

A Training to Address Seasonal and Pandemic
Influenza in the Healthcare Setting

Prevention, Protection and Preparedness

What Healthcare Workers Need to Know

Total Curriculum Time: Approximately 3.5 hours

Spring/Summer 2011

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In memory of Susan Harwood, the workers' champion.

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Acronyms

CDC—Centers for Disease Control and Prevention
CHW—community health worker
DOL—Department of Labor
EMT—emergency medical technician
ER—emergency room
HCW—home care worker or healthcare worker
LAIV—live, attenuated influenza vaccine (nasal spray flu vaccine)
LTC—long term care
NIOSH—National Institute for Occupational Safety and Health
OSHA—Occupational Safety and Health Administration
PAPR—powered air purifying respirator
PCA—personal care aide
PPE—personal protective equipment
SEIU—Service Employees International Union
TB—tuberculosis
TIV—trivalent inactivated influenza vaccine (the flu shot)
WHO—World Health Organization

Learning Objectives

What Participants Will Learn from the Three-Hour Training

- Distinguish between seasonal and pandemic influenza (flu).
- Identify informational resources on influenza available to workers and their employers.
- Identify what pandemic influenza is, how it spreads, and how it can affect workers and their workplaces, families, communities and country.
- Describe lessons learned from the 2009 H1N1 pandemic flu outbreak.
- Explain the importance of annual flu vaccinations.
- Identify 3 daily activities that workers can use to protect against the flu.
- Describe the differences in surgical masks and respirators.
- Describe worker responsibilities to protect staff and patients from influenza.
- Describe employer responsibilities to protect staff and patients from influenza.
- Identify 4 components of OSHA's Respiratory Standard 1910.134 Program.



Introduction

Who is this training curriculum for?

This ready-to-go curriculum is designed to be used by those long term care staff and home care staff who are responsible for conducting trainings, such as staff development personnel, facilitators and nurse educators. The training curriculum was specifically developed to help these staff train front line workers, such as:

- RNs;
- LPNs;
- nursing assistants;
- home care aides;
- dietary aides;
- housekeeping aides; and
- other long term care front line staff.

**THIS CURRICULUM
IS ALSO AVAILABLE
IN SPANISH**

The curriculum aims to build the front line staff's skills and knowledge around seasonal and pandemic flu including: preventing flu; protecting themselves and those they serve; and preparing them for any future outbreaks of pandemic flu. You may find that other levels of staff may also benefit from participating in this training.

The curriculum includes activities and handouts for front line staff. While the content may be useful for other purposes and relevant to patients or their families, the handouts were designed specifically for front line workers.

Finally, this curriculum is designed to be flexible enough to express diversity in culture and variability in facility policies. Facilitators should review the modules prior to use in order to adapt or revise, as required, to meet participants' needs or to be in line with facility protocols or policies.

TRAINING HEALTHCARE WORKERS

The curriculum is meant to be used in a training that is safe, honest and very participatory. It is not intended to be used in a lecture format or a formal classroom setting. Instead, it is designed to get workers talking to other workers about the risks of being exposed to the flu and how they can work together to eliminate or decrease those risks. The curriculum spotlights the facilitators' and workers' expertise.

Because healthcare workers are under an enormous amount of job stress, it is important that the training be conducted in a manner that allows them to talk about their workload and feelings without fear of reprimand or teasing. The trainings should be held in a space that is relatively familiar and private, like a facility or agency training room, so that workers feel safe being there.

It is up to the facilitator to create a safe learning environment. Discussions, demonstrations, and group activities can be daunting for some workers. Facilitators will want to lead all activities in ways that build confidence and skills. Facilitators can minimize the stress of participating in the training, while maximizing the value of practicing and learning together.

OVERVIEW OF THE CURRICULUM

The curriculum is composed of three modules:

1. Introduction to Seasonal and Pandemic Influenza (including the H1N1 Flu Virus);
2. Understanding the Differences and Similarities: Seasonal Flu and Pandemic Flu; and
3. Protecting Yourself and Your Patients from Flu.

In addition, there is also an appendix containing extra resources, including extra handouts, for home care workers and their supervisors.

The modules are intended to stand-alone, as separate items, which provide the basic information needed by workers. They should, however, be used in sequential order when conducting the trainings as information builds on the prior module. Facilitators should plan on one hour for each separate module or 3.5 hours for back-to-back training.

Modules are structured in the same way. They:

- Begin with the learning objectives for that module.
- State how long the module usually takes. This will vary depending on how many participants are in the training program, the amount of discussion that takes place and other factors.
- Include a list of materials the facilitator needs before the training begins.
- Give specific instructions for the facilitator on how to lead the activity.
- Contain packets of Participant Handouts to be used by participants.
- Contain resource handouts that the facilitator and the participants can use to learn more about the subject matter.

ASSESSMENT OF LEARNING

At the end of each module is a pre- and post-test. You should use this with your participants to assess learning or to arrange for CEUs for your staff. Be sure to allow for a little bit of extra time at the beginning and at the end for participants to complete these pre/post-tests.

ADAPTING THE MODULES FOR YOUR FACILITY

As you read through each module, keep in mind who your trainees are, who your patients/clients are and what is appropriate for your facility, agency, or company. The patients and staff all come from different neighborhoods, regions and countries. In short, we're all from different places! In addition, different facilities and units will have different policies, protocols and procedures. Facilitators are encouraged to adjust these modules to fit their audience's needs. Use these modules in a way that reflects the unique qualities of your staff and patients/clients.

FACILITATION OF LEARNING

Most of the activities in the modules build on basic infection control skills, knowledge and behaviors. The activities encourage participants to explore questions, answers and possible connections. Activities are designed so participants can practice new skills and learn from each other.

ROLE OF THE FACILITATOR AND PARTICIPANTS

The role of the facilitator is to encourage exploration and to help participants answer their own questions and try out different tactics and skills. Try not to feed answers or correct ideas. Allow discussion among participants and encourage additional research after the training to help answer participants' questions.

Role of the Facilitator

- ✓ Be clear about objectives and purpose.
- ✓ Keep time.
- ✓ Stay on topic.
- ✓ Explain instructions.
- ✓ Listen.
- ✓ Keep participants comfortable and engaged.
- ✓ Discuss what happened.
- ✓ Summarize your main points.
- ✓ Maintain patient confidentiality at all times.

The role of the participant is described in the box below. It might be useful to write the list provided on a flip chart page and discuss the points with participants at the beginning of the training session; these can serve as the ground rules for the training.

Role of the Participant

- ✓ Be respectful of others' opinions and thoughts.
- ✓ Take turns when speaking; only one person should talk at a time.
- ✓ Maintain patient confidentiality at all times.
- ✓ Speak up so everyone can hear you.
- ✓ Avoid side conversations.
- ✓ Participate until the training is finished.
- ✓ Put phones on vibrate/silent mode.

MODELING OPEN AND NONJUDGMENTAL BEHAVIOR

In order to be open to new ideas, your staff will need a safe, non-threatening environment for learning. As a facilitator, your behavior with and reactions to the participants can go a long way toward encouraging a supportive group. The following tips help with group work cohesion:

- Respect participants' feelings and comfort levels.
- Respect patient and family confidentiality.
- Model appropriate responses and behavior.
- Demonstrate concepts and use examples when possible.
- Encourage group members to share their experiences at their own pace.
- Listen!
- Let group members react, think and analyze.
- Give compliments.
- Demonstrate acceptance and respect for all participants, regardless of race, religion, social class or sexual orientation.

A Word About Confidentiality

These modules and activities encourage the facilitator and the participants to think about their workplace and their own experiences while attending the training. That's a very realistic and appropriate way to learn. However, please remember that the patients' and families' confidentiality should never be jeopardized. Facilitators should remind participants:

1. Not to describe patients or families by their real names or give any other information that could identify them.
2. Never to disclose anything in the training that a patient has told them in confidence.
3. Never to make fun of a patient or a situation, even in a private training.

Instead, tell the participants that you are confident that they have had enough experiences to make up their own stories, scenarios or responses without breaking patient or family confidentiality.

ICONS TO HELP YOU

Each module includes icons to help remind you what to do as you lead the training.



The **Balloon** shows the facilitator the points that should be spoken out loud.



The **Note to the Facilitator** provides additional background information you may wish to refer to as your group discusses the content of the module. Facilitator notes are not spoken out loud.

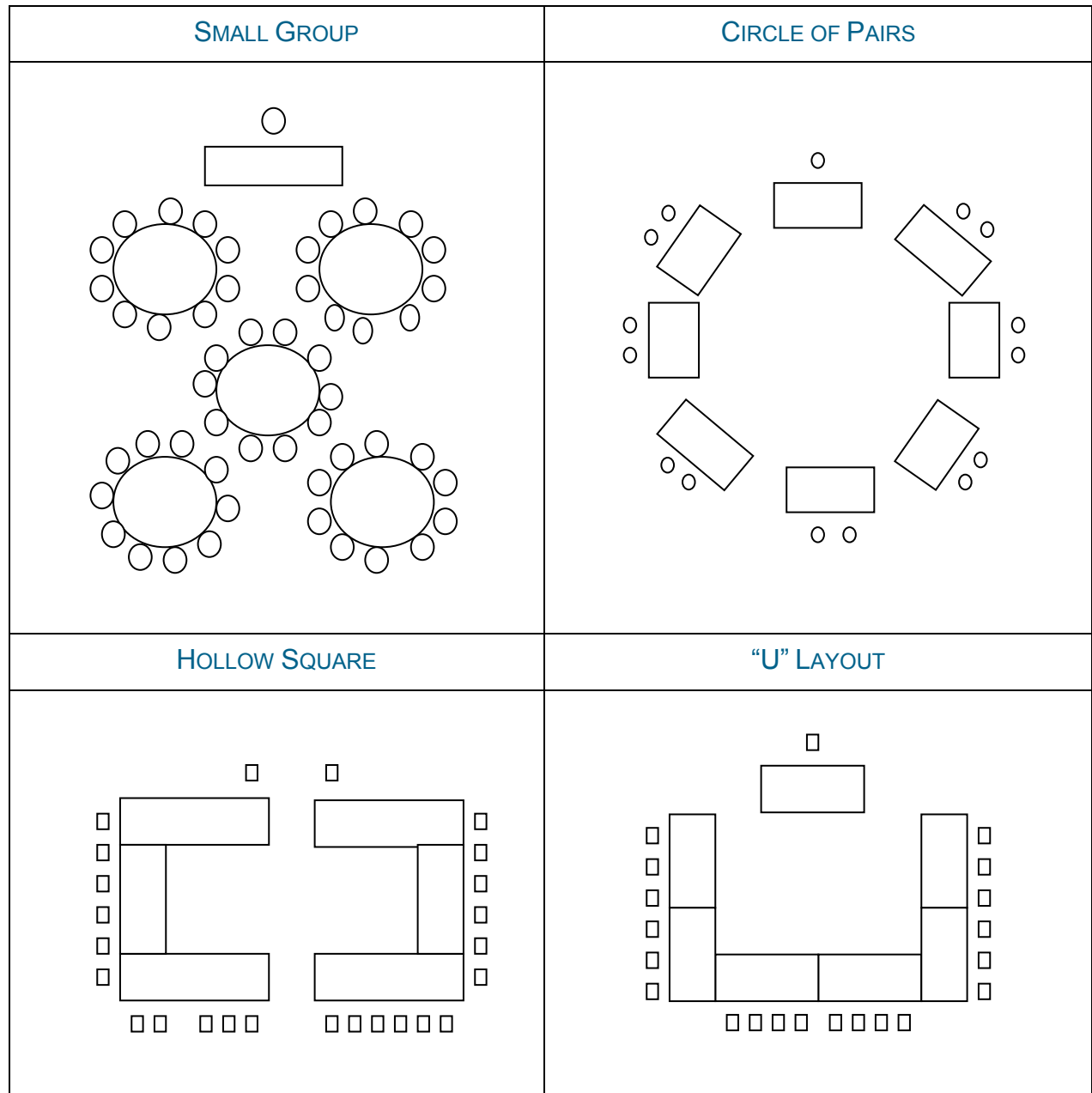


The **Clock Image** provides time needed for each activity.

ROOM LAYOUT

In order to teach this curriculum effectively, the room should be arranged so participants are seated at tables in small groups. If you have a smaller number of participants, arrange them to sit in pairs.

Below are several examples of room layouts that facilitate the best participant interaction and facilitation of learning.



Module 1 Facilitator Notes

MODULE

Introduction to Seasonal and Pandemic Influenza (including the H1N1 flu virus).



Note: If you are training home care workers use the Participant Handouts here PLUS, the handouts in Appendix A.

Total Time Needed: 1 Hour

Learning Objectives for Module 1

After completing this module, participants will be able to:

- Distinguish between seasonal and pandemic influenza.
- Identify informational resources on influenza available to workers and their employers.

Facilitator's Tasks for Module 1

Task 1: Have participants complete the pre-test on p. 9 and then collect them.

Task 2: Distribute Participant Handout #1 "Ten Statements" on p. 13. Post and display the "Ten Statements."

Task 3: Distribute Participant Handout #2 "Sources of Information" on p. 14.

Task 4: Have participants complete the post-test on p. 10 and then collect them.

Task 5: Have participants complete the training feedback form for Module 1 on p. 101.

“Ten Statements” Activity



Time needed: 30 minutes



Note to Facilitator (5 minutes):



Right before the “Ten Statements” Activity, you will need to pass out a short pre-test found on page 9. Ask participants to put their first and last names at the top of the paper and to complete the questions. Give participants about 5 minutes to do this. Then collect the pre-test before beginning the first activity. At the end of the 45 minute training you will also distribute and collect the post-test located on page 10.

After you have collected the pre-test, move on to the “Ten Statements” Activity



Note to Facilitator:

This activity should generate a discussion of basic information on seasonal and pandemic influenza. Participants will share with one another which of the ten experiences they have had. Based on the group’s answers, you and the participants will gain an understanding of the group’s knowledge level on a variety of issues pertaining to influenza. This activity may also point out any misunderstandings about seasonal flu and pandemic flu. As the facilitator, you should be prepared to address these misunderstandings during the training sessions. Module 2 and Module 3 should help you address any misunderstandings.

TO LEAD THIS ACTIVITY YOU WILL NEED

- ✓ Flip chart and flip chart markers
- ✓ Flip chart for “Parking Lot”
- ✓ “Roles of the Participants” written out and posted where all participants can see it (as listed in the Introduction on pg. vi)
- ✓ Participant Handout #1: “Ten Statements.” (located in the Participant Handouts for Module 1 on page 13. You will need a copy for each participant. **Make copies the day before your training, if possible.**)
- ✓ Copies of the Pre-test and Post-test for Module 1 (located on page 9 and 10)
- ✓ Flip chart with the “Ten Statements” written out
- ✓ Masking tape
- ✓ Pens/pencils/paper for participants

HOW TO LEAD THIS ACTIVITY



Facilitator States Out Loud:

This activity will help us share with each other some basic information about the seasonal and pandemic flu.



Note to Facilitator:

Distribute the Handout: “Ten Statements.”



Facilitator States Out Loud (10 minutes):



I've just passed out a handout for our first activity. Please put your name on the top of the page. Now I'd like to ask for volunteers to read aloud the statements in the boxes.



Note to Facilitator:

Participants take turns reading each statement aloud. If no one wants to read the statements, you should get the group started by reading the first statement and then asking participants to read the remaining statements.



Facilitator States Out Loud (5 minutes):



Okay, now that we've heard each statement, here's what I'd like all of you to do—

Get up out of your chair, if you are able, and find people who have had any of the experiences described in the boxes.

When you find a person who has one or more of the experiences, ask that person to write his or her initials in the box or boxes. Find as many people with one or more of the experiences as you can. Each person can put their initials in as many of your boxes that apply. Be sure to write your own initials in the boxes of others if any of the experiences have happened to you.

You have 5 minutes to collect as many initials in as many boxes as you can. Remember—you are trying to get as many initials as you can in each box.

HOW TO CONDUCT A REPORT-BACK ON THE “TEN STATEMENTS”



Note to Facilitator:

At the end of 5 minutes, ask participants to return to their seats. Give them time to tally the responses. Have a flip chart prepared with each of the 10 statements written out and post it in the room.



Facilitator States Out Loud (5 minutes):



Taking turns, I'd like each of you to share with the group the box that has the most initials in it, and the box (or boxes) that had few or no initials in it.

**Note to Facilitator:**

Use the flip chart to record this information. If you have a large group of participants, not everyone will be able to report back. Take as many report backs as you can in 5 minutes or less.

**Note to Facilitator:**

When you are finished the report back should look something like this...

Example:

	# OF PARTICIPANTS	TOTAL
Seasonal flu shot	4,3,2,3,5,5	22
H1N1 flu shot	1,1	2
Contact with public	2, 5, 4,2,1,	14
Work in healthcare or home care settings	5,2,3,4,5,5	24
Received training	1,1,1,1	4
Primary caregiver	1	1
Wash hands	7, 7, 5,5	24
Cover cough/ sneeze	6,6,6,5	23
Fit tested	0	0
Surgical mask	1	1

INTERPRETATION:

As the facilitator you will have to interpret your own groups' report back and discuss it with your group. The example here is interpreted like this: 22 participants did get their seasonal flu shot, but only two reported getting the H1N1 flu shot. As the facilitator, it's your job to reinforce the importance of getting the flu shot next flu season. According to the report there are MANY participants in the training at high risk of exposure because of their work in healthcare or close work with the public. It looks as though the participants report washing hands often and covering their mouths and nose with tissue when sneezing or coughing. This is a place to praise such behavior and encourage participants to keep doing this, not just in "flu season" but throughout the year. Finally, it seems as though more work needs to be done to train more participants on seasonal and pandemic flu and that the important and appropriate use of respirators and surgical masks should be covered in the training.



Note to Facilitator:

Share the text from Handout #1 with participants. Explain that during the rest of the training in Modules 2 and 3, there will be in-depth discussion on several of these issues.



Facilitator States Out Loud (20 minutes):



Ok, now that we've reported back on the statements, let's take a closer look at each of the 10 statements, why they are important and how they relate to seasonal flu and the recent H1N1 flu pandemic.



Note to Facilitator:

Read each statement and supporting information out loud.

A: I got a seasonal flu shot this past flu season (Fall 2009-Winter 2010).

The Centers for Disease Control and Prevention (CDC) recommends influenza vaccination as the first and most important step in protecting against the flu. Seasonal flu vaccines are safe and effective protection against seasonal flu. Seasonal flu shots are especially important for healthcare workers, and those who work directly with patients, clients or the public like you.

B: I got the H1N1 flu shot during the H1N1 outbreak (April 2009-April 2010).

Like seasonal flu vaccines, H1N1 vaccines were tested to make sure they were safe and effective protection against H1N1 flu. Getting the H1N1 flu shot was especially important for healthcare workers, and those who worked directly with patients, clients or the public like you.

C: I have a lot of contact with the public on my job.

Public contact means you are probably at some risk of being exposed to the flu virus by being exposed to a large number of people, some of which may have the flu.

D: I work in a healthcare setting or provide care to clients in their home.

You are in a job where you have a high risk of contracting the flu by being exposed to patients/individuals who may be infected with the flu.

E: I have received training from my employer on seasonal flu, pandemic flu and how they impact our organization's policies and procedures.

Your work place should have written policies and procedures in place to protect employees from pandemic flu and seasonal flu. Employees should be informed of policies and procedures and receive whatever training is appropriate to protect themselves and others. Policies should cover issues like providing training on infection control, absenteeism due to flu, sick leave policy, staying home if you have the flu, etc.

F: I am the primary caregiver for others (children, parents, etc.)

You may have to take time off to care for others who are ill with flu. You should know how to care for a person with the flu and how to protect others in the household.

G: I tend to wash my hands often while at work.

Hand washing is one of the most important elements of infection control. A person can get the flu virus on their hands and catch the flu by touching their eyes, nose, or mouth. Hands can also spread the flu virus to patients, clients and coworkers, so hand washing is doubly important.

H: I always cover my nose and mouth with a tissue when I sneeze or cough.

Covering with a tissue is an important thing to do because the virus lives in the respiratory system.

Covering your nose and mouth can prevent the spread of the virus. Do this year round because you can be contagious with flu, or other illnesses, even before you feel any symptoms.

I: I have been “fit-tested” for a respirator at work.

There are lots of issues around workers wearing respirators; one is that each individual must be “fit-tested” to make sure the specific respirator they will wear (make, model and size) properly fits their face.

Respirators are usually worn by healthcare workers and first responders.

J: I have been given a surgical mask to wear at work to protect me from the H1N1 flu virus.

Unfortunately, surgical masks are not respirators and do not protect workers from inhaling the flu virus or other airborne diseases like tuberculosis. Surgical masks are used to put on patients who are infected with the H1N1 flu virus to reduce (not eliminate) the possibility of them infecting others or contaminating surfaces around them when they breathe, sneeze or cough.

WRAPPING UP MODULE 1 (15 MINUTES)



Facilitator States Out Loud:

The activity we just completed was intended to help us learn a little bit more about the different types of influenza, how it spreads, and how it can be prevented. Now let's see if we can dig a little deeper. During the next two hours of training we will focus on what workers need to know about seasonal and pandemic flu, what employers' responsibilities are to protect workers, and different ways workers should be protected.

I'm passing out a new handout called “Sources of Information” (see Participant Handout #2, pg 14). This is a list of different resources in your workplace, community, online or by phone that can help answer almost any question you may have about seasonal or pandemic influenza. You are invited to use these resources to learn more.

Also, I'm passing out a post-test that I'd like you to complete. Please put your name at the top of the test, complete the questions and I'll come around to pick them up.



Note to Facilitator:

Collect Post-Test. If you plan to conduct Module 2 now please say **“Now, let’s turn our attention to Module 2.”**

If you are not able to conduct Module 2 immediately after the completion of Module 1, please say...



“We will be meeting again on (Insert DATE/TIME) to complete the second module in this training. Please be sure to meet at (LOCATION) on (Insert DATE/ TIME) to participate in that training.”

End of Facilitator Notes for Module 1

Pre- and Post-test for Module 1

Name _____

Pre-Test for Module 1

1. For best protection, healthcare workers need to be vaccinated against the seasonal and H1N1 flu.

____ T ____ F

2. Healthcare workers with direct patient contact have a high risk of being exposed to many kinds of infections, including seasonal flu and pandemic flu.

____ T ____ F

3. Hand washing at work is overrated. It really doesn't give you much protection from germs or infection.

____ T ____ F

4. A surgical mask protects workers from airborne infections like flu or tuberculosis (TB) just as well as a respirator.

____ T ____ F

Name _____

Post-Test for Module 1

1. For best protection, healthcare workers need to be vaccinated against the seasonal and H1N1 flu.

_____ T _____ F

2. Healthcare workers with direct patient contact have a high risk of being exposed to many kinds of infections, including seasonal flu and pandemic flu.

_____ T _____ F

3. Hand washing at work is overrated. It really doesn't give you much protection from germs or infection.

_____ T _____ F

4. A surgical mask protects workers from airborne infections like flu or tuberculosis (TB) just as well as a respirator.

_____ T _____ F

For the facilitator

Key for pre/post-test for Module 1

(DO NOT DISTRIBUTE)

1. T
2. T
3. F
4. F

Participant Handouts for Module 1

Participant Handout #1

Ten Statements

		INITIALS
A.	I got a seasonal flu shot this past flu season (Fall 2009-Winter 2010).	
B.	I got the H1N1 flu shot during the H1N1 outbreak (April 2009-April 2010).	
C.	I have a lot of contact with the public on my job.	
D.	I work in a healthcare setting or provide care to clients in their home.	
E.	I have received training from my employer on seasonal flu, pandemic flu and how they impact our organization's policies and procedures.	
F.	I am the primary caregiver for others (children, parents, etc.)	
G.	I tend to wash my hands often while at work.	
H.	I always cover my nose and mouth with a tissue when I sneeze or cough.	
I.	I have been "fit-tested" for a respirator at work.	
J.	I have been given a surgical mask to wear at work to protect me from the H1N1 flu virus.	

Participant Handout #2

Sources of Information

Seasonal and Pandemic Influenza (flu)

This sheet includes suggestions of sources you can go to for more information about the seasonal and pandemic flu.

Your Workplace	Your Community
<p>Talk to:</p> <ul style="list-style-type: none">■ Supervisor■ Infection control nurse■ Director of nursing■ Health and safety representative■ Workplace health and safety committee■ In-service coordinator■ Co-workers■ Human Resources Dept. (HR)■ Staff developer	<p>Talk to:</p> <ul style="list-style-type: none">■ Your doctor or other healthcare providers■ Local health department■ Health leaders from your church, synagogue or mosque■ Health leaders in your neighborhood
Internet	Phone Hotlines
<p>General information</p> <ul style="list-style-type: none">■ www.flu.gov■ www.cdc.gov/flu■ www.cdc.gov/h1n1flu/ <p>Information for workers</p> <ul style="list-style-type: none">■ www.osha.gov/h1n1/■ www.cdc.gov/niosh/topics/h1n1flu/	<ul style="list-style-type: none">■ If you have general questions about the flu, call the Centers for Disease Control and Prevention (CDC) Flu Hotline: 1-800-CDC-INFO (232-4636) [TTY: 1-888-232-6348]■ If you have questions about workplace safety and health related questions, call the Occupational Safety and Health Administration (OSHA) at: 1-800-321-OSHA (6742)

Module 2 Facilitator Notes

MODULE

Understanding the Differences and Similarities: Seasonal and Pandemic Flu

Note: If you are training home care workers use the Participant Handouts here PLUS, the handouts in Appendix A.



Total Time Needed: 1 Hour

Learning Objectives for Module 2

After completing this module, participants will be able to:

- Identify what a flu pandemic is, how it spreads and how it can affect workers and their workplaces, families, and communities.
- Describe the symptoms of flu and what to do if patients/clients exhibit these symptoms.
- Explain the importance of annual flu vaccinations.

Facilitator's Tasks for Module 2

Task 1: Have participants complete the pre-test on p. 22 and then collect them.

Task 2: Distribute the packet of *Participant Handouts* for Module 2, pp. 26-42.

Task 3: Do the "What do you know about the Flu?" activity (Participant Handout #3 on p. 26).

Task 4: Do "Head, Heart and Hands" activity (Handout #12 on p. 42).

Task 5: Have participants complete the post-test on p. 23 and then collect them.

Task 6: Have participants complete the training feedback form for Module 2 on p.102

ROLE OF THE FACILITATOR AND PARTICIPANTS

The role of the facilitator is to encourage exploration and to help participants answer their own questions and try out different tactics and skills. Try not to feed answers or correct ideas. Allow discussion among participants and encourage additional research after the training to help answer participants' questions.

Role of the Facilitator

- ✓ Be clear about objectives and purpose.
- ✓ Keep time.
- ✓ Stay on topic.
- ✓ Explain instructions.
- ✓ Listen.
- ✓ Keep participants comfortable and engaged.
- ✓ Discuss what happened.
- ✓ Summarize your main points.
- ✓ Maintain patient confidentiality at all times.

The role of the participant is described in the box below. It might be useful to write the list provided on a flip chart page and discuss the points with participants at the beginning of the training session; these can serve as the ground rules for the training.

Role of the Participant

- ✓ Be respectful of others' opinions and thoughts.
- ✓ Take turns when speaking; only one person should talk at a time.
- ✓ Maintain patient confidentiality at all times.
- ✓ Speak up so everyone can hear you.
- ✓ Avoid side conversations.
- ✓ Participate until the training is finished.
- ✓ Put phones on vibrate/silent mode.



Note to Facilitator:

The objective for Module 2 is to give participants the time to review, share and discuss facts regarding both seasonal and pandemic flu, including the 2009 H1N1 virus.

Discussion within the training group will focus on:

- what seasonal flu is;
- what a flu pandemic is;
- how seasonal and pandemic flus are different and similar;
- what was learned in 2009 from the H1N1 outbreak;
- how the flu spreads;
- protections against the flu; and
- employer and employee workplace responsibilities to protect workers and patients from influenza.

TO LEAD THIS ACTIVITY YOU WILL NEED

- ✓ Flip chart paper and flip chart markers
- ✓ Flip chart for “Parking Lot”
- ✓ Flip chart with the “Roles of Participants” written out (as listed in the Introduction on page vi as well as on page 17)
- ✓ Packets of the Participant Handouts for Module 2 (pages 26-42)
- ✓ Copies of the Pre-test and Post-test for Module 2 (located on pages 22-23)
- ✓ Masking tape
- ✓ Pens/pencils/paper for participants

HOW TO LEAD THIS ACTIVITY



Note to Facilitator (5 minutes):



Distribute the pre-test to participants. Ask them to write their first and last names on the top of the test. Give them 3 minutes to complete the test and then collect all tests. Then, count the number of participants. If the class size is small, have the class work in pairs. If the class size is large, break them up into small groups of 5-6 people. See page ix in the *Introduction* on ways to arrange the room. Distribute the participant handout packets.



Facilitator States Out Loud (15 minutes):



Now I'd like you to divide into small groups of 5-6 people (or in pairs, depending on class size). I'd like you to work together to answer the questions found on Participant Handout #3 in your packet of materials. Please pull out Handout #3 now.



Note to Facilitator:

Assign each pair or group a question(s) to research and report back on to the entire group. All eight questions should be covered by the groups. It may be necessary to assign more than one question to a group.



Facilitator States Out Loud:

I'd like each group to review your packet of handouts and look for information that helps answer the question(s) that your group has been assigned. Work together to come up with the best answer to the question(s). I'd also like you to pick a group leader. The group leader, with support from the rest of his or her group, will share the answers in a report back.



Note to Facilitator:

Give participants up to 15 minutes to complete this part of the training. As participants work on their answers, quietly walk among the groups and offer your encouragement, but don't answer the questions for them. Direct them to specific handouts (pp. 26-42) to help them, if needed. After 15 minutes, move on to the next section.



Facilitator States Out Loud (30 minutes):



Now I'd like each group to report back their answers. For each question, you will have up to 5 minutes to report back your answer. So let's begin with question #1, please.



Note to Facilitator:

Ask the group researching question #1 from the survey to begin their report back. Be sure to call time after five minutes even if the group hasn't finished entirely. Continue this process until all eight questions have been presented by the pair(s) or group(s).

At the end of the presentation thank the presenter, and fill in any important points that might have been left out. Invite the next group to come up for their report back.

WRAPPING UP MODULE 2 (15 MINUTES)



Note to Facilitator:

Be sure to praise the group report backs and thank everyone for coming. Before dismissing the training group, wrap up the training with the Head, Heart and Hands Activity. This activity is located on page 42 as Handout #12 in the packet of *Participant Handouts*. Then distribute the post-test located on page 23 and ask each participant to once again write their first and last names at the top of the test, answer all questions and then you should collect them.



Facilitator States Out Loud:

This final activity is called Head, Heart and Hands. To wrap up this part of the training I'd like to ask you to think about what you learned (head), how or what you now feel about something that you didn't feel before(heart), and something you plan to do differently at work or at home (hands). Use Handout #12 in your Packet to jot down your thoughts. Let's take about 5 minutes to do this wrap up and then we'll share some of our head, heart, and hands with the whole group.



Note to Facilitator:

Call time in 5 minutes.



Facilitator States Out Loud:

Ok, let's just go around the group and ask for a few comments about what you learned. I'll jot your comments on the flip chart.



Note to Facilitator:

Be sure to capture comments on the flip chart.



Facilitator States Out Loud:

What about how or what you now feel that you didn't feel before today's training. I'll jot your "heart" comments on the flip chart.



Facilitator States Out Loud:

And finally, let's quickly share what you intend to do differently at work or at home. I'll jot your "hand" comments on the flip chart.

That's great!

Now, I need you each to complete a post-test now. Please write your first and last names only at the top of the test, answer all questions and I will then be around to collect them.



Note to Facilitator:

Give participants 3 minutes to complete the post-test.



Facilitator States Out Loud:

Thanks to all of you for attending. Module 3 will come next after a short break OR, Module 3 is scheduled for Date and Time.

End of Facilitator Notes for Module 2

Pre- and Post-test for Module 2

Name _____

Pre-Test for Module 2

1. The 2009 H1N1 flu virus caused a pandemic.

_____ T _____ F

2. A flu pandemic means a new flu is spreading around the world and that everyone will eventually get it.

_____ T _____ F

3. All types of healthcare facilities and services should have a pandemic flu plan.

_____ T _____ F

4. Even if you have flu like symptoms you should come into work because everyone is depending on you.

_____ T _____ F

5. Flu can be spread when someone infected with the virus coughs or sneezes on someone else.

_____ T _____ F

Name _____

Post-Test for Module 2

1. The 2009 H1N1 flu virus caused a pandemic.

_____ T _____ F

2. A flu pandemic means a new flu is spreading around the world and that everyone will eventually get it.

_____ T _____ F

3. All types of healthcare facilities and services should have a pandemic flu plan.

_____ T _____ F

4. Even if you have flu like symptoms you should come into work because everyone is depending on you.

_____ T _____ F

5. Flu can be spread when someone infected with the virus coughs or sneezes on someone else.

_____ T _____ F

For the facilitator

Key for pre/post-test for Module 2

(DO NOT DISTRIBUTE)

1. T
2. F
3. T
4. F
5. T

Participant Handouts for Module 2

Participant Handout #3

Activity: What Do You Know About the Flu?

Directions: Work as a group to read and respond to the questions below.

1. The 2009 H1N1 flu virus caused a pandemic in 2009.
_____ True _____ False

2. What is a flu pandemic? (**check only one answer**)
 - a. A new type of flu virus that spreads between people quickly and easily around the world.
 - b. An outbreak of flu that affects other parts of the world, but not the U. S.
 - c. An outbreak of a flu virus that will eventually infect everyone in the world.

3. Advance planning by facilities, agencies, and governments is essential to minimize a pandemic's impact.
_____ True _____ False

4. Young adults and children were more likely to get the 2009 H1N1 flu than other age groups.
_____ True _____ False

5. The best protection against flu is the flu vaccination.
_____ True _____ False

6. What are the symptoms of the flu? (**check all that apply**)

- fever
- runny nose, sore throat, cough
- body aches
- headache
- chills, fatigue
- nausea, diarrhea, vomiting (sometimes)
- could be all of the above

7. If you become ill with flu-like symptoms, you should stay home from work.

_____ True _____ False

8. One way the flu virus spreads is if someone who is infected with the virus coughs or sneezes on someone else.

_____ True _____ False

Hint to participants!

The correct answer for the question is noted at the top of each of your handouts (#4-11). The bullet points on each handout are for you to use in order to prepare a five minute report back to the whole group, explaining the answer. As your group prepares your report back, feel free to look through and use your packet of *Participant Handouts*, the flip charts and other materials to prepare your report back.

The H1N1 Flu Virus Caused a Pandemic in 2009

- When the H1N1 flu circulated from country to country, it caused a world pandemic in 2009. As of April 2010, 60 million people in the U.S. had been infected. 270,000 people were hospitalized and over 12,000 have died.
- All influenzas are contagious infections caused by a virus.
- Influenzas usually affect the respiratory system, including the nose, throat and lungs.
- So what is the seasonal flu? Seasonal flu is a common flu that comes around every fall and winter. It generally occurs most frequently during the months when the humidity and outdoor temperatures are low (fall and winter).
- Seasonal flu can be prevented in most people by a seasonal flu vaccine—a single shot in your arm or a spray up your nose. Scientists have a good idea of the type of flu expected each year and prepare vaccines to protect against it.
- During the 2010/2011 flu season, the seasonal flu vaccine will also protect us from the H1N1 virus. So, during the 2010/2011 flu season, only one shot will be needed.
- The most important tool for fighting flu is vaccination.
- If you get the flu there are some anti-viral medicines that can help treat the seasonal flu. They are called Oseltamivir and Zanamivir. The brand name for Oseltamivir is Tamiflu® which is approved to both treat and prevent flu in people one year of age and older. The brand name for Zanamivir is Relenza® and is approved to treat flu in people 7 years and older and to prevent flu in people 5 years and older.
- The people most at risk from flu are young children, older people and people with any health condition that weakens the immune system.

With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

(Source: cdc.gov/H1N1flu)

Defining a Flu Pandemic

- A pandemic is a sudden outbreak of illness that becomes very widespread and affects a whole region, a continent or the world.
- A flu pandemic is a new type of flu virus that spreads between people quickly and easily around the world.
- A flu pandemic occurs when a new flu virus emerges, causes illness, and spreads easily person-to-person worldwide.
- The world experienced and observed the 2009 H1N1 pandemic which first made the news on **March 28, 2009**. By **May 7, 2009**, the CDC confirmed over 1,000 cases in the U.S. H1N1 infections spread quickly to 30,000 people throughout the US, Europe, Australia and South America. By **June 11, 2009**, the World Health Organization (WHO) declared the new H1N1 a pandemic. One year later, 60 million people in the US had been infected; 270,000 were hospitalized; over 12,000 Americans have died.
- The 2009 H1N1 flu was much more serious than the seasonal flu because it came from a new strain of virus to which people had no immunity (protection). While not all people become infected during a pandemic, nearly all people are susceptible to infection because the virus is new.
- Seasonal flu primarily impacts older adults, those with weakened immune systems and young children. The H1N1 however, seemed to primarily affect young, healthy individuals, like teenagers and children. Younger people were more at risk of contracting the 2009 H1N1 than older adults.
- Pandemic flu infects far greater numbers of people than a seasonal flu. The H1N1 flu virus infected people in every state in the United States and in most other countries around the world.
- A pandemic can take months or years to run its course. A flu pandemic is an extended event. Flu pandemics typically come in waves. Waves could last for over a year or more. One to three waves may occur.

(Source: cdc.gov/H1N1flu)

Participant Handout #5: Defining a Flu Pandemic (continued)

How Seasonal Flu Differs from Pandemic Flu

Seasonal Flu	Pandemic Flu
Outbreaks follow predictable seasonal patterns; occurs annually, usually in Winter, in temperate climates	Occurs rarely (four times since 1918)
Usually some immunity protection built up from previous exposure	No previous exposure; little or no pre-existing immunity protection
Healthy adults usually not at risk for serious complications; the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications	Healthy people may be at increased risk for serious complications, as was seen in the 2009 H1N1 pandemic
Health systems can usually meet public and patient needs	Health systems may be overwhelmed
Vaccine developed based on known flu strains and available for annual flu season	Vaccine not available in the early stages of a pandemic
Adequate supplies of antiviral drugs are usually available	Effective antiviral drugs may be in limited supply
Average U.S. deaths approximately 36,000 a year	Number of deaths could be quite high (U.S. 1918 pandemic death toll approximately 675,000). In 2009, H1N1 U.S. deaths reached over 12,000.
Symptoms can include: fever, cough, runny nose, muscle pain; deaths often caused by complications, such as pneumonia	Symptoms may be more severe and complications and deaths more frequent
Generally causes modest impact on society (like some school closings, encouragement of people who are sick to stay home)	May cause major impact on society (like widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)
Manageable impact on domestic and world economy	Potential for severe impact on domestic and world economy

Advance Planning is Essential

- It's true-- planning for pandemic flu by different government agencies, all levels of government (federal, state and local), business and industry, employers and the healthcare sector is essential to minimize a pandemic's impact.
- Planning at the facility level is also very important. Workers and employers should both be involved in the planning process. Workers have the right to see the plan, read the plan and contribute to the plan.
- A worldwide flu pandemic can have a major effect on the global economy, including healthcare, banking, travel, trade, tourism, food, shopping and, eventually, investment and financial markets.
- During a pandemic, the flu can spread in schools (schools were closed in many communities in 2009), workplaces, from patients to workers in healthcare settings, from workers to patients in healthcare settings, and in the community (places of worship, retail stores, etc).
- A pandemic can cause high levels of illness, death, social disruption and economic loss. Everyday life could be disrupted because so many people in so many places become seriously ill at the same time. Impacts could range from school/camp closings (which happened in the Summer and Fall of 2009) and business closings, to the interruption of basic services such as public transportation and food delivery.
- There is continued planning and preparation taking place now to stay on top of any new, emerging pandemics. Planning and preparation should be an on-going process for facilities and agencies.



Who is at Risk for H1N1 and Seasonal Flu Complications?

H1N1 Flu

- In 2009, the H1N1 flu disproportionately affected healthy children and young adults as compared to seasonal flu which generally affects older adults.
- Some people had increased risk of complications if they got the 2009 H1N1 flu. These included pregnant women, people with heart disease, diabetes or asthma. Severe complications of the 2009 H1N1 flu seemed to develop and progress rapidly in these people.

Seasonal Flu

- Most people who get the seasonal flu have mild illness, will not need medical care or antiviral drugs and do recover in less than two weeks.
- Some people, however, are more likely to get flu complications that result in being hospitalized and occasionally result in death. Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications.
- The flu can also make chronic health problems worse. For example, people with asthma may experience asthma attacks while they have the flu, and people with chronic congestive heart failure may have worsening of this condition that is triggered by the flu.
- People at high risk for developing seasonal flu-related complications include: children younger than 5, but especially children younger than 2 years old; adults 65 years of age and older and pregnant women.

People who have certain medical conditions such as, asthma, chronic lung disease, cystic fibrosis, heart disease, diabetes, sickle cell disease, kidney or liver disease, HIV/AIDS, or cancer are at risk for developing flu-related complications and should take extra precautions to protect themselves from the flu.



The Best Protection is Vaccination

What can I do to prevent myself and my patients from getting influenza?

Get vaccinated! Influenza vaccination is the best way to reduce your chances of getting ill from influenza or giving influenza to your patients, your co-workers or your family. There are two types of influenza vaccine: 1) trivalent inactivated influenza vaccine (TIV) (flu shot), and 2) live, attenuated influenza vaccine (LAIV) (nasal spray). The inactivated vaccine is approved for persons 6 months of age or older. LAIV is approved for healthy persons 2-49 years of age who are not pregnant and who do not have underlying medical conditions that indicate that they should receive TIV. For further information about influenza vaccine see <http://www.cdc.gov/flu/>.

Most healthcare workers can receive either LAIV or TIV. The inactivated influenza vaccine is preferred for healthcare personnel who work with patients with severely weakened immune systems (e.g., patients who have recently had a hematopoietic stem cell transplant and require a protected environment).

Why should healthcare personnel get vaccinated to prevent influenza?

All healthcare personnel should get vaccinated each year to protect themselves from getting influenza and to prevent transmission of influenza to their patients, coworkers, family members and close contacts. Vaccination also can prevent persons at higher risk of complications from developing severe influenza-related illness or death.

Recent standards have been published requiring that healthcare organizations offer influenza vaccination free-of-charge to personnel including volunteers and licensed independent contractors with close patient contact.

What are the side effects of the flu shot (TIV)?

Mild arm soreness and redness or swelling at the injection site are the most common side effects and may last 1 to 2 days. Other potential side effects such as allergic reactions, fever, fatigue and body aches are uncommon.

Participant Handout # 8 The Best Protection is Vaccination (continued)

Excuses, excuses!

“I didn’t have time to get my influenza vaccine last year.”

We know it’s hard to make time to get the flu vaccine. Your workplace should be offering you a time and place to get the vaccine that is convenient to you. For example, many workers say it’s more convenient to get vaccinated at the beginning of a shift, rather than at the end, when they are trying to get home to your family. Remember, you can spread influenza to patients, putting them at risk for influenza and its complications. Studies show that vaccination of healthcare workers is associated with decreased mortality among Community Living Center residents. Protect yourself and your patients/clients-- get a flu shot. Ask your infection control nurse about when and where you can receive your vaccination for the coming (or current) flu season.

“You have to be vaccinated by December.”

The flu season usually begins in late October and lasts until mid-April. It takes about two weeks for your body to develop immunity to the flu once you are vaccinated. You can still get protection from the vaccine by getting a flu shot any time during flu season.

“I’m healthy. I don’t need to get vaccinated for flu.”

Influenza can cause serious illness and death even in young, healthy people. It’s not just a disease that affects the elderly. If you get influenza, you can spread it to your patients, putting them at risk for severe illness and complications from the influenza virus. Protect yourself, your co-workers and your patients—get vaccinated for flu.

“I have a strong immune system, so I am willing to risk getting the flu.”

The flu virus changes almost every year, so even if you were immune one year, you may not be the next year.

“The residents in long-term care need the influenza vaccine more than I do.”

Wrong. Studies, especially in long-term care, have shown that it is just as important for healthcare workers to receive the vaccine as it is for residents.

“I don’t want to get the vaccine because it has side effects.”

The most common side effects of influenza vaccination include: soreness, redness or swelling at the injection site, mild or low-grade fever, and aches. The symptoms should only last a day or two. The most common side effects from the nasal influenza vaccine are a runny nose and nasal congestion.

Participant Handout # 8 The Best Protection is Vaccination (continued)

“I got the influenza vaccine before and I still got influenza, so why should I get it now?”

In years when there is a good match between the circulating viruses and the corresponding vaccine strains, vaccine effectiveness for reducing illness has generally been between 70–90 percent. However, even when the viruses are not well matched, the vaccine can protect many people and prevent flu-related complications.

“I’m pregnant. Should I get the influenza vaccination?”

Yes. All pregnant women are at risk from influenza and its complications. It is important that pregnant employees, trainees, and volunteers get the influenza vaccine to protect themselves and their babies. The influenza vaccine can be given any time during the pregnancy. However, pregnant women should NOT receive the nasal influenza vaccine.

“I don’t like needles, so I don’t want to get vaccinated.”

Check with your healthcare provider. You may be a candidate for the nasal spray, LAIV. This is an option for healthy employees, trainees and volunteers up to age 49.

“I don’t need the vaccine. If I get the flu, I’ll just take an antiviral medication.”

Antiviral medications do not eliminate flu symptoms. They do shorten the duration by about 3 days, so you will still need to be off work.

“If I get the flu, I’ll just take an antibiotic.”

The flu is a virus. Antibiotics only work against bacteria and, therefore, cannot help treat the flu.

“I’m not in a high risk group.”

Even if you are not at high risk, the patients and clients you care for and members of your family may be. To protect them, you should get the flu vaccine.

“My healthcare provider didn’t recommend it to me.”

The CDC recommends that all individuals who work in a healthcare setting get vaccinated annually.

“I always get ‘the flu’ when I take the vaccine.”

When you are vaccinated, you may develop a temporary mild interferon response. This is a healthy normal response that may result in some mild discomfort, but this is different from actually getting influenza. The vaccine is not made from live virus, and therefore, cannot infect you with the flu.

“My immune system is working just fine, thank you. I’m healthy as a horse!”

Remember, you can transmit influenza to others before you have symptoms. To protect your patients and family, you should get vaccinated.

Participant Handout # 8 The Best Protection is Vaccination (continued)

“We know that the influenza vaccine works, so why don’t more people get vaccinated?”

Some people are concerned about side effects. They think that the influenza vaccine will make them sick. However, mild soreness of the arm at the injection site is the most common side effect. The vaccine itself will NOT give you influenza. Influenza vaccination is the best protection against influenza. Protect patients/clients, yourself, your co-workers and your family. Get vaccinated. Check with your facility or agency on how to get your influenza vaccine.

“Why should employees, trainees, and volunteers be vaccinated against influenza?”

There are several reasons why employees, trainees, and volunteers should be vaccinated against influenza every year:

- They can get the influenza virus from their patients resulting in absence from their positions.
- They can acquire influenza infection and not have any symptoms, but still be able to transmit the disease to their patients.
- Employees, trainees and volunteers who are ill with influenza often continue to work and spread the virus to other employees, volunteers, patients and family members.
- Unvaccinated employees, trainees and volunteers have caused influenza outbreaks in healthcare settings.

“How Do We Know the Flu Vaccine is Safe?”

The seasonal flu vaccine protects against three influenza viruses that scientists predict will be most common during the upcoming season. It varies from year to year, but the 2010-2011 vaccine contained the following:

- one influenza A (H3N2) virus;
- one influenza A (H1N1) virus; and
- one influenza B virus.

The "flu shot" contains dead (inactivated) viruses, so it cannot give you the flu.

Remember the flu vaccine has been around for 50 years and has been shown to be safe.

Symptoms of the Flu

- The symptoms of the flu usually include:
 - ✓ fever
 - ✓ runny nose
 - ✓ sore throat
 - ✓ cough
 - ✓ body aches
 - ✓ headache
 - ✓ chills
 - ✓ fatigue

- Flu may cause a worsening of underlying chronic medical conditions including heart disease, asthma, diabetes, cancer, HIV/AIDS, etc.
- If a patient or client complains of one or more of these symptoms, tell your supervisor immediately.
- If you have one or more of these symptoms, call your healthcare provider immediately.

Participant Handout # 9 Symptoms of the Flu (continued)



How to Recognize Signs and Symptoms of Influenza in the Elderly When the Virus is Circulating in the Community^{1,2}

Signs and Symptoms	
Sudden Onset*	Often with confusion
Fever*	Occurs in approximately 70% of patients, <u>but absent in approximately 30%, especially elderly patients.</u>
Dry cough*	Nonproductive, new onset
Headache	Often a key complaint
Fatigue/tiredness	Very significant, may be sole complaint
Loss of appetite	Common, may be sole complaint
Chills	Common
Body aches	Common
Gait instability	Common
Change in mental status	Common
Sore throat	Uncommon



*Note: The occurrence of the following three symptoms—acute onset, fever, and dry cough—is highly indicative of influenza. Diagnosis of influenza in the elderly is difficult. Signs and symptoms of influenza vary by patient. Please alert the nurse or physician if a patient demonstrates any of the above symptoms to confirm a diagnosis of influenza.

References

1. Monto A.S., Gravenstein S., Elliott M., et al. Clinical signs and symptoms predicting influenza infection. *Archives of Internal Medicine*, 2000; 160:3243-3247.
2. Bradley S.F. Prevention of influenza in long-term-care facilities. *Infection Control and Hospital Epidemiology*, 1999; 20(9); 629-637.

Stay Home!

- If you are sick and it is possible that you have the flu, you should stay home from work or school until at least 24 hours after your fever has ended; if you do not have a fever, then 24 hours after your symptoms end.
- You should avoid contact with other people as much as possible to keep from spreading your illness to others.
- People infected with influenza are contagious for up to 7 days following the start of symptoms. Children, especially younger children, might be contagious for longer periods.
- You should contact your healthcare provider who may prescribe an anti-viral medication. These drugs work best if given within 2 days of becoming ill, but may be given later if illness is severe or for those at a high risk for complications.
- You should check with your supervisor so that you understand the provisions for sick leave or absenteeism.



Cover!

- One way the flu virus spreads is if someone who is infected with the virus coughs or sneezes on someone else.
- The flu virus is contagious and spreads from human to human.
- The three most likely ways the flu spreads both inside and outside of the workplace are:
 - ✓ **Droplet transmission:** A person can catch the virus when an infected person near them (usually within six feet) coughs, sneezes or even talks. Large droplets containing the virus can infect a person when the droplets come into direct contact with the person's nose, mouth and eyes.
 - ✓ **Airborne transmission:** A person can catch the virus when an infected person coughs or sneezes and small particles containing the virus stay suspended in the air. These particles are small enough to be breathed in by a person.
 - ✓ **Contact transmission:** A person can catch the virus when they touch an infected individual or an object or surface that is contaminated with the virus and then touch their own mouth, eyes or nose. For example keyboards, telephones, pens, pencils, handrails, doorknobs, tables, desks, etc.



Participant Handout #11 Cover! (continued)

This is a good picture of what happens when someone sneezes or coughs without covering. If the person sneezing or coughing has the flu:

- Large droplets are expelled (which can expose others by droplet transmission).
- Small particles are expelled (which can expose others by airborne transmission).
- Droplets can fall onto surfaces like a computer keyboard, contaminating it (which can expose others by contact transmission). The next person to use the keyboard could get flu germs on their hands, then touch their eyes, nose or mouth and get the flu.

How Can Influenza Spread?



Participant Handout #12

Wrap up of Module 2

Activity: Head, Heart and Hands

Think about what you have learned (head), how or what you now feel about something that you didn't feel before (heart), and something you plan to do differently at work or at home (hands).

Take about 5 minutes to do this exercise and be prepared to share your thoughts with the group.

What I learned...

Now I feel that...

Things I will do (at work or at home) after attending this training...

Module 3 Facilitator Notes

MODULE

Protecting Yourself and Your Patients from Flu

Note: If you are training home care workers use the Participant Handouts here PLUS, the handouts in Appendix A.



Total Time Needed: 1 Hour

Learning Objectives for Module 3

After completing this module, participants will be able to:

- Identify 3 every day actions healthcare workers can take to protect against the flu.
- Describe the differences in surgical masks and respirators.
- Describe the workers' responsibilities to protect themselves and patients from influenza.
- Describe the employers' responsibilities to protect workers and patients from influenza.
- Identify 4 components of OSHA's Respiratory Standard Program.

Facilitator's Tasks for Module 3

Task 1: Have participants complete the pre-test on p. 51 and then collect them.

Task 2: Distribute the packet of *Participant Handouts* for Module 3, pp. 55-73.

Task 3: Have the participants complete the "What do you Know about Protecting Workers from the Flu?" activity (*Handout #14* on pp. 55-56).

Task 4: Have the participants complete the "Head, Heart and Hands" activity (*Handout #23*, p. 73).

Task 5: Have participants complete the post-test on p. 52 and then collect them.

Task 6: Have participants complete training feedback form for Module 3 on page 103.

Task 7: Copy and complete certificates. A template for certificates is found at the very end of the curriculum. The trainer should get them ready before the training.

ROLE OF THE FACILITATOR AND PARTICIPANTS

The role of the facilitator is to encourage exploration and to help participants answer their own questions and try out different tactics and skills. Try not to feed answers or correct ideas. Allow discussion among participants and encourage additional research after the training to help answer participants' questions.

Role of the Facilitator

- ✓ Be clear about objectives and purpose.
- ✓ Keep time.
- ✓ Stay on topic.
- ✓ Explain instructions.
- ✓ Listen.
- ✓ Keep participants comfortable and engaged.
- ✓ Discuss what happened.
- ✓ Summarize your main points.
- ✓ Maintain patient confidentiality at all times.

The role of the participant is described in the box below. It might be useful to write the list provided on a flip chart page and discuss the points with participants at the beginning of the training session; these can serve as the ground rules for the training.

Role of the Participant

- ✓ Be respectful of others' opinions and thoughts.
- ✓ Take turns when speaking; only one person should talk at a time.
- ✓ Maintain patient confidentiality at all times.
- ✓ Speak up so everyone can hear you.
- ✓ Avoid side conversations.
- ✓ Participate until the training is finished.
- ✓ Put cell phone on vibrate/silent mode.



Note to Facilitator:

The objective for Module 3 is to give participants the time to review, share and discuss facts regarding how workers can protect themselves and their patients/clients from the flu. Discussion within the training group will focus on:

- The 3 actions that healthcare workers can take to protect against the flu.
- The difference between surgical masks and respirators.
- Increasing awareness of the responsibilities of workers to protect themselves and patients/clients from influenza.
- Increasing awareness regarding the employer responsibilities to protect workers and patients from influenza, including implementation of OSHA's Respiratory Standard 1910.134 Program.

TO LEAD THIS ACTIVITY YOU WILL NEED

- ✓ Flip chart paper and flip chart markers
- ✓ Flip chart for "Parking Lot"
- ✓ "Role of the Participants" where all participants can see it (as listed in the Introduction on page vi as well as on page 45).
- ✓ Packets of the Participant Handouts for Module 3 (located on pages 54-72)
- ✓ Copies of the Pre-Test and Post-test for Module 3 (located on pages 50-51)
- ✓ Masking tape
- ✓ Pens/pencils/paper for participants

HOW TO LEAD THIS ACTIVITY



Note to Facilitator (5 minutes):



Distribute the pre-test to participants. Ask them to write their first and last names on the top of the test. Give them 3 minutes to complete the test and then collect all tests.

Next, count the number of participants. If the class size is small, have the class work in pairs. If the class size is large, break them up into small groups of 5-6 people. See page ix in the *Introduction* on ways to arrange the room. Distribute the packet of Participant Handouts for Module 3.



Facilitator States Out Loud (20 minutes):



In this third activity, you will share discussion about the facts on protection against seasonal and pandemic flu while at work. The discussion will focus on various worker protections against the flu, and the employer and employee workplace responsibilities to protect workers and patients from influenza.

Now I'd like you to divide into small groups of 5-6 people (or in pairs, depending on class size). I'd like you to work together to answer the questions found on Participant Handout #14 in your Participant Handouts packet. Please pull out Handout #14 found on pages 55-56.



Note to Facilitator:

Assign each pair or group a question(s) to research and report back on to the entire group. All 7 questions should be covered by the groups. It may be necessary to assign more than one question to a group.



Facilitator States Out Loud:

I'd like each group to review your packet of handouts and look for information that helps answer the question(s) that your group has been assigned. Work together to come up with the best answer to the question(s). I'd also like you to pick a group leader. The group leader, with support from the rest of his or her group, will report back to the whole training group.



Note to Facilitator:

Give participants up to twenty minutes to complete this part of the training. As participants work on their answers, quietly walk among the groups and offer your encouragement, but don't answer the questions for them. Direct them to specific handouts from Module 3 to help them, if needed. When the twenty minutes are up, move on to the next part of the training.



Facilitator States Out Loud (35 minutes):



Now I'd like each group to report back their answers. For each question, you will have up to 5 minutes to report back your answer. So let's begin with question #1 on the survey, please.



Note to Facilitator:

Ask for the group researching question #1 from the survey to begin their report back. Be sure to call time after five minutes even if the group hasn't finished entirely. Continue this process until all seven questions have been presented by the pair(s) or group(s).

At the end of the presentation thank the presenter and fill in any important points that might have been left out. Invite the next group to come up for their report back.

WRAPPING UP MODULE 3 (15 MINUTES)



Note to Facilitator:

Be sure to praise the group report backs and thank everyone for coming. Before dismissing the training group, wrap up the training with the *Head, Heart, and Hands Activity*.

This activity is found on page 73 as Handout #23 in the packet of *Participant Handouts*. Then distribute the post-test and ask each participant to once again write their name at the top of the test, answer all questions and then you should collect them.



Facilitator States Out Loud:

This final activity is called Head, Heart and Hands. To wrap up this part of the training I'd like to ask you to think about what you learned (head), how or what you now feel about something that you didn't feel before (heart) and something you plan to do differently at work or at home (hands). Use Handout # 23 (p. 73) in your packet to jot down your thoughts. Let's take about 5 minutes to do this wrap up and then we'll share some of our head, heart and hands with the whole group.



Note to Facilitator:

Call time in 5 minutes.



Facilitator States Out Loud:

Ok, let's just go around the group and ask for a few comments about what you learned. I'll jot your comments on the flip chart.



Note to Facilitator:

Be sure to capture comments on the flip chart.



Facilitator States Out Loud:

What about how or what you now feel that you didn't feel before today's training? I'll jot your "heart" comments on the flip chart.



Facilitator States Out Loud:

And finally, let's quickly share what you intend to do differently at work or at home. I'll jot your "hand" comments on the flip chart.

That's great!

Now, I need you each to complete a post-test. Please write your first name only at the top of the test, answer all questions and I will then be around to collect them.



Note to Facilitator:

Give participants 3 minutes to complete the post-test.



Facilitator States Out Loud:

Thanks to all of you for attending this third training on Protecting Yourself and Your Patients from Flu and for completing all three modules! Here is your certificate showing your completion.



Note to Facilitator:

Hand out certificates to each participant.

End of Facilitator Notes for Module 3

Pre- and Post-test for Module 3

Name _____

Pre-Test for Module 3

1. The kind of work you do can increase your risk of being exposed to flu.

_____ True _____ False

2. Hand washing is an element of infection control and helps reduce the spread of flu virus and other germs.

_____ True _____ False

3. A surgical mask provides as much protection as a respirator.

_____ True _____ False

4. OSHA has a Respiratory Protection Standard that helps protect healthcare workers from flu.

_____ True _____ False

5. Employers *and* employees should be involved in developing and implementing any emergency preparedness plan, including a plan for future pandemic flu.

_____ True _____ False

Name _____

Post-Test for Module 3

1. The kind of work you do can increase your risk of being exposed to flu.

_____ True _____ False

2. Hand washing is an element of infection control and helps reduce the spread of flu virus and other germs.

_____ True _____ False

3. A surgical mask provides as much protection as a respirator.

_____ True _____ False

4. OSHA has a Respiratory Protection Standard that helps protect healthcare workers from flu.

_____ True _____ False

5. Employers *and* employees should be involved in developing and implementing any emergency preparedness plan, including a plan for future pandemic flu.

_____ True _____ False

For the facilitator

Key for pre/post-test for Module 3

(DO NOT DISTRIBUTE)

1. T
2. T
3. F
4. T
5. T

Participant Handouts for Module 3

Participant Handout #14

Activity: What Do You Know About Protecting Workers from the Flu?

Directions: Work in your group to read and respond to the questions below.

1. Depending on the kind of work you do, you may have more or less risk of being exposed to flu, including pandemic flu, on the job.

_____ True _____ False

2. Which of the following actions can you take to protect yourself and others from getting infected with the flu? (**Check all that apply**)

- Get the vaccine each flu season.
- Wash your hands often.
- Cover your nose and mouth with a tissue when you sneeze.
- Avoid touching your eyes, nose and mouth.
- All of the above.

3. Wearing a surgical mask is one of the best ways to protect you from breathing in the flu virus.

_____ True _____ False

4. Which of the following items are part of OSHA's Respiratory Protection Standard? (**check all that apply**)

- Medical evaluation to make sure workers are healthy enough to wear a respirator.
- Training for workers on the Respiratory Protection Standard.
- Fit-testing for workers to make sure their respirator is a good fit.
- Written program that spells out how the facility or agency will implement OSHA's Respiratory Protection Standard 1910.134.
- All of the above.

5. In order to protect workers on the job, the only thing employers should do is make sure workers wash their hands and cover their mouth and nose when they cough or sneeze.

_____ True _____ False

6. Every workplace should have an emergency preparedness plan for flu pandemic.

_____ True _____ False

7. Employers *and* employees should be involved in developing and implementing any emergency preparedness plan, including a plan for any future pandemic flu.

_____ True _____ False

Hint to participants!

The correct answer for the question is noted at the top of each handout (#15-22). The bullet points on each handout are for you to use in order to prepare a 5 minute report back to the whole group, explaining the answer. As your group prepares your report back, feel free to look through and use your packet of *Participant Handouts*, the flip charts and other materials to prepare your report back.

Risk of Exposure on the Job

Risk of exposure on the job to seasonal or pandemic influenza can vary from very high risk to very low risk.

The level of risk depends in part on whether or not your job requires you to work near or around people who may have the virus, or whether you are required to have either repeated or extended contact with people who have or are suspected to have the virus such as school aged children, contact with clients, contact with outpatients, coworkers or the general public.

The higher the risk, the more protection employers should provide for workers.

Very high exposure risk jobs include healthcare employees (for example, doctors, nurses, dentists) performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, performing routine tracheotomy care, some dental procedures or invasive specimen collection). Also including healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients (for example, manipulating cultures from known or suspected pandemic influenza patients).

High exposure risk jobs are those with high potential for exposure to known or suspected sources of seasonal or pandemic influenza virus. This includes:

- Healthcare delivery and support staff exposed to known or suspected flu patients (for example, doctors, nurses, and other hospital staff who work in the ER) who must enter patients' rooms or visit patients at home.
- Medical transport of known or suspected flu patients in enclosed vehicles (for example, emergency medical technicians).
- Personnel who perform autopsies on known or suspected flu patients (for example, morgue and mortuary employees).

Medium exposure risk jobs include jobs that require frequent contact with known or suspected sources of flu virus such as co-workers, the general public, outpatients, school children or other such individuals or groups. This includes:

- Employees with high-frequency contact with the general population (such as employees who work in schools, correctional institutions, airplanes, high population density work environments, and high volume retail).

Participant Handout #15

Risk of Exposure on the Job (continued)

Low exposure risk jobs are those that do not require contact with people known to be infected with the flu virus, nor frequent contact with the public. This includes employees who have minimal occupational contact with the general public and other coworkers (for example, office employees).

Risk of Exposure on the Job

VERY HIGH	Healthcare worker or dental worker who performs: <ul style="list-style-type: none"> ■ cough induction ■ routine tracheotomy care ■ dental procedures ■ invasive specimen collection 	<ul style="list-style-type: none"> ■ Healthcare worker or lab worker who collects or handles specimens 	<ul style="list-style-type: none"> ■ Worker who is asked during a pandemic to perform high risk tasks like isolating or quarantining
HIGH	Healthcare worker and support staff who must: <ul style="list-style-type: none"> ■ enter patients' rooms ■ work in the ER ■ visit patients/ clients at home 	<ul style="list-style-type: none"> ■ A worker who provides medical transport (EMT) in enclosed vehicles 	<ul style="list-style-type: none"> ■ Morgue or mortuary employee
MEDIUM	Worker who has frequent contact with: <ul style="list-style-type: none"> ■ other co-workers ■ the general public ■ out patients ■ school children 	<ul style="list-style-type: none"> ■ Worker in correctional institutions ■ Pilots and flight attendants 	<ul style="list-style-type: none"> ■ Worker in high volume retail. e.g., Grocery stores, big box stores, postal clerks.
LOW	Worker with little or infrequent contact with the public. e.g., late night security guard, mailman.		

Everyday Actions to Reduce Your Risk of Getting the Flu

Get a flu vaccine. It is the best strategy to reduce the risk of catching the flu.

Avoid crowded settings and other situations that can increase your risk of exposure to someone who may be infected. This is something you can do day to day to protect yourself. If you must be in a crowded setting, minimize your time there.

Limit your contact with other people, if you are sick. Stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer.

Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze. If you don't have a tissue, cough into your sleeve. If you do cough into your hands, wash them immediately or use hand sanitizer.

Wash your hands often with soap and warm water for 20 seconds.

When soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers. Most facilities have placed hand sanitizer dispensers throughout the facility. Home care workers may want to carry hand sanitizer with them.

If using gel, rub your hands until the gel is dry. The gel does not need water to work.

Avoid shaking hands. Always wash your hands after physical contact with others.

Avoid touching your eyes, nose and mouth.

REMEMBER: YOU ARE RESPONSIBLE FOR TAKING THESE ACTIONS TO PROTECT YOUR PATIENTS/CLIENTS, OTHER WORKERS AND YOURSELF!



Surgical Masks Do Not Protect You, But Respirators Will!

A SURGICAL MASK WILL NOT PROTECT YOU FROM BREATHING IN AIRBORNE FLU VIRUS.

That's because these masks do not have a tight seal around the nose, mouth and face. Particles that contain the flu virus can easily get through the gaps between the mask and face and enter the lungs. The material used in surgical masks is not made to filter small particles.

There is some evidence that surgical masks may provide limited protection from another way infection can happen – from droplet transmission, when a close-by infected person coughs or sneezes on you and large droplets containing the flu virus come into direct contact with your nose or mouth. A surgical mask may prevent this from happening.

Respirators

The only personal protective equipment that may protect you from breathing in the virus—from airborne transmission—is a respirator.

Remember, surgical masks are not respirators (although they may look similar to some respirators). To protect workers and others from the flu, a “particulate filtering respirator” rated “N95” or higher is needed.

Particulate Filtering Respirators

There are a number of different types of particulate filtering respirators. Some are disposable and can be used once and then must be thrown away (they cannot be cleaned and reused). However, in order for a respirator to be an effective protection, it must be “fit-tested” on you to make sure the respirator fits and seals tightly around the face.

OSHA's Respiratory Protection Standard 1910.134.

OSHA requires that any time employers require workers to wear respirators they must follow OSHA's Respiratory Protection Standard 1910.134. This standard includes requirements for fit-testing and worker training. OSHA also requires that any time employees have to use a respirator; it must be certified by NIOSH (National Institute for Occupational Safety and Health).

OSHA's Respiratory Protection Standard 1910.134.

PROTECT YOURSELF FROM PANDEMIC FLU THROUGH RESPIRATORY PROTECTION

Employers are responsible for implementing OSHA's Respiratory Protection Standard in the workplace.

Although influenza viruses are thought to be transmitted primarily by droplets through the air and contact with contaminated surfaces, it is possible that transmission could also occur by small particulates. Because of this, during a pandemic, workers should use a NIOSH-certified respirator for work involving close contact with people who are or may be ill with the pandemic virus. N95 respirators provide the minimum level of protection needed. Remember, a surgical mask is not a respirator.

WHO NEEDS TO WEAR A RESPIRATOR?

"Very High Exposure Risk" Workers with high potential exposure to known or suspected sources of pandemic virus during specific medical or laboratory procedures – for example, cough induction procedures, bronchoscopy, some dental procedures, invasive specimen collection, or manipulating lab cultures. These workers may need supplied-air or powered air-purifying respirators.

"High Exposure Risk" Workers with a high potential for exposure to known or suspected pandemic sources - for example, doctors, nurses, and other hospital staff who enter patients' rooms and emergency responders transporting sick patients.

Other Workers whose work may not normally put them at *Very High* or *High Exposure Risk* but who, during a pandemic, are performing high-risk tasks such as isolating and quarantining people who are ill.

RESPIRATORY PROTECTION PROGRAM

Respirators must be used in the context of a comprehensive respiratory protection program, (see OSHA standard 29 CFR 1910.134 or www.osha.gov) which includes:

- Medical evaluation
- Training
- Fit-testing
- Written program

For more complete information:



Occupational Safety and Health Administration
U.S. Department of Labor
www.osha.gov
(800) 321-OSHA

OSHA[®] FactSheet

Respiratory Infection Control: Respirators Versus Surgical Masks

It is important that employers and workers understand the significant differences between these two types of personal protective equipment. The decision whether or not to require workers to use either surgical masks or respirators must be based upon a hazard analysis of the workers' specific work environments and the different protective properties of each type of personal protective equipment.

The use of surgical masks or respirators is one practice that may reduce the risk of infectious disease transmission between infected and noninfected persons. Since there is limited historical information on the effectiveness of surgical masks and respirators for the control of influenza during any previous pandemics, the effectiveness of surgical masks and respirators has been inferred on the basis of the mode of influenza transmission, particle size and professional judgment.

To offer protection, both surgical masks and respirators need to be worn correctly and consistently. If used properly, surgical masks and respirators both have a role in preventing different types of exposures. During an influenza pandemic, surgical masks and respirators need to be used in conjunction with interventions that are known to prevent the spread of infection, such as engineering and administrative controls (e.g., installing sneeze guards, teleworking) and work practices (e.g., cough etiquette, hand hygiene, and avoiding large gatherings).

Respirators

Respirators are designed to reduce a worker's exposure to airborne contaminants. Respirators come in various sizes and must be individually selected to fit the wearer's face and to provide a tight seal. A proper seal between the user's face and the respirator forces inhaled air to be pulled through the respirator's filter material and not through gaps between the face and respirator.

Respirators offer the best protection for workers who must work closely (either in contact with or within 6 feet) with people



who have influenza-like symptoms. These generally include those workers who work in occupations classified as *very high exposure risk* or *high exposure risk* to pandemic influenza. For additional information on very high and high exposure risk occupations, please refer to OSHA Publication No. 3327, entitled *Guidance on Preparing Workplaces for an Influenza Pandemic*, which can be found at <http://www.osha.gov/dsg/topics/pandemicflu/index.html>.

Where workers are required by employers to wear respirators, they must be NIOSH-certified, selected, and used in the context of a comprehensive respiratory protection program, (see OSHA standard 29 CFR 1910.134, or www.osha.gov/SLTC/respiratoryprotection/index.html). It is important to medically evaluate workers to ensure that they can perform work tasks while wearing a respirator. For many workers, medical evaluation may be accomplished by having a physician or other licensed healthcare provider review a

Participant Handout #18 (continued)

respiratory questionnaire completed by the worker (found in Appendix C of OSHA's Respiratory Protection standard, 29 CFR 1910.134) to determine if the worker can be medically cleared to use a respirator. Employers who have never before needed to consider a respiratory protection plan should note that it can take time to choose an appropriate respirator to provide to workers; arrange for a qualified trainer; and provide training, fit testing and medical evaluation for their workers. If employers wait until an influenza pandemic occurs, they may be unable to implement an adequate respiratory protection program in a timely manner.

Surgical Masks

Surgical masks are used as a physical barrier to protect the user from hazards, such as splashes of large droplets of blood or body fluids.

Surgical masks also protect other people against infection from the person wearing the surgical mask. Such masks trap large particles of body fluids that may contain bacteria or viruses expelled by the wearer.

Surgical masks are used for several different purposes, including the following:

- Placed on sick people to limit the spread of infectious respiratory secretions to others.

- Worn by healthcare providers to prevent accidental contamination of patients' wounds by the organisms normally present in mucus and saliva.
- Worn by workers to protect themselves from splashes or sprays of blood or bodily fluids; they may also keep contaminated fingers/hands away from the mouth and nose.

Surgical masks are not designed or certified to prevent the inhalation of small airborne contaminants. These particles are not visible to the naked eye but may still be capable of causing infection. Surgical masks are not designed to seal tightly against the user's face. During inhalation, much of the potentially contaminated air can pass through gaps between the face and the surgical mask and not be pulled through the filter material of the mask. Their ability to filter small particles varies significantly based upon the type of material used to make the surgical mask, so they cannot be relied upon to protect workers against airborne infectious agents. Only surgical masks that are cleared by the U.S. Food and Drug Administration to be legally marketed in the United States have been tested for their ability to resist blood and body fluids.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For more complete information:



U.S. Department of Labor

www.osha.gov

(800) 321-OSHA

DSG 5/2009

Participant Handout #19

What Masks and Respirators Look Like

Surgical masks can be used on patients, especially in the ER, to keep patient's germs from spreading. They are not meant to be used on workers because particles that contain the flu virus can easily get through the gaps between the mask and face and enter the lungs. The material used in surgical masks is not made to filter small particles.



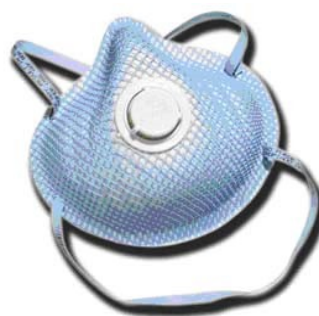
Participant Handout #19: What Masks and Respirators Look Like (continued)

DISPOSABLE RESPIRATORS

You can see that disposable respirators can look like surgical masks. However, they are made of different material than surgical masks and must seal on the wearer's face.

All respirators must be approved by the National Institute for Occupational Safety and Health (NIOSH) which is part of the Centers for Disease Control and Prevention (CDC). All respirators must be stamped with the NIOSH logo to show NIOSH approval. If there is not a logo stamp, then it's not a respirator.

This type of respirator is available with and without an exhalation valve. An exhalation valve makes it easier for the wearer to breathe. These are respirators that are meant to be used once and then thrown away.



Participant Handout #19: What Masks and Respirators Look Like (continued)

REUSABLE ELASTOMERIC - HALF FACE PIECE

Reusable elastomeric respirators

An elastomeric respirator's face piece is normally made of a rubber-like material. The appropriate filter (in a cartridge) is attached to the face piece and can be removed and replaced. These respirators can be used again after cleaning, disinfecting and replacing the used filters.



Participant Handout #19: What Masks and Respirators Look Like (continued)

PAPRs (POWERED AIR PURIFYING RESPIRATORS)

Powered air purifying respirators (PAPRs)

These respirators run off of a battery that pulls the contaminated air through a filter. They can be used again after cleaning, disinfecting and replacing used filters. Some PAPRs have loose-fitting hoods and some are tight-fitting on the face of the wearer.



Employers Should Advise Workers to Wash and Cover

It's true...employers **should** advise workers to wash their hands and to cover their mouth and nose when they cough or sneeze.

- Washing hands and covering mouth and nose is only one aspect of a comprehensive “infection control program” which employers should develop and implement.
- An infection control program helps prevent the spread of the virus.

But, the employer **should also**:

- Develop a written exposure control plan which details the best ways to control the spread of the virus using the hierarchy of controls (see page 69).
- Monitor workers' health for signs of a flu outbreak.
- Train workers on infection control and the exposure control plan.
- Post warning signs and labels for families, visitors, vendors, volunteers, workers and patients, especially during flu season.
- Keep the workplace clean.
- Keep good worker medical records.
- Offer the flu vaccination for free, at the workers' convenience.

Participant Handout #20: Employers Should Advise Workers to Wash and Cover (continued)

OSHA[®] QUICK CARD[™]

How to Protect Yourself in the Workplace during a Pandemic

The best strategy to reduce the risk of becoming ill with pandemic influenza is to avoid crowded settings and other situations that increase the risk of exposure to someone who may be infected. If you must be in a crowded setting, minimize your time there. Some basic hygiene and social distancing precautions that can be used in every workplace include the following:

- Stay home if you are sick.
- Wash your hands frequently with soap and water for 20 seconds or with a hand sanitizer if soap and water are not available.
- Avoid touching your nose, mouth and eyes.
- Cover your coughs and sneezes with a tissue, or cough and sneeze into your upper sleeve. Dispose of tissues in no-touch trash receptacles.
- Wash your hands or use a hand sanitizer after coughing, sneezing, or blowing your nose.
- Avoid close contact (within 6 feet) with coworkers and customers.
- Avoid shaking hands and always wash your hands after physical contact with others.
- If wearing gloves, always wash your hands after removing them.
- Keep frequently touched common surfaces (for example, telephones, computer equipment, etc.) clean.
- Try not to use other workers' phones, desks, offices, or other work tools and equipment.
- Minimize group meetings; use e-mails, phones and text messaging. If meetings are unavoidable, avoid close contact (within 6 feet) with others and ensure that the meeting room is properly ventilated.
- Limit unnecessary visitors to the workplace.
- Maintain a healthy lifestyle; attention to rest, diet, exercise and relaxation helps maintain physical and emotional health.

For more information, see *Guidance on Preparing Workplaces for an Influenza Pandemic*, OSHA Publication No. 3327, which can be accessed at www.osha.gov.

For more complete information:

OSHA[®] Occupational
Safety and Health
Administration
U.S. Department of Labor
www.osha.gov (800) 321-OSHA

OSHA 3365-05N-09

Participant Handout #20: Employers Should Advise Workers to Wash and Cover
(continued)

Hierarchy of Controls for Pandemic Flu				
		Control	Control Methods	Specific Examples
Most effective protection	Do first	Engineering Controls	Modify the workplace to reduce worker exposure to the hazard. Make permanent changes that reduce exposure to hazards.	<ul style="list-style-type: none"> ■ Improve ventilation. ■ Supply workers with sneeze/cough guards.
	Do next	Work Practices and Administrative Controls	Modify how work is done	<ul style="list-style-type: none"> ■ Offer and pay for flu vaccines and offer at a convenient time for the worker. ■ Infection control procedures. ■ Up-to-date health and safety training. ■ Develop leave and scheduling policies. Share with workers. ■ Encourage social-distancing between people during flu season. ■ Encourage workers to stay home if sick. ■ Develop emergency communication plans. ■ Maintain a forum for answering employees' concerns (staff meetings, text message or emails).
Least effective protection	Do last	Personal Protective Equipment (PPE)	Modify the worker by providing personal protective equipment.	<p>Provide workers with:</p> <ul style="list-style-type: none"> ■ Gloves. ■ Disposable clothing. ■ N95 or more protective respirators. <p>Be sure to:</p> <ul style="list-style-type: none"> ■ Select PPE based on the hazard to the employee. ■ Fit-test and then periodically fit-test respirators. ■ Ensure employees use their PPE. ■ Maintain and replace PPE.

Usually a combination of control methods is needed to provide the best protection to workers.

Plan for Pandemic Flu Now, Rather Than Later

The H1N1 flu taught us that now is the time for employers to have infection control measures and emergency plans in place so that workers are protected during the next pandemic.

The time to have a plan in place is before flu enters the workplace, not after.

Unfortunately, many healthcare facilities and workplaces are not adequately prepared. For example, a survey of over 1,000 workers done in September 2009 revealed that most workers had not been given any direction from their employers about the 2009 H1N1 flu. 69% of the workers had received no communication from their employers about the 2009 H1N1 in the workplace – not even information related to hand washing or sick leave. And 84% of the workers said that they felt pressure to show up for work when sick.

[Source: Healthcare Workers in Peril: Preparing to Protect Worker Health and Safety During Pandemic Influenza, A Union Survey Report, April 16, 2009]

Workers Should Be Involved in Planning

The best practice is for workers to be involved in developing and implementing an emergency preparedness plan, including a plan to protect workers from the flu.

Workers, along with managers, need to review the employer's safety and health program to see whether it adequately deals with pandemic flu. The plan should have a comprehensive infection control program.

Workers should be able to ask the employer:

- What kind of “risk assessment” has been done to determine which workers are at risk of being exposed to flu and the level of risk (very high, high, medium or low), and
- What is the employer's plan to protect workers?

Policies, in addition to infection control, that should be in place include paid sick leave (so workers can stay home when they have or may have the flu). There should be no punishment of workers for staying home because of their own illness or the illness of a family member.

Participant Handout #23

Wrap up of Module 3

Activity: Head, Heart and Hands

Think about what you have learned (head), how or what you now feel about something that you didn't feel before (heart), and something you plan to do differently at work or at home (hands).

Take about 5 minutes to do this exercise and be prepared to share your thoughts with the group.

What I learned...

Now I feel that...

Things I will do (at work or at home) after attending this training...

Appendix A: Additional Handouts for Home care Workers

Note to trainer: If you are training home care workers pass out the three case studies below. Ask participants to work in small groups and use the information in each case study to determine if their client has the flu. Tell them to use the chart on page 78 to help determine what is wrong with their client and what they should do.

CASE STUDY #1

You go to your client's home and see that he is sweaty and his skin is warm. You decide to take his fever and notice that it is higher than normal, 100.8. Your client also says he is having pain when swallowing and that his throat feels sore. You notice he has a cough that he didn't have during your visit yesterday. You see that he is short of breath and that he complains of being dizzy, both when sitting and standing.

What should you do?

CASE STUDY #2

You go to your 72 year old client's home and note that he is sweaty and his skin is warm to touch. You decide to take his fever and notice that it is higher than normal, 100.8 degrees. Your client also says he is having pain when swallowing and that his throat feels sore. You notice he has a cough that he didn't have during yesterday's visit. He is not complaining of any other problems such as trouble breathing, chest pain, vomiting or dizziness, even though he has asthma and diabetes. There is no increased confusion.

What should you do?

CASE STUDY #3

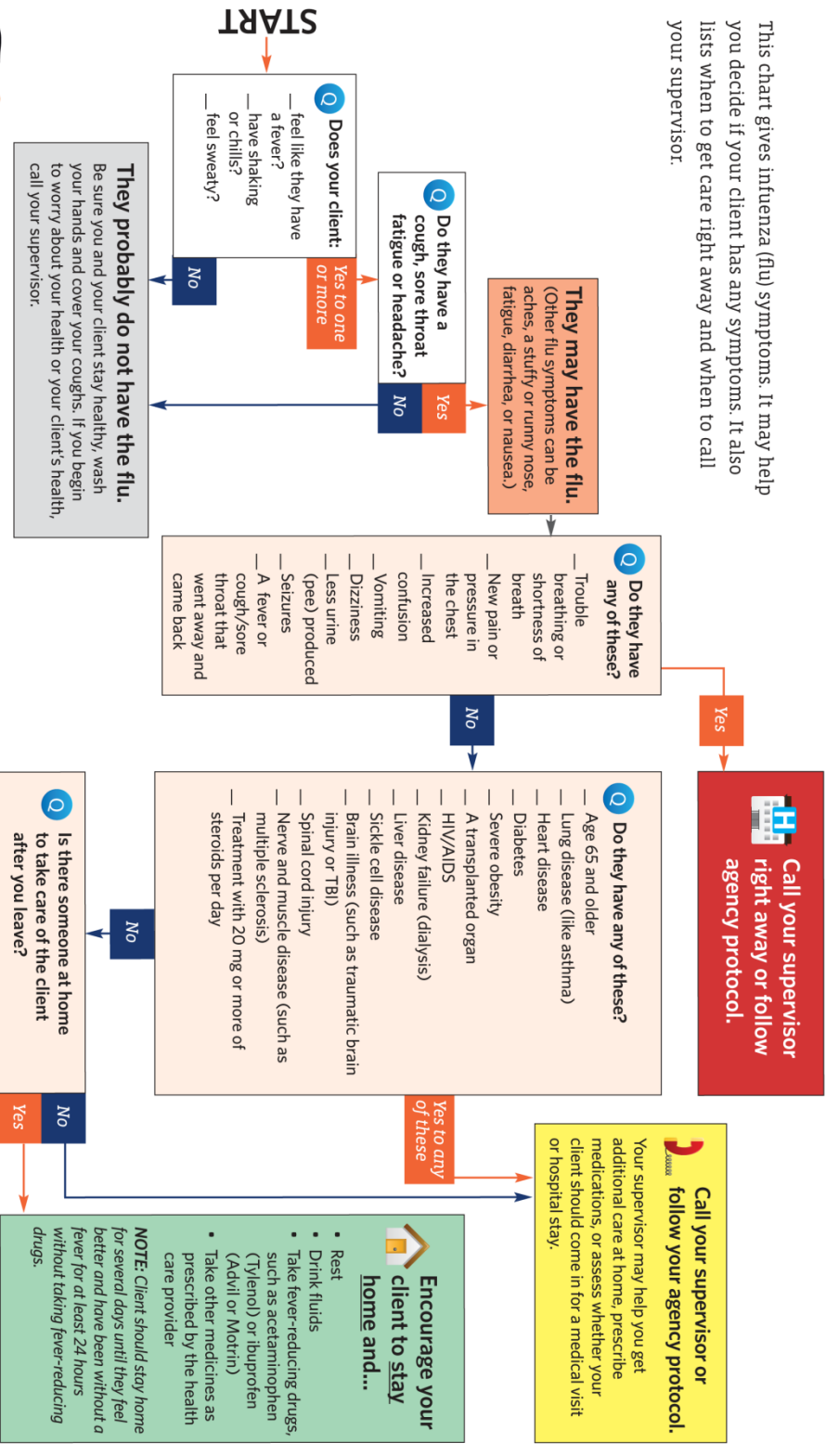
You go to your healthy 45 year old client's home and notice that he is sweaty and his skin is warm to touch. You decide to take his fever--it is higher than normal, 100.8 degrees. Your client also says he is having pain when swallowing and that his throat feels sore. You notice he has a cough that he didn't have during yesterday's visit. He is not complaining of any other problems such as trouble breathing, chest pain, vomiting or dizziness. There is no increased confusion. He is otherwise very healthy with no chronic health problems such as asthma, heart disease, diabetes, obesity, brain illness, spinal cord injury or transplants. In fact, he only takes a multivitamin everyday and his only diagnosis is his broken leg. He lives with his wife and 2 kids, who are his caretakers when you are not with him.

What should you do?

Participant Handout #1

Does My Client Have the Flu?

This chart gives influenza (flu) symptoms. It may help you decide if your client has any symptoms. It also lists when to get care right away and when to call your supervisor.



For information on flu, go to www.flu.gov.

JULY 2011

Client's Name

If you took their temperature, write it down: degrees F

Date: a.m. / p.m.

Phone number of supervisor

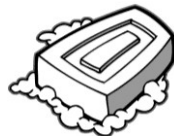
Participant Handout #2

Infection Control Protects Home care Workers from the Flu and Other Illnesses

You can't always tell when someone is sick. People can be infectious (spreading germs), but not feel sick. Infection control protects our clients and us. We should protect ourselves as if every client we care for could have the flu or other infectious illness.

So how do we protect ourselves and our clients?

- Get your flu shot every year.
- Wash your hands often. Washing your hands is the single best way to kill germs.
- Wash your hands thoroughly with soap and warm water before putting on latex gloves and immediately after taking off the gloves.
- Wash your hands immediately if you touch anybody's blood, urine, feces, vomit, semen, or vaginal fluid.
- Wear an N95 respirator around any client that has the flu or TB.
- Cuts, sores or breaks in the caregiver's skin or the client's skin should be covered with bandages.
- Bag soiled laundry in a leak-proof plastic bag and tie it shut to avoid contaminating the floor or other surfaces. Wear gloves when handling or sorting soiled laundry. When carrying the bag, do not hug it close to



your body. If it's leaking, you don't want to be contaminated.

- Wear latex gloves when there is a chance of being in contact with blood or other body fluids.
- Wearing gloves is especially important when you have a cut or rash on your hands because any tear in your skin can allow germs to get into your body.
- Some people are allergic to the powder in gloves or the latex. If you are one of those people, there are other kinds of gloves that will work, such as powderless gloves or nitrile gloves. Your agency should provide gloves for you.
- Wear a face mask and eye protection during job tasks likely to splash or spray blood or body fluids—like emptying a Foley catheter, caring for a draining wound or disconnecting a feeding tube.



Participant Handout #2 (continued)

- Treat all blood and other body fluids—including urine, feces and vomit—as if they contained the hepatitis B virus, the hepatitis C virus or the AIDS virus.



- Avoid handling sharp objects (such as razors or needles) that might have come in contact with blood or body fluids. Dispose of them carefully by placing them in a puncture-resistant container for disposal (also called a sharp container or a red box).

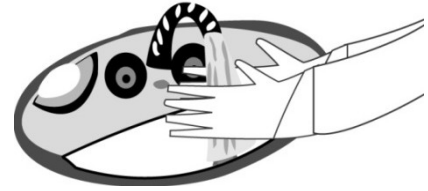
Practicing infection control and being vaccinated against the flu are the best ways to protect yourself and your clients from infections.

Source: www.CDC.gov

Participant Handout #3

Handwashing at Your Client's Home

Washing your hands is the single best way to kill germs. Washing your hands is the best way to protect you and your client. Wash your hands often with warm soapy water for at least 15 seconds. Clean under your fingernails and between your fingers.



If soap and water are not available, use an alcohol-based hand rub. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

If your hands get dry or sore, put on hand cream or lotion.

Avoid touching your eyes, nose and mouth. Germs spread this way.

Wash your hands immediately:

- After you arrive at your client's home.
- Before you fix food.
- Before and after feeding your client.
- After you go to the bathroom.
- Before and after you help your client go to the bathroom.
- Before you leave your client's home.
- Before you go home to your family.



Wash your hands immediately if you:

- Sneeze or cough.
- Touch your nose or mouth.
- Handle garbage.
- Handle animal litter.
- Clean the house.
- Touch anybody's blood, urine, feces, vomit, semen, vaginal fluid or any other body fluid.
- If you are caring for more than one person in the home, wash your hands after helping one client and before helping the next.

Dry your hands:

- With a clean paper towel.
Do not use damp towels to dry your hands



Source: www.CDC.gov

Participant Handout #4

Contamination & Cleaning

How long can influenza virus live on objects (such as books and doorknobs)?

Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for 2 to 8 hours after being deposited on the surface.

What kills influenza virus?

Influenza virus is destroyed by heat (167-212°F) and chemicals. Chlorine, hydrogen peroxide, detergents (soap), iodine-based antiseptics and rubbing alcohol are effective against flu virus if used properly.



What if soap and water are not available at my client's home?

If soap and water are not available use hand sanitizer to clean your hands.

How should waste disposal be handled to prevent the spread of influenza virus?

To prevent the spread of flu virus, tissues and other disposable items used by an infected person should be thrown in the trash. Additionally, persons should wash their hands with soap and water after touching used tissues and similar waste.

What household cleaning should be done to prevent the spread of influenza virus?

To prevent the spread of flu virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.

How should linens, eating utensils and dishes of persons infected with influenza virus be handled?

Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately. These items should not be shared without washing thoroughly first. Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. Individuals should avoid "hugging" laundry prior to washing it to prevent contaminating themselves. Individuals should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry. Eating utensils should be washed either in a dishwasher or by hand with warm water and soap.

Source: www.cdc.gov

Appendix B: Resources for Long Term Care Administrators

Long Term Care Planning Checklist

LONG-TERM CARE AND OTHER RESIDENTIAL FACILITIES PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist to help long-term care and other residential facilities assess and improve their preparedness for responding to pandemic influenza. Based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation), each facility will need to adapt this checklist to meet its unique needs and circumstances. This checklist should be used as one tool in developing a comprehensive pandemic influenza plan. Additional information can be found at www.pandemicflu.gov. Information from state, regional, and local health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's pandemic influenza plan. Comprehensive pandemic influenza planning can also help facilities plan for other emergency situations.

This checklist identifies key areas for pandemic influenza planning. Long-term care and other residential facilities can use this tool to self-assess the strengths and weaknesses of current planning efforts. Links to websites with helpful information are provided throughout this document. However, it will be necessary to actively obtain information from state and local resources to ensure that the facility's plan complements other community and regional planning efforts.

I. Structure for planning and decision making.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pandemic influenza has been incorporated into emergency management planning and exercises for the facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A multidisciplinary planning committee or team ¹ has been created to specifically address pandemic influenza preparedness planning. (List committee's or team's name.) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A person has been assigned responsibility for coordinating preparedness planning, hereafter referred to as the pandemic influenza response coordinator. (Insert name, title and contact information.) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Members of the planning committee include (as applicable to each setting) the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.) <input type="checkbox"/> Facility administration <input type="checkbox"/> Medical director <input type="checkbox"/> Nursing administration <input type="checkbox"/> Infection control <input type="checkbox"/> Occupational health <input type="checkbox"/> Staff training and orientation <input type="checkbox"/> Engineering/maintenance services <input type="checkbox"/> Environmental (housekeeping) services <input type="checkbox"/> Dietary (food) services <input type="checkbox"/> Pharmacy services <input type="checkbox"/> Occupational/rehabilitation/physical therapy services <input type="checkbox"/> Transportation services <input type="checkbox"/> Purchasing agent <input type="checkbox"/> Facility staff representative <input type="checkbox"/> Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff, collective bargaining agreement union representatives)

1. An existing emergency or disaster preparedness team may be assigned this responsibility.
May 1, 2006 Version 1



1. Structure for planning and decision making (continued).

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local and state health departments and provider/trade association points of contact have been identified for information on pandemic influenza planning resources. (Insert name, title and contact information for each.) Local health department contact: _____ State health department contact: _____ State long-term care professional/trade association: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local, regional, or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact have been identified. (Insert name, title and contact information for each.) City: _____ County: _____ Other regional: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds. (Attach a list with the name, title, and contact information for each hospital.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The pandemic influenza response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on coordinating the facility's plan with other influenza plans.

2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies have been obtained of relevant sections of the HHS Pandemic Influenza Plan (available at www.hhs.gov/pandemicflu/plan/) and available state, regional, or local plans are reviewed for incorporation into the facility's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility plan includes the elements listed in #3 below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A plan is in place for surveillance and detection of the presence of pandemic influenza in residents and staff.
			<input type="checkbox"/> A person has been assigned responsibility for monitoring public health advisories (federal and state), and updating the pandemic response coordinator and members of the pandemic influenza planning committee when pandemic influenza has been reported in the United States and is nearing the geographic area. For more information, see www.cdc.gov/flu/weekly/fluactivity.htm . (Insert name, title and contact information of person responsible.) _____
			<input type="checkbox"/> A written protocol has been developed for weekly or daily monitoring of seasonal influenza-like illness in residents and staff. For more information, see www.cdc.gov/flu/professionals/diagnosis/ . (Having a system for tracking illness trends during seasonal influenza will ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.)
			<input type="checkbox"/> A protocol has been developed for the evaluation and diagnosis of residents and/or staff with symptoms of pandemic influenza.
			<input type="checkbox"/> Assessment for seasonal influenza is included in the evaluation of incoming residents. There is an admission policy or protocol to determine the appropriate placement and isolation of patients with an influenza-like illness. (The process used during periods of seasonal influenza can be applied during pandemic influenza.)

3. Elements of an influenza pandemic plan (continued).

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A system is in place to monitor for, and internally review transmission of, influenza among patients and staff in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting). (This system will be necessary for assessing pandemic influenza transmission.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A facility communication plan has been developed. For more information, see www.hhs.gov/pandemicflu/plan/sup10.htm.</p> <input type="checkbox"/> Key public health points of contact during an influenza pandemic influenza have been identified. (Insert name, title and contact information for each.)
			<input type="checkbox"/> Local health department contact: _____
			<input type="checkbox"/> State health department contact: _____
			<input type="checkbox"/> A person has been assigned responsibility for communications with public health authorities during a pandemic. (Insert name, title and contact information.) _____
			<input type="checkbox"/> A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of pandemic influenza in the facility. (Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information.)
			<input type="checkbox"/> Contact information for family members or guardians of facility residents is up-to-date.
			<input type="checkbox"/> Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., sales and delivery people) about the status of pandemic influenza in the facility.
			<input type="checkbox"/> A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals' emergency medical services, relevant community organizations [including those involved with disaster preparedness]) with whom it will be necessary to maintain communication during a pandemic. (Insert location of contact list and attach a copy to the pandemic plan.)
			<input type="checkbox"/> A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan is in place to provide education and training to ensure that all personnel, residents, and family members of residents understand the implications of, and basic prevention and control measures for, pandemic influenza.</p> <input type="checkbox"/> A person has been designated with responsibility for coordinating education and training on pandemic influenza (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). (Insert name, title, and contact information.) _____
			<input type="checkbox"/> Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital-sponsored) programs have been identified. See www.cdc.gov/flu/professionals/training/ .
			<input type="checkbox"/> Language and reading-level appropriate materials have been identified to supplement and support education and training programs (e.g., available through state and federal public health agencies such as www.cdc.gov/flu/groups.htm and through professional organizations), and a plan is in place for obtaining these materials.
			<input type="checkbox"/> Education and training includes information on infection control measures to prevent the spread of pandemic influenza.
			<input type="checkbox"/> The facility has a plan for expediting the credentialing and training of non-facility staff brought in from other locations to provide patient care when the facility reaches a staffing crisis.
			<input type="checkbox"/> Informational materials (e.g., brochures, posters) on pandemic influenza and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic. For more information, see www.cdc.gov/flu/professionals/infectioncontrol/index.htm and www.cdc.gov/flu/groups.htm .


3. Elements of an influenza pandemic plan (continued).

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An infection control plan is in place for managing residents and visitors with pandemic influenza that includes the following: (For information on infection control recommendations for pandemic influenza, see www.hhs.gov/pandemicflu/plan/sup4.html .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An infection control policy that requires direct care staff to use Standard (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic residents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A plan for implementing Respiratory Hygiene/Cough Etiquette throughout the facility. (See www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A plan for cohorting symptomatic residents or groups using one or more of the following strategies: ² 1) confining symptomatic residents and their exposed roommates to their room, 2) placing symptomatic residents together in one area of the facility, or 3) closing units where symptomatic and asymptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms). The plan includes a stipulation that, where possible, staff who are assigned to work on affected units will not work on other units.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criteria and protocols for closing units or the entire facility to new admissions when pandemic influenza is in the facility have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criteria and protocols for enforcing visitor limitations have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An occupational health plan for addressing staff absences and other related occupational issues has been developed that includes the following:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers: <ul style="list-style-type: none"> - The handling of personnel who develop symptoms while at work. - When personnel may return to work after having pandemic influenza. - When personnel who are symptomatic, but well enough to work, will be permitted to continue working. - Personnel who need to care for family members who become ill.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A plan to educate staff to self-assess and report symptoms of pandemic influenza before reporting for duty.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A system to monitor influenza vaccination of personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave or altering their work location.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A vaccine and antiviral use plan has been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CDC and state health department websites have been identified for obtaining the most current recommendations and guidance for the use, availability, access, and distribution of vaccines and antiviral medications during a pandemic. For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HHS guidance has been used to estimate the number of personnel and residents who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A plan is in place for expediting delivery of influenza vaccine or antiviral prophylaxis to residents and staff as recommended by the state health department.

2. CDC guidance on preventing and controlling influenza transmission in long-term care facilities will be a useful resource during pandemic influenza. (See www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm.)

3. Elements of an influenza pandemic plan (continued).

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Issues related to surge capacity during a pandemic have been addressed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. <input type="checkbox"/> A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during an influenza pandemic. (Insert name, title and contact information.) <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law. <input type="checkbox"/> The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis. <input type="checkbox"/> Estimates have been made of the quantities of essential materials and equipment (e.g., masks, gloves, hand hygiene products, intravenous pumps) that would be needed during a six-week pandemic. <input type="checkbox"/> A plan has been developed to address likely supply shortages, including strategies for using normal and alternative channels for procuring needed resources. <input type="checkbox"/> Alternative care plans have been developed for facility residents who need acute care services when hospital beds become unavailable. <input type="checkbox"/> Surge capacity plans include strategies to help increase hospital bed capacity in the community. <ul style="list-style-type: none"> - Signed agreements have been established with area hospitals for admission to the long-term care facility of non-influenza patients to facilitate utilization of acute care resources for more seriously ill patients. - Facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts. <input type="checkbox"/> A contingency plan has been developed for managing an increased need for post mortem care and disposition of deceased residents. <input type="checkbox"/> An area in the facility that could be used as a temporary morgue has been identified. <input type="checkbox"/> Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.



Sample Letter To Families of Residents in the Event of an Influenza Outbreak


LTC Facility
Anywhere, USA

Re: Flu Precautions

Dear Family Member:

We are writing to let you know that (name of LTCF) is taking special precautions with visitors and residents for the next few weeks because of an outbreak of influenza in the facility. Influenza, the flu, poses a serious health threat to elderly persons. We are committed to doing everything possible to protect our residents from getting the flu.

First, we have isolated the resident(s) who contracted the flu so that they cannot be in contact with other residents. In addition, all facility staff who are in contact with the infected resident(s) have been vaccinated against the flu and are taking antiviral medication prophylactically until the outbreak is over. Staff members have also been instructed to follow very specific precautions for infection control during this period.



While we are not restricting visitors to the facility at this time, we ask that you do the following to help us prevent further spread of infection:

- If visiting a resident who has the flu, wear a face mask (provided at reception)
- Clean your hands with the disinfectant in the reception area upon arrival and when leaving the facility
- Do not visit the facility if you know you are sick or have been exposed to someone with the flu virus, but feel free to call your family member or friend frequently
- Get a flu shot if you have not already done so

We appreciate your cooperation in helping us to manage this situation and will let you know when the flu outbreak precautions are no longer necessary. If you have any questions in the meantime, please contact the Director of Nursing.

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Sample Call Script for Notifying Family Members (template to be modified per the specifics of your facility)

Hello, this is Jane Doe calling from the (name of LTCF). I just wanted to let you know that we will be taking some special precautions at the facility because of a recent outbreak of influenza. These precautions will help us prevent the further spread of infection.

During this period we would ask that you not visit residents if you are sick or have been exposed to the flu virus. We encourage you to communicate frequently with your family member, but to do so by telephone. Also, we ask that you get a flu shot, if you have not already done so, before visiting the facility again.

If the resident you wish to visit has the flu, you will be asked to wear a face mask and to clean your hands with a disinfectant in the reception area before and after your visit. This is just one of the ways we are able to control the spread of the virus so that the number of residents who get sick is minimal.

Our staff has been specially trained to handle flu outbreaks and will be happy to answer any questions you may have.

Thank you for your understanding and for helping us to control this flu outbreak.

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Sample Press Release (template to be modified per the specifics of your facility and used at your discretion)

FOR IMMEDIATE RELEASE

DATE:

RE: Long-term Care Facility Visitor Restrictions Due to Flu

Contact: ADMINISTRATOR'S NAME, PHONE NUMBER AND E-MAIL

"NAME OF FACILITY Restricts Visitors during Flu Outbreak"

LOCATION: NAME OF FACILITY has initiated (total) visitor restrictions in response to a confirmed outbreak of influenza among its residents according to NAME OF ADMINISTRATOR. The facility's medical director, NAME OF MEDICAL DIRECTOR, made the decision to reduce exposure to the flu virus for the facility's elderly residents who are at high risk for complications from influenza. The restrictions are expected to be in place for a minimum of ADD NUMBER OF DAYS.

The facility has vaccinated residents and staff and administered antiviral medication to help control the spread of the flu. It is also following state and federal infection control guidelines that call for visitor restrictions, especially those who show signs of respiratory illness.

NAME OF ADMINISTRATOR stated: "NAME OF FACILITY regrets any inconvenience that the visitor restrictions place on family members and friends of our residents. The restrictions are necessary to protect our residents and the public from exposure to this debilitating and potentially serious illness.

NAME OF FACILITY notified families by phone and encouraged them to call the facility whenever they wanted to check on their relatives.

According to the Centers for Disease Control and Prevention, each year in the United States an estimated 5% to 20% of the population gets the flu, more than 226,000 people are hospitalized, and 36,000 people die from flu.

-END-

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Appendix C: Additional Resources

Use these additional resources to learn more about preparing for and responding to a flu outbreak.

www.osha.gov

Taking Steps Toward Enhancing Emergency Preparedness and Response in Long-Term Care Facilities

www.aahsa.org/WorkArea/DownloadAsset.aspx?id=4016

Flu.gov website

<http://flu.gov/>

NIOSH Hazard Review

Ordering Information:

Telephone: 1-800-CDC-INFO (1-800-232-4636)

E-mail: cdcinfo@cdc.gov

NIOSH website: www.cdc.gov/niosh

California Association of Health Facilities

3201 K Street, Sacramento, CA 95816

Telephone: 916-441-8400

E-mail: info@cahf.org

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Appendix D: Resources for Parents



Pandemic Flu Planning Checklist for Individuals & Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the current behavior.
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.



3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
<ul style="list-style-type: none"> <input type="checkbox"/> Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups <input type="checkbox"/> Protein or fruit bars <input type="checkbox"/> Dry cereal or granola <input type="checkbox"/> Peanut butter or nuts <input type="checkbox"/> Dried Fruit <input type="checkbox"/> Crackers <input type="checkbox"/> Canned juices <input type="checkbox"/> Bottled water <input type="checkbox"/> Canned or jarred baby food and formula <input type="checkbox"/> Pet food <input type="checkbox"/> Other nonperishable foods 	<ul style="list-style-type: none"> <input type="checkbox"/> Prescribed medical supplies such as glucose and blood-pressure monitoring equipment <input type="checkbox"/> Soap and water, or alcohol-based (60-95%) hand wash <input type="checkbox"/> Medicines for fever, such as acetaminophen or ibuprofen <input type="checkbox"/> Thermometer <input type="checkbox"/> Anti-diarrheal medication <input type="checkbox"/> Vitamins <input type="checkbox"/> Fluids with electrolytes <input type="checkbox"/> Cleansing agent/soap <input type="checkbox"/> Flashlight <input type="checkbox"/> Batteries <input type="checkbox"/> Portable radio <input type="checkbox"/> Manual can opener <input type="checkbox"/> Garbage bags <input type="checkbox"/> Tissues, toilet paper, disposable diapers

PandemicFlu.gov

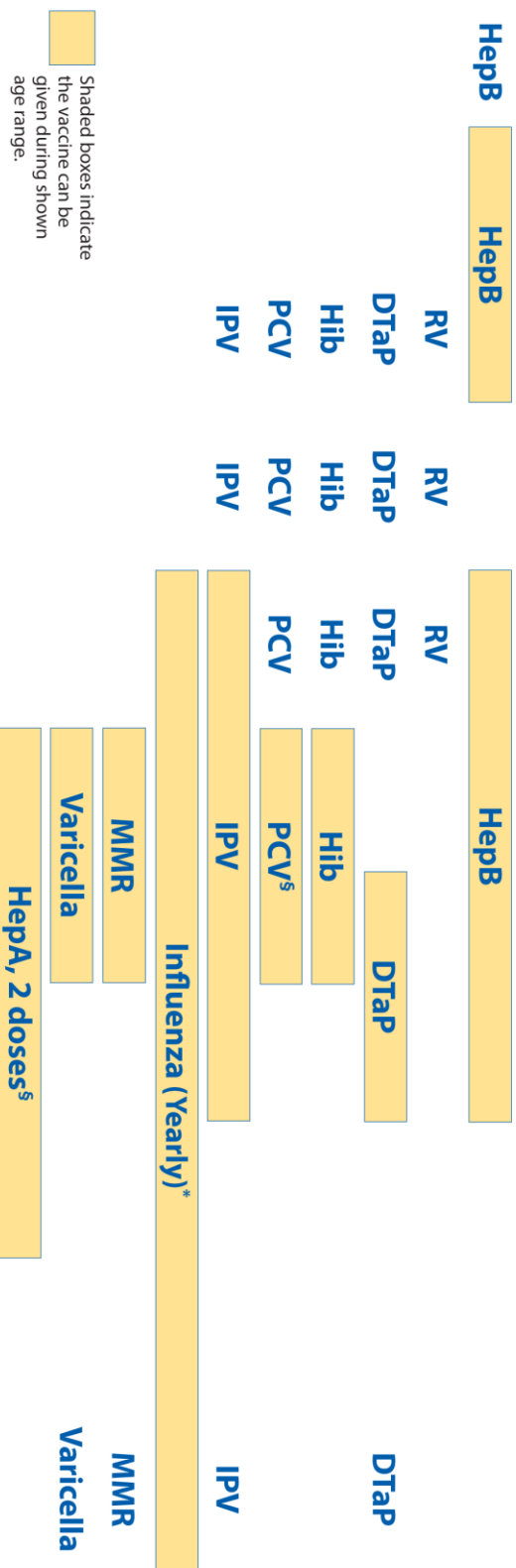
AvianFlu.gov

When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis	Hib Haemophilus influenzae type b	Polio	PCV Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillo- mavirus	MCV4 Meningococcal conjugate	Influenza
Birth	✓											
2 months	✓ (1-2 mos)	✓	✓	✓	✓	✓						
4 months	✓ ¹	✓	✓	✓	✓	✓						
6 months		✓	✓ ⁵		✓	✓ ⁵						
12 months												
15 months	✓ (6-18 mos)	✓ ³ (15-18 mos)	✓ (12-15 mos)	✓ (6-18 mos)	✓ (12-15 mos)		✓ (12-15 mos)	✓ (12-15 mos)	✓ ⁸ (2 doses given 6 mos apart at age 12-23 mos)			✓ (given each fall or winter to all people ages 6 mos and older)
18 months												
19-23 months		Catch-up ²	Catch-up ² (40-5 Years)	Catch-up ²	Catch-up ² (40-5 Years)		Catch-up ²	Catch-up ²				
4-6 years		✓		✓			✓	✓				
7-10 years	Catch-up ²		Catch-up ^{2,4}						Catch-up ²			
11-12 years		✓ Tdap		Catch-up ²			Catch-up ²	Catch-up ²	Catch-up ²	✓ ⁶	✓	
13-18 years		Catch-up ² (Tdap)								Catch-up ^{2,6}	Catch-up ^{2,7}	

- Your infant may not need a dose of HepB at age 4 months depending on the type of vaccine that your healthcare provider uses.
 - If your child's vaccinations are delayed or missed, they should be given as soon as possible.
 - This dose of DTaP may be given as early as age 12 months if it has been 6 months since the previous dose.
 - If your child is age 7-10 years and never completed the series of DTaP, they need to catch up now. For protection against pertussis, it's important that they and all teens get a dose of Tdap.
 - Your infant may not need a dose of Hib vaccine or RV vaccine at age 6 months depending on the type of vaccine that your healthcare provider uses.
- Please note:** Some children may need additional vaccines. Talk to your healthcare provider.
- All girls and women ages 11 through 26 years should be vaccinated with 3 doses of HPV vaccine, given over a 6-month period. Boys and men ages 9 through 26 years may also be vaccinated with one of the HPV vaccines (Cervasil) to reduce their likelihood of getting genital warts. The vaccine may be given to children as young as age 9 years.
 - All adolescents and teens ages 11 through 18 years should be vaccinated with MCV4, as should unvaccinated young adults 19 through 21 years who are attending college. Booster doses will be necessary for those who got their first dose before age 16 years.
 - Only one dose of influenza vaccine is recommended for most children. However, those younger than age 9 years who are receiving influenza vaccine for the first time, or who received only 1 dose in the previous season (if it was their first time receiving influenza vaccine), should receive 2 doses spaced at least 4 weeks apart.
- www.immunize.org/catg.d/p4050.pdf • Item #P4050 (3/11)

2011 Recommended Immunizations for Children from Birth Through 6 Years Old



Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over; just go back to your child's doctor for the next shot. The doctor will keep your child up-to-date on vaccinations. Talk with your doctor if you have questions.

FOOTNOTES

[§] HepA vaccination is recommended for high-risk children older than 2 years. Children with certain medical conditions may also need a dose of meningococcal vaccine (MCV4) and pneumococcal vaccine (PPSV). HepA vaccination may be administered to any child older than 2 years for whom immunity is desired. See vaccine-specific recommendations at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time. Children who only got one dose in their first year of vaccination should get two doses the following year.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
 or visit
<http://www.cdc.gov/vaccines>



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention



AMERICAN ACADEMY OF FAMILY PHYSICIANS
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Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTap* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), mental retardation, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems) and pneumonia (infection in the lungs), death
HepA	HepA vaccine protects against hepatitis A.	Personal contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure
HepB	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, and swollen lymph nodes.	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, and birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP is a combination vaccine that protects against diphtheria, tetanus, and pertussis.

** MMR is a combination vaccine that protects against measles, mumps, and rubella.

Last updated on 4/26/2011 • CS220486-B

Evaluation Tools

TRAINING FEEDBACK FORM
Module 1

We are interested in getting your feedback on the training about pandemic flu. Please take a few minutes to complete this form. Your responses will be kept confidential.

1. How useful was the information presented during Module 1 on pandemic flu?

(Mark one response)

- ¹ Not at all useful
- ² A little useful
- ³ Somewhat useful
- ⁴ Very useful

2. Was the information easy to understand?

- ¹ Very easy
- ² Easy
- ³ Not so easy
- ⁴ Not at all easy

3. What do you plan to do differently because of what you learned in this training?

4. What did you like about the training?

5. What did you not like about the training?

6. Would you recommend this training to a coworker?

- ¹ No, I definitely would not recommend it
- ² No, I do not think I would recommend it
- ³ I am not sure
- ⁴ Yes, I think I would recommend it
- ⁵ Yes, I definitely would recommend it

Thank you for answering these questions.

TRAINING FEEDBACK FORM
Module 2

We are interested in getting your feedback on the training about pandemic flu. Please take a few minutes to complete this form. Your responses will be kept confidential.

1. How useful was the information presented during Module 2 on pandemic flu?

(Mark one response)

- ¹ Not at all useful
- ² A little useful
- ³ Somewhat useful
- ⁴ Very useful

2. Was the information easy to understand?

- ¹ Very easy
- ² Easy
- ³ Not so easy
- ⁴ Not at all easy

3. What do you plan to do differently because of what you learned in this training?

4. What did you like about the training?

5. What did you not like about the training?

6. Would you recommend this training to a coworker?

- ¹ No, I definitely would not recommend it
- ² No, I do not think I would recommend it
- ³ I am not sure
- ⁴ Yes, I think I would recommend it
- ⁵ Yes, I definitely would recommend it

Thank you for answering these questions.

TRAINING FEEDBACK FORM
Module 3

We are interested in getting your feedback on the training about pandemic flu. Please take a few minutes to complete this form. Your responses will be kept confidential.

1. How useful was the information presented during Module 3 on pandemic flu?

(Mark one response)

- ¹ Not at all useful
- ² A little useful
- ³ Somewhat useful
- ⁴ Very useful

2. Was the information easy to understand?

- ¹ Very easy
- ² Easy
- ³ Not so easy
- ⁴ Not at all easy

3. What do you plan to do differently because of what you learned in this training?

4. What did you like about the training?

5. What did you not like about the training?

6. Would you recommend this training to a coworker?

- ¹ No, I definitely would not recommend it
- ² No, I do not think I would recommend it
- ³ I am not sure
- ⁴ Yes, I think I would recommend it
- ⁵ Yes, I definitely would recommend it

Thank you for answering these questions.



CERTIFICATE OF COMPLETION

This award is presented to

Name Goes Here

For successfully completing all three modules on

Prevention, Protection and Preparedness: What Healthcare Workers Need to Know

A Training to Address Seasonal and Pandemic Influenza in the Healthcare Setting

Date

Location

Trainer Sign Here