-based hand sanitizers, apply a small amount of the product to the palm of one hand. Rub hands together covering all surfaces until the product dries.

Cleaning— It is important to clean frequently touched surfaces and items regularly in order to decrease the spread of the flu. The flu virus can be killed/destroyed by using one of many different disinfectants containing chlorine, alcohol, peroxide compounds, or iodine-based antiseptics. For more information see 'Cleaning Guidance for Shelters'.

Recommendations

Increase distance between people. A shelter should have adequate space to provide a distance of 6 feet between cots. Cots should be placed head-to-toe to increase distance between people's faces, which will decrease spread of the flu.

Prepare for staffing changes and needs. Ask staff and volunteers to stay home if they are sick. Staff and volunteers with chronic diseases should not be caring for people with flu-like illness. Make additional plans for staff coverage so that shelter services will not be interrupted because of staff illness.

Prepare for increased use of supplies to control the spread of the flu. Supplies would include water and ice for hydration, cups and disposable utensils, facial tissue, soap, handwashing stations, paper towels, facemasks and cleaning supplies.

Pay close attention to children. Monitor children for flu symptoms report any flu-like illness to the shelter manager. Relocate children with flu-like illness and their parents to an isolated area; do not allow them to use shared toys. Areas where children play should be cleaned frequently with a focus on shared toys. Encourage parents to require children to wash their hands routinely.

Shelters should screen clients upon intake for flu-like symptoms, underlying chronic disease conditions, and whether or not clients are vaccinated against seasonal flu or H1N1. If a client has flu symptoms upon arrival, gather information from the client. Evaluate the symptoms and help the client determine if medical care is needed. If a client has flu-like symptoms, place them in an isolated area of the shelter, separate from other people. Ask the client to remain in that spot as much as possible, make sure the client is comfortable, and offer cool water frequently to prevent dehydration. If the client must move around, ask them to wear a facemask. Know when to seek medical care. If symptoms become worse or if the client develops any warning signs -- including fast breathing or trouble breathing, bluish skin color, signs of dehydration, dizziness, confusion, severe or persistent vomiting, not waking up or interacting, fever with a rash, or symptoms that get better and then return but are worse -- seek medical care for that client.

Establish contact with your local public health agency. Local public health agencies can provide accurate, timely information on preventing disease and reducing its spread. They can also provide vaccination services as well as guidance in planning for maintenance of services during a flu outbreak.