

Is it a Flu v. Cold?

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Is it a Flu or a Cold?

Is it a flu or a cold...that is the concern? That is the question many of our staff do or should be asking themselves before they come to work. Your role is to determine if you are satisfied that the question is asked and how you feel about your system of response. So to help get you started, a few questions to ponder include:

- 1. What is YOUR organization policy & procedure related to Employee Illness?*
- 2. Who at your facility does ask that question?*
- 3. How is the answer to that question managed to protect your residents & other employees?*

Sometimes, it is difficult to determine what the symptoms presented mean. Most of us get some but not all symptoms and at any given stage in the presentation some symptoms may change. Keeping in mind that this is a draft for your finalization with the support of your Medical Director, Individual Physicians and Extenders, your local Department of Health, etc. Based on information available by the Centers of Disease Control (CDC) & the Florida Department of Health (DOH), below is a draft guide you may want to review with your quality assurance/risk management meeting to establish or revise while you evaluate your protocols, policies & procedures.

Consider is it a Flu or a Cold? Symptom Check

Symptom	Common Cold	Seasonal & H1N1 Influenza
Onset	3-4 Days	3-6 Hours, usually hits hard
Fever	If at all, mild	100 degrees or, 3-4 Days

Headache	Occasionally	Common
Stuffy Nose	Common	Not common but may
Sneezing	Usual	Not common but may
Cough	Hacking, productive	Dry, non-productive
Chills	Uncommon	Common, expect
Fatigue	Mild	Moderate to Severe
Body Aches	Slight	Usual, often severe
N-V-D	Uncommon	More common with H1N1

What are our Obligations...

What are our Obligations to our Residents and Staff? As providers we should ensure that we:

- ✓ adhere to all rules and regulations (County, State, & Federal),
- ✓ evaluate standards of professional practice,
- ✓ establish policies & procedures which manage clinical concerns that include proactive identification and or detection of an active concern,
- ✓ create and initiate a threat appropriate response (ensure protection of all others Residents and Employees is included),
- ✓ establish treatment and or management protocols gaining support for the medical approaches from the Resident's Physician and or Medical Director,
- ✓ establish, immediately the protection of the individual of concern, contact and work with outside agencies such as the Department of Health using the reporting guidelines for the County, State, etc.

So you can see there is a lot for us to consider. As we work through the summer and enter the height of hurricane season, we need to

take a hard look. Using yours Incident Command System (ICS) approach of long term care all disaster response, consider an all hazards approach to our clinical disaster aspects of planning and operations. As always, it is easier to stay out of trouble then it is to get out of trouble. Therefore, it is recommended that you use a proactive approach to clinical * risk * operational care & services!

Robin has been the Chair of the FHCA Disaster Council, serves on various committees and sub committees, and is the FHCA RAI – MDS – Medicare Certificate class instructor. Sign up now on www.FHCA.org. For questions about services Robin Bleier and the Associates at RB Health Partners, Inc. offer, call 727.744.2021 or email Robin@RBHealthPartners.com. Visit Robin on the web at www.RBHealthPartners.com .