

FLU GUIDANCE

for Homeless Shelters

Guidance for Homeless Shelters

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.

Homeless shelters and services provide vital assistance to the community, but have unique challenges with disease control.

Homeless shelters should develop a plan to help them respond effectively to a flu outbreak and reduce illness. The following information provides guidance in the development and implementation of that plan.

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 who get 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:

“Proper care for homeless persons sick with influenza is a major concern. Bed rest and clean drinking water are often simply not available. Self care is complicated by a high prevalence of mental illnesses and addictions. Isolation to prevent further transmission of disease is likewise problematic. Many shelters have no separate facilities or space for isolating contagious persons, and beds are often spaced closely together. Many shelters lack the staff capacity for effective medical screening.”

John Lozier, executive director of the National Health Care for the Homeless Council

continued on next page →

- 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.

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*'.

Caring for Clients That are Ill

People that have flu-like symptoms should stay at home, away from other people, while they are sick. For many people, the shelter is their home. Shelters must be prepared to care for people that have influenza-like illness and to protect others that are well.

Shelters should ask questions upon intake to screen clients on health care availability and access, underlying chronic disease conditions, and whether or not clients have had a vaccination for the seasonal or H1N1 flu. If a client has flu symptoms upon arrival, gather information from the client. Evaluate the symptoms and help the client determine if additional care is needed. If a client has flu-like symptoms, ask the client to remain in one spot as much as possible, make sure the client is comfortable, and offer cool water frequently to prevent dehydration. 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.

Collaboration/Partnerships with Outside Agencies

Establishing contact with your local public health agency can provide a helpful means for monitoring and managing flu outbreaks in your facility. 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.

An influenza plan is recommended to protect the health of the residents, staff, volunteers, and visitors as well as maintain full operational services. The plan should include a strategy for maintaining normal operations in the event of an outbreak, protocol for isolation if needed, access to care facilities and measures for reducing risk and transmission of the flu.