

ADDENDUM F: PERSONS IN CARE FACT SHEET

Persons in Care Fact Sheet for Provider Information Notice (PIN) 20-34-ASC, Influenza or “Flu”, Novel Coronavirus Disease 2019 (COVID-19), and Pneumonia in Adult and Senior Care Residential Facilities.

The Community Care Licensing Division (CCLD) has prepared this **Persons in Care Fact Sheet** as a companion to **PIN 20-34-ASC** to inform you of guidance that CCLD provided to your Adult and Senior Care Residential Facilities concerning your care.

Signs and Symptoms

Symptoms of the flu, COVID-19, and other respiratory viruses that can cause pneumonia are similar. A person can also be infected with more than one respiratory virus at the same time. Keep in mind that it can take up to 14 days to develop symptoms once you have been exposed to the flu, COVID-19, and other respiratory viruses. For detailed information on symptoms of flu, COVID-19 and pneumonia please refer to **Addendum A of PIN 20-34-ASC**. If you become ill, you should follow the treatment plan outlined by your medical provider as treatment varies.

Prevention and Mitigation Measures

To help slow the spread of respiratory infectious viruses, it is recommended that you take the following preventative actions:

- get an annual flu vaccination
- get a pneumococcal vaccine (pneumonia shot), if you are 65 years of age or older or have other high-risk conditions
- wear a face covering when in public or in close proximity to others
- practice hand hygiene and use gloves if appropriate
- practice respiratory hygiene and cough etiquette

During flu season, your facility should:

- post visual reminders to practice respiratory hygiene and cough etiquette
- post signs notifying visitors if they have a fever, or other respiratory symptoms, to inform the facility
- perform routine cleaning and disinfection of frequently touched surfaces and equipment
- put linens soiled with respiratory secretions, contaminated tissues, and other bodily fluids in a plastic bag before taking them into the laundry room
- encourage facility staff responsible for touching items which may have come into contact with bodily fluids to wear gloves, a mask, and if available, a disposable gown
- contact the local health department if there are two or more cases of flu-like illness within 72 hours
- test any persons in care and facility staff with a flu-like illness for both flu and COVID-19
- follow isolation procedures outlined for each respiratory infection in **Addendum C of PIN 20-34-ASC**

- contact medical provider for appropriate treatment

Reporting Requirements

Adult care facility licensees are required to report a suspected or confirmed epidemic outbreak (including influenza epidemic outbreak) to the local [Adult and Senior Care Regional Office](#), and your authorized representative, as required by applicable regulations.

Senior care facility licensees are required to report a suspected or confirmed outbreak (including influenza epidemic outbreak) to the local [Adult and Senior Care Regional Office](#), and your authorized representative, as required by applicable regulations.

If you have questions, please reach out to your health care provider, the licensee of your facility or a facility staff member, or the Ombudsman, all of whom are available to answer your questions.

ADDENDUM A: SIGNS AND SYMPTOMS OF FLU, COVID-19 AND PNEUMONIA

Symptoms of the flu, COVID-19, and other respiratory viruses that can cause pneumonia are similar, so it may be hard to tell the difference between them without testing. A person can also be infected with more than one respiratory virus at the same time.

Flu and COVID-19

Both the flu and COVID-19 can have varying degrees of signs and symptoms, ranging from no symptoms (asymptomatic) to severe symptoms. COVID-19 symptoms are similar to the flu symptoms, but COVID-19 can also include loss of taste or smell.

Common symptoms of COVID-19 and the flu include:

- Fever or feeling feverish (not everyone with flu or COVID-19 will have a fever)
- Chest discomfort
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Extreme fatigue, weakness
- Vomiting and diarrhea, though this is more common in young children than in adults
- COVID-19 only: change or loss of taste or smell

People who have the flu or COVID-19 can have some or all of these signs and symptoms, which usually start suddenly, not gradually. In most people, the symptoms start to clear up after a few days, but cough and fatigue can last more than two (2) weeks.

Some flu and COVID-19 symptoms in people who are 65 years of age and older can be less common and subtle, such as confusion, a change in mental status or a below normal temperature (hypothermia). In addition, many individuals may not be able to reliably report symptoms, especially those with dementia or cognitive impairment.

Additionally, other respiratory tract viruses circulate every year and may cause similar respiratory illness.

Pneumonia

Some people will develop complications, such as pneumonia, as a result of the flu, COVID-19, other respiratory viruses, or bacteria. Pneumonia is an infection of the lungs that can cause mild to severe illness.

Common signs and symptoms in people with pneumonia may include those that are similar to the flu, such as cough, fever and chills. They may also include chest pain and difficulty breathing.

For more information on signs and symptoms of flu, COVID-19 and pneumonia, visit the [CDC](#) website.

ADDENDUM C: PREVENTION (VACCINATION), TESTING AND TREATMENT MEASURES

The healthcare system may have challenges treating a high number of people with the flu, COVID-19, and other respiratory illnesses this fall and winter. To slow the spread of respiratory infections, licensees are advised to consider the following measures:

Prevention Measures

Annual Flu Vaccination

The first and most important step in preventing the flu is for persons in care, facility staff, and volunteers to get a flu vaccination each year. During the COVID-19 pandemic, getting a flu vaccine will be more important than ever. The flu vaccine prevents millions of illnesses and thousands of deaths each year in the United States. The [CDC](#) recommends that all people age 6 months and older get a yearly flu vaccine.

Offering flu vaccinations on-site to staff and persons in care is one of the best ways to increase flu vaccination rates. Flu vaccination can also be given by primary care offices, pharmacies, and local health departments. Contact the medical provider of the person in care or go to the [CDC's flu vaccine finder website](#) for more information on where to get a flu vaccine.

Flu vaccination does not prevent COVID-19 or increase the risk of developing COVID-19.

Pneumonia Vaccination

For individuals who are 65 years of age or older or have other high-risk conditions, getting the pneumococcal vaccine (also known as the pneumonia shot) will reduce the risk of bacterial pneumonia complicating a viral respiratory infection. For more information about pneumococcal vaccine, visit the [CDC](#).

COVID-19 Vaccination

There is no approved vaccine for COVID-19 as of September 2020. For general information on vaccines, visit the [CDC](#).

Additional Preventative Measures

Consider the following best practices to prevent the spread of the flu, COVID-19 and other viruses or bacteria that can cause pneumonia:

- **Face Coverings**: Facility staff should wear a facemask (e.g., surgical or procedure mask) at all times while they are in the facility. If facemasks are not readily available, cloth face coverings can be used by staff to prevent the spread of respiratory diseases but facemasks are preferred. Refer to [PIN 20-23-ASC](#) for guidance on COVID-19 and the required use of face coverings and exceptions.

- *Hand washing and gloves*: Actively promote adherence to [hand hygiene](#) among facility staff, persons in care, and visitors including the use of gloves as recommended by the [CDC](#) and discussed in [PIN 20-23-ASC](#).
- *Respiratory Hygiene and Cough Etiquette*: During flu season, post visual reminders asking persons in care and facility staff to [practice respiratory hygiene and cough etiquette](#) and report symptoms of respiratory illness to a designated person. Visitors should not come into the facility if they have symptoms of respiratory illness.
- *Visitor Precautions and Restrictions*: Post signs notifying visitors that if they have fever, respiratory symptoms or symptoms consistent with flu or COVID-19, they should immediately inform the facility. Refer to [PIN 20-23-ASC](#) for guidance on COVID-19 reopening and visitation policies for information regarding the statewide waiver on visitation.
- *Cleanliness of Facility*: Perform routine cleaning and [disinfection](#) of frequently touched surfaces and equipment. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, and kitchen food preparation surfaces. Additional guidance can be found in the PowerPoint Presentation titled: [Infection Prevention: Fostering a Robust Framework in Facilities](#).
- *Linens and Clothing*: Put linens soiled with respiratory secretions, contaminated tissues, vomit, or fecal matter in a plastic bag before taking them to the laundry room. Do not shake dirty laundry in order to avoid shaking virus droplets into the air. Encourage facility staff responsible for laundry to wear gloves, a mask, and a disposable gown (or to change their clothes) when physical contact with soiled linens is necessary. Also refer to [PIN 20-14-CCLD](#) on COVID laundry sanitizing and the PowerPoint Presentation titled: [Infection Prevention: Fostering a Robust Framework in Facilities](#).
- *Staff Leave and Screening*: Staff with a fever of 100°F or higher, respiratory symptoms, or symptoms consistent with flu or COVID-19 should not work and should immediately report to their supervisor. Refer to [PIN 20-23-ASC](#) for guidance on COVID-19 screening of staff.

Testing, Isolation/Quarantine/Cohorting and Treatment Measures

Testing

Persons in care and facility staff with a flu-like illness should be tested for both the flu and COVID-19. Flu-like illness is a fever plus a cough and/or a sore throat. Testing is especially important if there are two or more cases of flu-like illness within 72 hours. The [local health department](#) should also be contacted and can coordinate prompt testing for the flu and COVID-19. Since the flu and COVID-19 cause similar symptoms, the local health department can provide recommendations in addition to testing. If testing results are negative for both the flu and COVID-19, the local health department can also guide further steps, which could include repeat testing and/or testing for other respiratory viruses. Additionally, [PIN 20-23-ASC](#) provides updated guidance on testing for COVID-19 and on [Finding a Testing Site](#).

Isolation, Quarantine and Cohorting

It is challenging to determine appropriate isolation, quarantine, and cohorting when flu and COVID-19 are circulating together in the community. Symptoms of the two infections are similar, but procedures are different because COVID-19 is more infectious. Licensees should consult with their local Adult and Senior Care Regional Office and local health department when they are considering isolation, quarantine, and/or cohorting for either flu or COVID-19.

Flu

Isolation keeps someone who is sick, or who tested positive but is without symptoms, away from others to prevent spread of infection. Persons in care with flu-like illness who are waiting for test results should be in isolation and stay in their own rooms. If a person with flu-like illness tests positive for influenza, then that person should continue isolation. A licensee should not isolate persons in care infected with the flu in their room if the licensee can arrange for those persons in care to engage in appropriate activities at the facility in isolation from others who have not tested positive for flu. These efforts may include cohorting, or placing persons with the flu in multi-occupancy rooms together with others who also have tested positive for flu, or designating areas or sections that are next to each other within a facility for persons in care who have the flu. Cohorting for flu should only be done with a group where everyone has tested positive for flu. Persons in care with flu and COVID-19 should not be cohorted together.

The isolation for persons in care who are ill with the flu should be maintained for seven (7) days after illness begins or until twenty-four (24) hours after fever and respiratory symptoms end, whichever is longer. Persons in care who have been discharged and return to the facility after being hospitalized with the flu, should be on the same precautions, based on the same length of time following the beginning of illness or the end of symptoms, as persons in care who are ill.

COVID-19

If a person with flu-like illness tests positive for COVID-19, then guidance for COVID-19 outbreaks should be followed. COVID-19 outbreaks require an even longer period of isolation for persons in care or staff who test positive for COVID-19. Quarantine of exposed persons may be recommended in COVID-19 outbreaks because COVID-19 is very contagious. [PIN 20-23-ASC](#) provides updated guidance for the isolation of persons in care or staff who test positive for COVID-19 and guidance for quarantine of staff exposed to COVID-19 cases.

Visit the CDC website for information on the [Flu](#) and [COVID-19](#).

Treatment

Flu

The flu can be treated with antiviral drugs prescribed by a licensed medical professional. The [CDC recommends](#) taking flu antiviral drugs if prescribed. Antiviral drugs, such as oseltamivir (Tamiflu), started as soon as possible for persons in care with suspected or confirmed flu can make the illness milder, shorten the time a person in care is sick, and may also prevent serious flu complications. For persons in care with risk factors for severe flu, treatment with antiviral drugs can mean the difference between having a milder case versus a serious case of the flu that could result in a hospital stay.

Studies show that antiviral drugs for the flu work best when they are started within two days of getting sick. Starting them later, however, can still be helpful, especially if a client or resident has higher risk for complications or is seriously ill from the flu. People at higher risk for flu complications for whom antiviral treatment is recommended include individuals 65 years and older, people with chronic medical conditions such as heart and lung disease and diabetes, and residents coming from nursing homes and other chronic care facilities. As always, licensees must follow instructions for taking antiviral drugs from a licensed medical professional.

When a flu outbreak has been confirmed in a facility, as a best practice and as circumstances permit, assist the person in care in accessing their medical provider to ask about antiviral medication. In outbreaks, antiviral drugs to prevent the flu should be given regardless of flu vaccination history. Antivirals used for preventative reasons in an outbreak should be administered for a minimum of two weeks and continued for at least seven days after the last known case of the flu is identified.

COVID-19

Visit the CDC website for information on treatment for the [Flu](#) and [COVID-19](#).