

Catholic Mutual... "CARES"

FLU PREVENTION MEASURES

Based on Recommendations from the CDC

Influenza is primarily a community-based infection that is transmitted in households and community settings. Each year, 5% to 20% of U.S. residents acquire an influenza virus infection, and many will seek medical care in ambulatory healthcare settings (i.e., pediatricians' offices, urgent-care clinics). In addition, more than 200,000 persons, on average, are hospitalized each year for influenza-related complications. Healthcare-associated influenza infections can occur in any healthcare setting and are most common when influenza is also circulating in the community. Therefore, the influenza prevention measures outlined in this guide should be implemented in all settings.

HAND WASHING

The CDC gives the following advice regarding hand washing:

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. It is best to wash your hands with soap and clean running water for 20 seconds. However, if soap and clean water are not available, use an alcohol-based product to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting.

When washing hands with soap and water:

- Wet your hands with clean running water and apply soap. Use warm water, if available.
- Rub hands together to make lather and scrub all surfaces.
- Continue rubbing hands for 20 seconds. Need a timer? Imagine singing "Happy Birthday" twice through to a friend!
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.

Remember: If soap and water are not available, use alcohol-based gel to clean hands.

When using an alcohol-based hand sanitizer:

- Apply dime-sized amount of the product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until hands are dry.

When should you wash your hands?

- Before preparing or eating food.
- After going to the bathroom.
- After changing diapers or cleaning up a child who has gone to the bathroom.
- Before and after tending to someone who is sick.
- After blowing your nose, coughing, or sneezing.
- After handling an animal or animal waste.

- After handling garbage.
- Before and after treating a cut or wound.

HAND SANITIZERS

Brand-name hand-sanitizers that contain at least 62% alcohol are recommended. Alternatively, and especially if brand-name products become cost-prohibitive or difficult to find, 70% rubbing alcohol (perhaps delivered by spray bottle/mister) can easily be used. Flammability is a risk, and the plain alcohol may be more drying.

Chlorhexidine is another possible product that can be used as a hand sanitizer; while no product is currently on the market, at least one company is in the final stages of the approval process necessary before their “Chlorhexidine Antimicrobial Hand Sanitizer” can be marketed.

COUGH ETIQUETTE

If you or those around you have a respiratory infection, (i.e., a “cough” or the flu), please remember to protect both yourself and others by:

- Covering your nose and mouth with a tissue (or at least your upper sleeve when coughing or sneezing). These illnesses spread from person to person by tiny droplets sprayed into the air when the infected person coughs or sneezes.
- Using tissues and disposing of them immediately in the nearest trash receptacle after use.
- Always wash your hands! Wash your hands thoroughly and often with soap and water for at least 20 seconds. Use alcohol-based hand sanitizers when you are unable to wash your hands with soap and water.
- Avoid touching your eyes, nose or mouth. Germs are spread when you touch something contaminated with germs. Germs can live for two hours or more on surfaces like doorknobs, desks or chairs.
- Avoid close contact with others who are sick.

USE OF MASKS

Masks that meet or exceed the NIOSH (National Institute for Occupational Safety and Health) N95 standard recommended by the WHO (World Health Organization) may provide good protection. At the very least, they prevent inadvertent touching of the mouth and nose. Masks should be discarded if they become wet, or after four to six hours. They should not be re-used or shared. Hands should be washed after taking off a mask.

Those who are well may choose or be required to wear a mask to possibly help prevent catching the flu; those who are ill may be asked or required to wear a mask to help prevent spreading it.

USE OF GLOVES AND PROTECTIVE EYEWEAR

Disposable patient examination gloves should be used in situations where exposure by touch may occur. These gloves are made from latex, nitrile, vinyl or polyethylene. A number of individuals are allergic to latex, so – at a minimum – some latex-free gloves should be stocked. Although more expensive, thought may also be given to stocking only non-latex gloves. Gloves should be powder-free to decrease risk of allergy and irritation.

Non-medical gloves (such as Playtex® gloves) can be used for housekeeping.

Wearing gloves does not replace the need for hand washing. Hands should be washed and carefully dried immediately before putting gloves on – and immediately after they are taken off. Gloves may

have small, unapparent defects or may be torn during use, and hands can become contaminated during removal of gloves. If the integrity of a glove is compromised (i.e., if the glove is punctured), the glove should be changed as soon as possible.

It is important to remember that just like hands, gloves become contaminated – an infection can be spread by touching other persons or surfaces with contaminated gloves. Therefore, it is crucial to change gloves if they should become soiled and between visits to different individuals.

Protective eyewear with solid side shields or a face shield, as well as gowns, should be worn if there is a risk of being splashed or sprayed with contaminated materials or body fluids. Protective eyewear protects the mucous membranes of the eyes from contact with microorganisms.

SURFACE CLEANERS/DISINFECTANTS

Inexpensive disinfectants include alcohols, hypochlorites (such as bleach), and iodines. They each have their drawbacks, however. Alcohol is flammable, bleach is corrosive and is inactivated by organic material, and iodines cannot be used to clean hard surfaces. All are effective against influenza.

Of these options, bleach (such as Clorox®) is the most versatile and easy to use, but requires significant contact time to be effective. To clean blood spills, it can be mixed one part bleach to nine parts water; the solution requires ten minutes of contact time to work. To use as a surface disinfectant, it can be diluted one part bleach to 50 (or 30) parts water; the solution needs five minutes of contact time to work. An easy recipe is three-fourths cup bleach in one gallon of water. Bleach must be used in a well-ventilated area and gloves should be worn.

The following commercially available cleaners may be considered:

There are a number of excellent disinfectants available; however, most are not recommended for wood surfaces. For use on hard, non-porous surfaces, the following may be considered:

- Lysol® All Purpose Cleaner/Disinfectant
- Virkon® - available on the AllMed website (www.allmed.net)
- Virex® - available from Johnson Wax products (www.johnsondiversey.com)

Searching the internet revealed two products that are safe to use on wood and a host of other surfaces (of course, testing on any surface before large-scale use is always recommended):

- Coil® Disinfectant (www.rectorseal.com)
- Sporicidin® (www.americanairandwater.com) – a variety of products from sprays to towelettes to room foggers are available. They state that “it can be used on wood, painted walls, vinyl wall coverings and most any surface or materials that can be safely cleaned with water...[including] carpet cleaning” with the warning that one should always do a color test on fabrics (such as on upholstery) first.

The influenza virus is also sensitive to UV light, and the company that makes Sporicidin® also makes UV systems for HVAC units.