

VCOM Pandemic Flu Response Guidelines 2011- 2012

VCOM Pandemic Flu Committee – Revised Nov. 2011



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VCOM Influenza Response Policies and Procedures Committee Revised October 2011

Background on VCOM influenza response plans

In the spring of 2009 a novel form of influenza A, H1N1 or “swine” flu, was discovered and spread globally prompting the WHO to raise the worldwide pandemic alert level to phase 6 on June 11, 2009. In response to this influenza pandemic, VCOM reviewed and revised its institutional influenza plan and developed guidelines to allow the institution to manage the H1N1 pandemic of 2009 as well as future influenza outbreaks.

Guidelines were developed to help mitigate the spread of any influenza-type illness across campus and thus minimize the impact of this infection on our daily operations. The guidelines developed for the 2009 H1N1 season have been continually revised and updated to provide appropriate guidance for each subsequent flu season, including the current 2011-2012 season. These guidelines follow the recommendations of the U.S. Centers for Disease Control (CDC) <http://www.cdc.gov/flu/about/season/>.

The H1N1 pandemic demonstrated that our understanding of influenza and its transmissibility, impact and severity is continually evolving. Our plan must be capable of being equally dynamic. The following guidelines are meant to provide a current approach to balancing the goal of reducing the number of VCOM students, faculty and staff who become ill during any influenza outbreak with the goal of minimizing educational, institutional and social disruptions. These guidelines are thus necessarily flexible and current plans and procedures may have to be modified based on new evidence or change in disease severity.

VCOM recommendations follow the CDC guidelines for institutions of higher education and can be divided into 4 major classifications.

- 1. Infection prevention and mitigation policies and procedures**
- 2. Communication guidelines**
- 3. Continuity of student learning and operations**
- 4. Other issues**

I. Infection Prevention Policies and Procedures

The most important component of the plan to minimize the impact of influenza is to ensure everyone takes the necessary steps to prevent spreading the infection to others. The most effective means of accomplishing this goal are to encourage and facilitate the use of hand hygiene and respiratory etiquette measures by students, faculty, and staff; encourage influenza vaccination for those recommended for vaccination; and to separate ill and well people as soon as possible (Social Isolation). While isolating ill people is not typically recommended for seasonal flu, the CDC did note that it was an important strategy for addressing 2009 H1N1. The approach of social isolation will be employed if indicated by the nature of the circulating influenza virus and recommendations of the CDC and other authorities.

The most important means of preventing spread of influenza

1. Encourage and facilitate the use of hand hygiene and respiratory etiquette measures by students, faculty, and staff
2. Encourage **influenza vaccination** for those recommended for vaccination
3. Separate ill and well people as soon as possible (Social Isolation) – only when indicated as described above

Social Isolation

Social isolation, or the process of having students, faculty or staff with influenza-like illness (ILI) stay at home and avoid or limit interactions with other people, while not recommended in the current 2011-2012 influenza season, may be needed for future outbreaks as described above. This decision will be made by the Dean and President based on the impact of the influenza outbreak and recommendations from the CDC, Virginia Department of Health and other related agencies.

An **influenza-like illness, or ILI**, is defined as a fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza

It important to recognize that not all people infected with influenza will have a fever. Other signs to watch for include chills, body aches, headache, fatigue and nausea or vomiting.

Common Symptoms of Influenza

Fever	Cough	Sore throat
Runny/stuff nose	Body aches	Headache
Chills and fatigue	Vomiting / diarrhea	

For additional information, please see <http://www.cdc.gov/flu/symptoms.htm>

In order to assess the impact of influenza infections on VCOM operations and thus allow us to adjust our institutional response appropriately, it is important that we track the number of students and employees who are affected with influenza and ILI. Thus we are asking all 1st and 2nd year medical students, biomedical sciences students and faculty and staff with influenza or ILI to notify Matt LoJacono at mlojacono@vcom.vt.edu and Bill King at bking@vcom.vt.edu . All 3rd and 4th year medical students with influenza or ILI are asked to notify Kelli Bumpus at kbumpus@vcom.vt.edu and Sarah Martin at smartin@vcom.vt.edu as well as their Site Coordinator.

Following the impact of influenza and ILI at VCOM

1st and 2nd year medical students, biomedical sciences students and faculty and staff with influenza or ILI should notify Matt LoJacono at mlojacono@vcom.vt.edu and Bill King at bking@vcom.vt.edu .

All 3rd and 4th year medical students with influenza or ILI are asked to notify Kelli Bumpus at kbumpus@vcom.vt.edu, Sarah Martin at smartin@vcom.vt.edu and their site coordinator.

Missed lectures, labs and exams: We understand student concerns about missing lectures, labs and exams but student health and the need to prevent the spread of illness to others in the college **may require** that all students with influenza or ILI abide by this policy. **Students will be notified by the Dean** if the decision is made to require students with ILI to stay home. **If** this policy is implemented, plans are in place to allow for home study (Scholar, VCOM TV and other mechanisms) and make-up labs and exams without penalty if due to influenza or ILI. Students who will miss lecture, labs or exams should notify both the instructor and Matt LoJacono and Bill King as described earlier.

Faculty and staff with ILI:

Teaching faculty who develop ILI and are unable to participate in assigned lectures or labs must immediately notify their department Chair and Associate Dean. Faculty should ensure that their PowerPoint or other material is posted on Scholar by submitting all materials to the Clinical Education Department prior to their assigned lecture time. Upon return from their illness, the faculty member will record any missed lectures on VCOM TV for students to review.

VCOM staff who are unable to report to work due to an ILI should notify their immediate supervisor based on established communication policy.

Physician notes for illness: VCOM will not require students to present a physician note as evidence of illness or recovery from influenza on their first ILI per season. Requiring students to produce a medical excuse will create pressure on sick students to continue attending class, an outcome that is contrary to our collective interest in minimizing the spread of illness through the VCOM population. As students have an 85% lecture attendance policy, this policy should accommodate any further flu-like illness.

Return to VCOM after influenza or ILI

Those with influenza or ILI who are eligible to return to VCOM after resolution of their fever but continue to have a cough are asked to wear a surgical mask to help prevent droplet transmission of these infections. Surgical masks will be available at the front of each auditorium

Return to VCOM: All VCOM students, faculty and staff should practice social isolation as described above until they are fever free for at least 24 hours without the use of fever reducing medications. It is important to remember that even after this period you may still transmit influenza or other viruses, even if you are taking antiviral medications. Thus those with influenza or ILI who are eligible to return to VCOM after resolution of their fever but continue to have a cough should take great care to follow the appropriate respiratory etiquette and hand hygiene recommendations found below.

Vaccination

Vaccination strategies for preventing the spread of influenza must include seasonal flu vaccination.

On February 24, 2010 vaccine experts voted that everyone 6 months and older should get a flu vaccine (<http://www.cdc.gov/flu/professionals/vaccination/vax->

[summary.htm](#)) each year starting with the 2010-2011 influenza season. The recommendation is intended to remove barriers to flu immunization, such as the need to determine whether each person has a specific indication for vaccination, and protect as many people as possible against the dangers of flu. The decision is supported by evidence that influenza vaccination is a safe preventive health measure with potential benefit across all age groups. The recommendation for annual vaccination is the same regardless of whether the vaccine viruses have changed since the previous season.

While everyone should get a flu vaccine each flu season, it's especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications.

People at higher risk for flu complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes). Those in the medical profession are considered to be a high priority in determining vaccination distribution due to their risk of exposure and transmission of influenza. to H1N1. Be aware that influenza vaccination may be required for participation at some clinical rotation sites so please be aware of these requirements and make arrangements to obtain all required immunizations.

Talk with your health care provider if you have questions about whether or not you should be vaccinated for influenza.

Seasonal flu vaccination is currently available.

Respiratory etiquette

Influenza viruses are thought to spread mainly from person to person in respiratory droplets of coughs and sneezes. Thus maintaining respiratory etiquette is an important component in preventing the spread of influenza. The CDC recommends covering the nose and mouth with a tissue when coughing or sneezing and throwing the tissues in the trash after use. Wash hands promptly after coughing or sneezing. If a tissue is not immediately available, coughing or sneezing into one's arm or sleeve (not into one's hand) is recommended.

In order to accomplish this strategy, all faculty and students are asked to **bring a personal supply of tissues** that they keep on their desk so they will be available to use as needed.

VCOM Influenza Prevention Strategy #2: “Respiratory Etiquette”

Cover your nose and mouth with a tissue when coughing or sneezing and throw the tissues in the trash after use.

Wash your hands promptly after coughing or sneezing.

If a tissue is not immediately available, coughing or sneezing into one’s arm or sleeve (not into one’s hand) is recommended

Please do your part to follow these simple recommendations and to remind your fellow students and faculty to do so as well.

For more information, please visit <http://www.cdc.gov/flu/protect/habits/> .

Meticulous Hand Hygiene

Influenza may spread via contaminated hands or inanimate objects that become contaminated with influenza viruses. The CDC recommends that students, faculty, and staff be encouraged to wash their hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners may also be effective.

In order to accomplish this strategy, all faculty and students are asked to **bring a personal bottle of alcohol-based hand sanitizer** to keep on their desk or in their bags. This will ensure that it will be available to use after coughing, sneezing or touching surfaces that may be contaminated with influenza virus (desktops, door handles etc). In addition, Alcohol based hand sanitizer will be placed strategically throughout the VCOM campus to encourage frequent hand cleaning.

VCOM Influenza Prevention Strategy #3: “Hand Hygiene”

Influenza may spread via contaminated hands or inanimate objects that become contaminated with influenza viruses.

Students, faculty, and staff should wash their hands often with soap and water, especially after coughing or sneezing.

Alcohol-based hand cleaners may also be effective and faculty and students are asked to bring a personal bottle of alcohol-based hand sanitizer to keep on their desk or in their bags. This will ensure that it will be available to use after coughing, sneezing or contact with surfaces that may be contaminated with influenza virus.

For more information, please visit <http://www.cdc.gov/flu/protect/habits/>

Please do your part to follow these simple recommendations and to remind your fellow students and faculty to do so as well.

Routine Cleaning

Another important aspect of infection control is to promote frequent cleaning of bathrooms and other frequently used areas, and ensure adequate supplies of soap and paper towels. Minimizing touching of environmental surfaces will help decrease the spread of the virus. Currently the sinks, soap dispensers and paper towel dispensers on the VCOM campus are touch-free and work by proximity sensor activation. After washing your hands thoroughly and drying them with a paper towel, use that towel to grasp the restroom door handle to open the door and then dispose of the towel in the trashcan next to the door. Housekeeping will be instructed on the need to maintain routine cleaning of “high-touch” surfaces on the VCOM campus.

In addition, students, faculty and staff can help keep environmental surfaces free of influenza contamination by wiping them down regularly with disinfecting wipes. Commonly implicated surfaces include desktops, computer keyboards, phone receivers and bases, computer mouse, i-clickers, door handles, OMM examination/treatment tables etc. Encouraging students, faculty and staff to keep a supply of disinfecting wipes on hand will allow them to ensure frequent cleaning of those surfaces they commonly encounter.

VCOM Influenza Prevention Strategy #4: Routine Cleaning

Students, faculty and staff can help keep environmental surfaces free of influenza contamination by wiping them down regularly with disinfecting wipes. Commonly implicated surfaces include desktops, computer keyboards, phone receivers and bases, computer mouse, i-clickers, door handles, OMM examination/treatment tables etc.

Discouraging Campus Visits by Ill Persons

As discussed above, social isolation by students, faculty and staff may become an essential component of an infection prevention plan. Likewise, visitors to the VCOM campus should also be instructed to reschedule their visit and avoid entering VCOM buildings if they have any symptoms of an ILI as defined and described above. During outbreaks, signs will be posted at the main entrances of VCOM buildings instructing visitors who have ILI to please reschedule their visits. This includes medical student applicants who are travelling to VCOM for their admissions interview. The admissions office will inform all prospective interviewees that rescheduling an interview due to influenza or an ILI will not adversely affect their application status or chances for matriculation. Examples of other common “visitors” to the VCOM campus include but are not limited to standardized patients, tours for college and high school students, vendors, visiting clinicians and researchers and other institutional associates.

VCOM Influenza Prevention Strategy #5: Discourage Campus Visits by Ill Persons

Visitors to the VCOM campus should be instructed to reschedule their visit and avoid entering VCOM buildings if they have any symptoms of an ILI as defined and described above.

Signs will be posted at the main entrances of VCOM buildings instructing visitors who have ILI to please reschedule their visits

II. Communication Guidelines

Communication strategies will play an extremely important role in minimizing the impact of influenza on individual students, faculty and staff as well as the institution as a whole. Specific communication issues to be addressed include, but are not limited to, the following:

1. Communication between VCOM and its students, faculty and staff
2. Communication between students, faculty and staff and their own health care providers
3. Communication with essential VCOM partners including vendors, business partners, clinical affiliates, research affiliates and others.
4. Communication with local health agencies, CDC, local universities, public schools and local health systems.

Communication between VCOM and students, faculty and staff

One of VCOM's goals is to provide students, faculty and staff with the most up-to-date information regarding the institutional response to any pandemic influenza. We will update students, faculty, and staff by email alerts as well as revising information found on the pandemic flu section of our website. Updated guidelines may be posted by slideshow on the flat screens in the VCOM main lobby.

As described above, one important component of our pandemic plan is to continuously monitor the impact of seasonal or epidemic influenza on our students, faculty and staff and thus on our daily operations. This requires all those with influenza or ILI to maintain daily email or phone communication with VCOM designated contacts. All 1st and 2nd year medical students, biomedical sciences students and faculty and staff with influenza or ILI to notify Matt LoJacono at mlojacono@vcom.vt.edu and Bill King at bking@vcom.vt.edu. All 3rd and 4th year medical students with influenza or ILI are asked to notify Kelli Bumpus at kbumpus@vcom.vt.edu, Sarah Martin at smartin@vcom.vt.edu as well as their preceptor and site coordinator.

Communication: Following the impact of Influenza and ILI at VCOM

1st and 2nd year medical students, biomedical sciences students and faculty and staff with influenza or ILI should notify Matt LoJacono at mlojacono@vcom.vt.edu and Bill King at bking@vcom.vt.edu .

All 3rd and 4th year medical students with influenza or ILI are asked to notify Kelli Bumpus at kbumpus@vcom.vt.edu, Sarah Martin at smartin@vcom.vt.edu and their preceptor and site coordinator.

Summary reports of those students, faculty and staff with influenza and ILI will be sent to VCOM administration to allow them to gauge the overall impact of influenza on VCOM operations and guide further planning activities.

In addition, VCOM encourages all students, faculty and staff to follow the latest developments and guidelines regarding pandemic influenza by regularly visiting the following websites:

<http://www.flu.gov>

<http://www.cdc.gov/flu/about/season/>

<http://www.vdh.state.va.us/>

You can also sign up to receive email updates on the latest influenza information on these sites.

Communication Between Students, Faculty, Staff & Their Physicians

Vaccination

The VCOM pandemic committee encourages all students, faculty and staff to follow the CDC and ACIP guidelines for annual flu vaccination. Talk with their health care provider if you have any questions about your specific situation and health status.

For more information on vaccination, please visit <http://www.cdc.gov/flu/professionals/acip/>

Determination of High Risk Status

In addition to discussing vaccination, all students, faculty and staff should talk with their physician to determine whether they are at higher risk for influenza complications due to infection with seasonal or epidemic influenza. Influenza can cause serious complications, including bacterial pneumonia and dehydration, and can worsen chronic medical conditions, such as congestive heart failure, asthma or diabetes. Every student, faculty and staff member should know **before** an outbreak begins if they are or are not in a high-risk group. Groups that are at increased risk of complications from influenza if they get sick (i.e., high-risk groups) include: children younger than 5 years old; people aged 65 years or older; children and adolescents (younger than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after influenza virus infection; pregnant women; adults and children who have asthma, other chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders such as diabetes; and adults and children with immunosuppression (including immunosuppression caused by medications or by HIV). If older adults do get sick from influenza, they are at increased risk of having a severe illness.

For more information, please see <http://www.cdc.gov/flu/groups.htm>

All students, faculty and staff should have a primary care physician with whom they can discuss vaccination and risk status as well as to obtain treatment if needed during infection with influenza or an ILI.

Groups at Risk for Increased Complications from Influenza Infection

Age < 5 or > 65

Children & adolescents (< 18) receiving long-term aspirin therapy (risk for Reye's syndrome)

Pregnant women

Adults & children with asthma, COPD, CV, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders (such as diabetes)

Adults & children with immunosuppression

Seeking Medical Treatment if You Develop Influenza-Like Illness

People at **high risk** (see above) for influenza complications who become ill with influenza-like illness should call their health care provider as soon as possible to determine if they need antiviral treatment. Early treatment with antiviral medications often can prevent hospitalizations and deaths. **CDC recommends that ill students, faculty, and staff at higher risk for influenza complications seek early treatment.**

In addition, you should promptly seek medical attention if you are concerned about your illness, or develop severe symptoms. Severe symptoms include increased fever, shortness of breath, chest pain or pressure, rapid respirations, cyanosis (bluish skin color), vomiting, dizziness, or confusion.

For more information on the above topics, please visit <http://www.cdc.gov>

Communication: Students, Faculty, Staff & their Physicians

Before influenza becomes locally widespread, students, faculty and staff should discuss the following with their physician:

Vaccination

Presence of risk factors for increased risk of complications from influenza

Seek immediate medical treatment if:

You are high risk for influenza complications and become ill with an ILI

You have an ILI and become concerned about your illness or develop severe symptoms (such as shortness of breath, chest pain or pressure, rapid respirations, cyanosis, severe vomiting, dizziness or confusion)

Communication with essential VCOM partners: vendors, business partners, clinical affiliates, research affiliates & others

VCOM administration and strategic planning members have made arrangements and contingent plans to ensure vital communication lines are maintained with essential operational and supply partners in the face of a widespread influenza pandemic. As influenza and its impact is ever changing, the strategies utilized to ensure maintenance of these vital communications must be flexible, adaptable and continually reevaluated.

Communication with local health agencies, CDC, local universities, public schools and local health systems

We are closely monitoring regional and global flu conditions including the latest recommendations from the CDC and Va. Department of Health and we will keep you updated with new information as it becomes available. We will also maintain contact points at important regional institutions including hospitals, physician offices, public school systems and local colleges and universities.

III. Continuity of Student Learning & Operations

VCOM administration and strategic planning members have worked to ensure the continuity of educational and institution operations in the face of an influenza outbreak or pandemic. Among issues considered in this planning include options to assure continuity of instruction, plans to maintain essential operations of VCOM, payroll, financial aid and tuition, maintaining communication capabilities and security and maintenance. Again, VCOM's current strategies have been designed to adaptable and will be continually reevaluated.

IV. Other Issues

As VCOM is engaged in the education of medical students, it faces unique challenges and planning issues not faced by traditional institutions of higher education. The most notable of these is clinical rotations by 3rd and 4th year medical students and early clinical experiences by 1st and 2nd year students. Additionally, 3rd and 4th year students are spread across a wide geographic area, rotating in states across the country or even in other countries.

Another unique consideration in VCOM pandemic influenza planning is the need to develop specific guidelines for our very active medical mission program.

Medical Student Rotations

While clinical rotations and the geographic distribution of students on these rotations poses unique challenges, the basic guidelines for influenza are the similar.

The clinical setting represents an environment with the potential for greater exposure as well as to amplify transmission to populations at high risk for influenza complications. Medical students who spend any time in a clinical setting should still follow the VCOM basic guidelines for pandemic influenza including:

- Social Isolation

- Vaccination

- Respiratory etiquette

- Meticulous hand washing

- Communication with VCOM

- Communication with their primary physician or health care provider

In addition, students on clinical rotations should:

- Self-monitor for symptoms of influenza-like illness

- Use appropriate personal protective equipment.

For additional information, please see <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

Social Isolation on Clinical Rotations

Social isolation, or the process of having students, faculty or staff with influenza-like illness (ILI) stay at home and avoid or limit interactions with other people, is an important aspect of the CDC recommendations to mitigate the effects of H1N1. Students on clinical rotations who develop influenza or and ILI should also follow the CDC recommendations and remain at home until at least 24 hours after they are free of fever (temperature of 100°F [37.8°C] or greater), or signs of fever, without the use of fever-reducing medications (acetaminophen, ibuprofen etc). This important strategy will prevent students from infecting patients and other health care workers with influenza or ILI.

Students who develop ILI who are going to be absent from clinical rotations must contact their preceptor, site coordinator and Kelli Bumpus, Sarah Martin as discussed earlier in this document. As clinical rotations require a minimum number of days of clinical activity to acquire the core clinical knowledge, a remediation of the time missed will be arranged.

Students are not excused from clinical rotations just because of increased influenza or ILI case activity in their local area.

All 3rd and 4th year medical students with influenza or ILI are asked to notify Kelli Bumpus at kbumpus@vcom.vt.edu, Sarah Martin at smartin@vcom.vt.edu and their preceptor and site coordinator.

Vaccination, Communication with Primary Physician, Seeking Medical Treatment

As discussed earlier in these guidelines, it is extremely important for everyone to discuss vaccination for influenza as well as their risk for serious complications from influenza infection with their primary care physician. **Be aware that influenza vaccination may be required for participation at some clinical rotation sites so please be alert to these requirements and make arrangements to obtain all required immunizations.** Seasonal influenza vaccination is currently available and students who are in the clinical rotation phase of their medical school training are encouraged to make arrangements to receive this vaccine as soon as possible.

Students on clinical rotations at **high risk** (see above) for influenza complications who become ill with influenza-like illness should call their health care provider as soon as possible to determine if they need antiviral treatment. Early treatment with antiviral medications often can prevent hospitalizations and deaths. **CDC recommends that ill students, faculty, and staff at higher risk for influenza complications seek early treatment.**

In addition, you should promptly seek medical attention if you are concerned about your illness, or develop severe symptoms. Severe symptoms include increased fever, shortness of breath, chest pain or pressure, rapid respirations, cyanosis (bluish skin color), vomiting, dizziness, or confusion.

For more information on the above topics, please visit <http://www.cdc.gov>

All students should have a primary care physician with whom they can discuss vaccination and risk status as well as to obtain treatment if needed during infection with influenza or an ILI. While many medical students have a local primary care physician here in the New River Valley, many 3rd and 4th year students are located in other regions or states for several months at a time for their clinical rotations. **Therefore it is recommended that students located out of the New River Valley for an extended period of time establish a relationship with a primary care physician in their area who can be available for this purpose.**

Students should have a primary care physician with whom they can discuss vaccination and risk status as well as to obtain treatment if needed during infection with influenza or an ILI.

It is recommended that students located out of the New River Valley for an extended period of time establish a relationship with a primary care physician in their area who can be available for this purpose.

Steps to Prevent Influenza Infection while on Clinical Rotations

Students on clinical rotations can greatly reduce their risk of contracting influenza while on clinical rotations by following the basic guidelines previously described:

1. Get vaccinated for influenza
2. Follow respiratory etiquette
3. Maintain meticulous hand hygiene
4. Routine cleaning of commonly touched surfaces including **stethoscopes**, keyboards, phones, desk tops, writing instruments

Use appropriate personal protective equipment

In addition to the above precautions, students on clinical rotation should utilize appropriate personal protective equipment to reduce their risk of contracting influenza or other infections. Students should always follow standard universal precautions when caring for any patient. Regarding influenza infection, the use of gloves and masks are commonly employed to reduce the risk of infection transmission. Two commonly used types of mask include general surgical masks and specialized N95 masks. In order to increase effectiveness, N95 masks are generally “fit tested” to the specific individual to verify appropriate functioning and protection. Fit testing is usually done by the site that issues the N95 masks so ask your preceptor about fit testing if N95 masks are provided at your site. It is important to note that the use of surgical or N95 masks has not been proven to prevent the transmission of influenza infection so you must continue to follow all other guidelines even when masks are used. You should be familiar with the type of personal protective equipment available at your clinical site, its indications and limitations and how to use it correctly. If you have any questions regarding the use of this equipment, please ask your preceptors. For further information regarding personal protective equipment, please see <http://www.cdc.gov/> or www.flu.gov.

Steps to Reduce the Risk of Influenza Infection on Clinical Rotations

1. Get vaccinated
2. Follow respiratory etiquette
3. Maintain meticulous hand hygiene
4. Routine cleaning of commonly touched surfaces including **stethoscopes**, keyboards, phones, desk tops, writing instruments
5. Use appropriate personal protective equipment

Important Considerations Regarding Personal Protective Equipment

1. Appropriate personal protective equipment can reduce your risk of contracting influenza or other infections
2. Follow standard universal precautions when caring for any patient in the clinical setting
3. The use of surgical or N95 masks has NOT been proven to prevent the transmission of influenza infection so you must continue to follow all other guidelines even when masks are used
4. You should be familiar with the type of personal protective equipment available at your clinical site, its indications and limitations and how to use it correctly

Visit

<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

for guidance for health care settings.

Medical Mission Trips

VCOM's commitment to and participation in international medical missions requires additional considerations when planning for influenza.

Students, faculty and staff participating in medical mission trips may travel to locations where there is widespread influenza infection. In addition, the availability local care for those who develop influenza or ILI may be very limited.

It is therefore very important that all participants in medical mission trips follow the general guidelines for reducing the spread of influenza:

1. Get vaccinated
2. Follow respiratory etiquette
3. Maintain meticulous hand hygiene
4. Routine cleaning of commonly touched surfaces including **stethoscopes**, writing instruments, OMM tables etc
5. Appropriate use of personal protection equipment

Vaccination

In order to protect the student and faculty participants of medical mission trips, it is currently anticipated that influenza vaccinations will be required for participation in international medical missions.

Antivirals

As mentioned above, medical mission trips involve travel to locations where there may be limited availability of medical care and access to antiviral medications. Thus it is the intention of VCOM to bring enough antiviral medication to provide a course of treatment to each member of the medical mission trip if needed.

As with all medical mission trips, students are encouraged to review all current CDC recommendations and advisories prior to travel. **For more information regarding CDC travel recommendations, including specific information on influenza as it relates to international travel, please visit the following web sites.**

<http://wwwn.cdc.gov/travel/default.aspx>

<http://wwwn.cdc.gov/travel/content/vaccinations.aspx>

Summary

Although the extent, severity and impact of influenza is unpredictable, we are aware of the potential disruption the infection could have on academic and clinical operations at VCOM. The above guidelines were developed to help mitigate the spread of illness across campus and thus minimize the impact of this infection on our daily operations. These guidelines were drafted following the recommendations of the U.S. Centers for Disease Control (CDC) <http://www.cdc.gov/flu/about/season/> .

As the impact of influenza is ever changing and our understanding of the transmissibility, impact and severity is continually evolving we must have a plan that is effective and flexible. The guidelines presented above are meant to provide a current approach to balancing the goal of reducing the number of VCOM students, faculty and staff who become ill with influenza with the goal of minimizing educational, institutional and social disruptions. These guidelines are thus necessarily flexible and current plans and procedures may have to be modified based on new evidence or change in disease severity.

We will continue to monitor influenza activity on a local, regional and global level and ensure our pandemic plan is reflective of the latest recommendations and understanding of this infection.

We encourage all our students, faculty and staff to arm themselves with the latest information by frequently visiting the CDC flu website at <http://www.cdc.gov/flu/about/season/>

Remember that by following the guidelines set forth above, we can all reduce the risk of contracting and transmitting this infection to our fellow students, faculty and staff.

Sincerely,

The VCOM Pandemic Flu Committee