

May 6, 2009

Dear Patients, Families and Caregivers,

In the last few weeks there have been numerous stories in the media regarding the increasing number of swine flu (Influenza A) cases, first in Mexico and then in the United States. This situation is being watched closely by the Center for Disease Control (CDC), the World Health Organization (WHO) and closer to home, the King County Department of Health. At this point the CDC no longer recommends closing schools and activities. The CDC recommends screening to prevent the spread of respiratory illnesses. We will resume screening on the first floor lobby.

The Hutch School will resume May 7th, 2009 and Patient and Family Classes will resume the week of May 11th, 2009.

At the SCCA, every October 1st we begin an extensive and proven system for preventing the spread of respiratory viruses in our clinics and hospitals during the respiratory virus season. This system will continue until the risk of contracting seasonal respiratory viruses from the community is low. This system provides significant protection to patients, caregivers, family and staff by keeping potentially infected individuals out of the clinic or in isolation so that they will not infect others.

THE FLU PREVENTION MEASURES ARE AS FOLLOWS:

FOR PATIENTS ONLY:

- You will be asked about cold and flu symptoms while checking in for your first appointment. (See page 3 for **Cold and Flu Symptom Survey** questions).
- You will be given an *"I've been screened"* sticker after answering the cold and flu questions to indicate that you have completed the survey. Wearing the sticker will identify who has completed the survey, so that you are not asked the same questions multiple times during your visit(s) in the clinic.
- If you have respiratory symptoms and or a fever:
 - You will be asked to reschedule your visit if it is not urgent.
 - If you remain in clinic, you will be asked to wear a mask, avoid busy clinic areas, and practice frequent hand hygiene (apply hand gel or wash hands with soap and water).
 - Clinic staff will wear a mask, gown, and gloves while caring for you during your exam.

FOR FAMILIES AND CAREGIVERS:

- Families and caregivers with cold and flu symptoms should not come to the clinic until symptom free.

General precautions you should take when you have symptoms of a cold or the flu:

- Cover your nose and mouth with your sleeve or a Kleenex when coughing or sneezing.
- Use hand gel or wash your hands regularly with soap and water especially after coughing, sneezing or blowing your nose.
- Practice social distancing by staying at least **six** feet away from others.

Providing a safe environment for you is our top priority and we apologize for any inconvenience that these precautionary measures may cause. Our goal is to reduce your chances of catching a cold or the flu.

If you have any questions or concerns, please speak to your health care providers.



Fred Hutchinson Cancer Research Center
UW Medicine
Seattle Children's

Cold and Flu Symptom Survey

During cold and flu season, you will be asked to complete this survey each time you visit the SCCA Clinic. Thank you for helping us prevent the spread of germs.

DATE: ___/___/___

NAME: _____
Last
First
Middle Initial

PLEASE SELECT ONE:

- Patient Donor Family Member
 Caregiver Name of Patient that you are a caregiver for: _____
 Other: _____

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST WEEK?

	YES	NO
a. Runny nose	<input type="checkbox"/>	<input type="checkbox"/>
b. Sinus congestion/Stuffy nose	<input type="checkbox"/>	<input type="checkbox"/>
c. Post-nasal drip (<i>drainage behind nose/throat</i>)	<input type="checkbox"/>	<input type="checkbox"/>
d. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
e. Cough	<input type="checkbox"/>	<input type="checkbox"/>
f. Wheezing or chest tightness	<input type="checkbox"/>	<input type="checkbox"/>
g. Sputum (phlegm) production	<input type="checkbox"/>	<input type="checkbox"/>
h. Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
i. Sneezing	<input type="checkbox"/>	<input type="checkbox"/>
j. Watery eyes	<input type="checkbox"/>	<input type="checkbox"/>
k. Ear Pain	<input type="checkbox"/>	<input type="checkbox"/>
l. Fever (<i>greater 100.4°F oral</i>)	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RETURN COMPLETED SURVEYS TO THE RECEPTIONIST OR AS DIRECTED.

STAFF SECTION:

U Number: _____
Type of patient: Transplant Non-Transplant Other: _____

COMMENTS: _____

SCCA staff should submit completed surveys to the Infection Control Department at mailstop E2-128