

Frequently Asked Questions (FAQ) about H1N1 Flu: Faith and Community-based Organizations Considerations for residential facilities

What steps can be taken to keep clients healthy?

- Practice good hand hygiene. Wash hands with soap and water, especially if coughing or sneezing. Using alcohol-based cleaners is also helpful.
- Practice good respiratory etiquette. Cover mouth and nose with a tissue. If a tissue isn't available, cough or sneeze into an elbow or shoulder, not into hands.
- Encourage staff, volunteers and members to get vaccinated against seasonal flu and the H1N1 flu. It is recommended that staff, volunteers and members most at risk for complications, including pregnant women and people with chronic medical conditions, get the H1N1 vaccine.
- Consider social distancing practices. Try to keep sick persons in individual rooms and have them avoid common areas. If individual rooms are not available, consider using a large, well-ventilated room for sick persons with beds at least 6 feet apart and use temporary barriers between beds. At times when residents are unable to avoid close contact with others, encourage them to use a loose-fitting surgical mask to cover their mouth, if they can tolerate it.
- Providing counseling and other ways to reduce stress will be a vital role of faith and community-based organizations. Develop a mental health or counseling hotline for the community.
- Trusted community leaders can help reduce any stigma attached to using mental health resources by fostering a safe environment in which it is OK to talk about and deal with stress.

What should staff do if they notice clients or residents with flu-like illness?

- Shelter staff and volunteers should be diligent about early recognition of illness and placing those with symptoms away from others. Consider daily temperature checks with shelter clients who had contact with persons with suspected flu.
- Instruct existing clients, staff and volunteers to report flu symptoms to the shelter management at the first sign of illness.
- Shelters and residential programs should monitor the number and severity of flu-like cases. If these numbers are higher than during the average season, consider contacting your local health department.
- Minimize the number of personnel directly exposed to ill people. Designate staff to care for the sick persons and limit client movement between different parts of the institution to decrease the risk of spreading influenza to other parts of the shelter.
- Provide sick clients with access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizers as an adjunct.
- The shelter should be aware of the special health needs of persons at increased risk of severe illness from influenza.

What additional cleaning should be done?

- Sites should continue routine cleaning practices, with a focus on surfaces and other items that have frequent hand contact, especially in common areas and work stations. Additional disinfection is not currently recommended.
- Linens, eating utensils and dishes of sick residents/clients do not need to be washed separately, but should not be used again until after being washed. To clean laundry, use household laundry soap and tumble dry on the hot setting. Clean hands after handling dirty laundry.

Additional Resources

Twitter: Flu symptom update
<http://bit.ly/hvsaS>

Centers for Disease Control and Prevention: Social media tools
<http://www.cdc.gov/SocialMedia/Campaigns/H1N1>

Centers for Disease Control and Prevention: Information for shelters
<http://www.cdc.gov/h1n1flu/guidance/homeless.htm>

Pandemic Flu: Community planning
<http://flu.gov/professional/community/index.html>

Centers for Disease Control and Prevention: Information for persons who are deaf
<http://www.cdc.gov/h1n1flu/deaf.htm>

For more information on Faith and Community-based Organizations and H1N1, call the City of Milwaukee Health Department at 414-286-3521.