

## Influenza One Case Check List (Resident)

The following checklist outlines measures to be implemented by the site when a resident tests positive for Influenza

This checklist is used for Care Communities that are **NOT** currently on **Influenza** Outbreak

For the purposes of this document, the term **client** is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides in the Care Community

**NOTE:** If **BOTH** COVID-19 and Influenza are identified on swab results, contact Public Health and:

1. Follow the checklist below  
**AND**
2. Refer to the Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Client Case(s) and contact PH, as needed

Ongoing Case Detection and Confirmation	
Testing and Reporting to Public Health	
	<ul style="list-style-type: none"> <li>• Care Community should <b>report</b> confirmed cases using the Tool 27 (Residents)                             <ul style="list-style-type: none"> <li>○ Maintain separate <b>report and tracking</b> lists of confirmed positive clients See <a href="#">Public Health Tool 27: Resident Illness Report and Tracking Form</a></li> </ul> </li> <li>• Submit Tool 27 daily to Public Health via <a href="#">Cerberus</a> or if Cerberus is unavailable fax to: 604-587-4414. For information on how to use Cerberus or fill out Tool 27, see <a href="#">Reporting to Public Health- Fraser health Authority</a></li> </ul> <p><b>NOTE:</b> Please ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, please select COVID-19, Influenza, RSV on the requisition form and/or any other testing recommended by the client’s most responsible provider</p> <p><b>Remain alert and assess for new cases twice daily</b> <b>Review with Public Health if exposure management is not progressing as expected</b></p>
Confirmed Client Cases	
	<p><b>Isolate and place on Droplet Precautions</b> (see: <a href="#">Droplet Precautions Poster</a>) through their infectious period (5 days from symptom onset)</p> <ul style="list-style-type: none"> <li>• If client is taken out of their room, provide a medical mask to the client if tolerated and assist in cleaning their hands as required</li> <li>• Provide tray service to client case(s) in their room during isolation period</li> </ul> <p>NOTE: Roommates of a confirmed case are to isolate in the room as they have a high likelihood of becoming a case</p>
	<p>Post <b>Droplet Precaution signage</b> outside the client’s room (see: <a href="#">Droplet Precautions Poster</a>)</p> <ul style="list-style-type: none"> <li>• Use appropriate <b>personal protective equipment</b> to deliver care to the symptomatic client</li> <li>• Only essential Aerosol Generating Procedures (AGP) are to be performed (<a href="#">Tool 17</a>)                             <ul style="list-style-type: none"> <li>○ Follow <a href="#">Aerosol Generating Procedure (AGP) Standard Operating Procedure</a> regarding appropriate PPE</li> </ul> </li> </ul> <p><b>N95 respirator is not required for Droplet Precautions only</b></p>
	<p><b>Treatment:</b> Start treatment as advised by client’s primary care provider and/or medical director. Further assessment and treatment may be indicated; antivirals should be started within 48 hours of symptom onset</p>
	<p><b>Ensure</b> ongoing serious illness conversations are occurring as appropriate with Substitute Decision Maker, goals of care are aligning with management and client’s MOST is current &amp; up to date.</p> <p><b>Ensure</b> Care Community (and Medical Director, delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client’s goals of care</p>

Confirmed Staff Case(s) or Symptomatic Staff	
	<ul style="list-style-type: none"> <li>Staff who are symptomatic prior to coming to work are to stay home and follow return to work guidance below.</li> <li>Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home. Then follow return to work guidance below.</li> <li>Treatment: start treatment as advised by your primary care provider</li> </ul> <p><b>Return to Work Guidance</b></p> <p>Staff are to stay home when sick and can return to work when:</p> <ul style="list-style-type: none"> <li>Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications</li> </ul> <p>Upon returning to work, all staff must do the following:</p> <ul style="list-style-type: none"> <li>Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved</li> <li>Continue to follow current IPC recommendations and measures</li> </ul> <p>For more details, refer to <a href="#">Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness</a></p>
Symptomatic Resident(s)	
	<p>Nursing staff (LTC and AL) obtain a nasopharyngeal (NP) swab (preferred) for <b>symptomatic</b> clients:</p> <p>If unable to obtain a nasopharyngeal swab, a saline gargle sample may be appropriate</p> <ul style="list-style-type: none"> <li>For Instructions on how to collect a nasopharyngeal swab or saline gargle sample see <a href="#">Specimen Collection Process</a> the swab/gargle should be obtained as soon as possible and sent to BCCDC</li> <li>Label requisition “LTC” to ensure prioritized testing</li> </ul> <ul style="list-style-type: none"> <li><b>Isolate</b> the client in their room and <b>Implement <a href="#">Droplet Precautions</a></b> for the duration of their infectious period (5 days from symptom onset)</li> <li>Provide tray service in their room during isolation</li> </ul>
Care Community Measures	
Preventive Measures for asymptomatic staff and residents	
	Promote hand hygiene and respiratory etiquette
	<p><b>Active symptom screening twice per shift:</b></p> <ul style="list-style-type: none"> <li>Care Community to have a low threshold for testing any symptomatic clients</li> <li>All clients on the affected unit/floor with no symptoms should continue twice daily screening</li> <li>Staff to continue with self-screening at beginning and during shift</li> </ul>
	<p><b>Prophylaxis:</b> Start anti-viral prophylaxis as advised by Public Health (in consultation with your Care Community Medical Director, if applicable) (<a href="#">Tool 3</a>)</p>
	<p>Place <b>personal protective equipment</b> and hand hygiene station outside the room for staff use prior to entering the room (<a href="#">Tool 18</a>)</p> <ul style="list-style-type: none"> <li>Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed clients</li> </ul>
	<p>Dedicate <b>equipment</b> for the symptomatic client (e.g., thermometer, BP cuff, stethoscope, and commode) as much as possible</p> <ul style="list-style-type: none"> <li>Ensure all shared equipment is cleaned and disinfected between users with a hospital grade disinfectant (<a href="#">Tool 19</a>)</li> <li>Refer to Health Canada COVID-19 Approved Disinfectants: <a href="#">Health Canada COVID-19 Approved Disinfectant</a></li> </ul>
	Nursing staff (LTC only) obtain a <b>nasopharyngeal (NP) swab</b> specimen if clients become symptomatic ( <a href="#">Tool 11</a> ):

	<p>For Instructions on how to collect a nasopharyngeal swab see <a href="#">Specimen Collection Process</a></p> <ul style="list-style-type: none"> <li>• The swab should be obtained as soon as possible and sent to BCCDC</li> <li>• Label requisition “LTC” to ensure prioritized testing</li> </ul>
	<p><b>Cleaning:</b> Inform housekeeping to start enhanced cleaning</p> <ul style="list-style-type: none"> <li>• Twice daily cleaning of the affected unit/floor including high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment) (<a href="#">Tool 19</a>)</li> <li>• Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes</li> </ul>
	<p><b>Masking &amp; PPE</b></p> <ul style="list-style-type: none"> <li>• Masking and PPE use should be based on Point of Care Risk Assessment or as required when directed by FH Public Health</li> </ul>
	<p><b>Communal dining</b> can continue, ensuring the appropriate infection prevention and control precautions are being followed</p>
	<p><b>Group activities</b> can continue at the discretion of the Leadership Team</p>
	<p><b>Visitation</b></p> <ul style="list-style-type: none"> <li>• Visitors are permitted on the unit</li> <li>• Visitors must follow appropriate infection prevention and control measures (e.g., Droplet Precautions)</li> </ul>
	<p><b>Notify</b> leaders for the Care Community (Director of Care/AL Site Manager and/or Facility Care Community Director)</p>
	<p><b>Cohorting staff assignment is recommended but not required</b></p> <ul style="list-style-type: none"> <li>• Staff working with symptomatic clients should avoid working with clients who are well</li> <li>• If cohorting not possible, provide care to asymptomatic clients first, then to the confirmed positive clients</li> <li>• These principles also apply to housekeeping staff</li> </ul>
<p><b>Immunizations</b></p>	
	<ul style="list-style-type: none"> <li>• <b>Review and adhere</b> to Fraser Health Influenza Control Policy</li> <li>• Review Immunizations for clients and staff, vaccinate as per Provincial guidance</li> <li>• Unvaccinated staff who have recovered from a respiratory illness can still benefit from influenza vaccination, even if they had influenza, as it is expected to have two or more strains of influenza circulated in the community each season (<a href="#">Tool 8</a>, <a href="#">Tool 23</a>)</li> </ul>
<p><b>Ending Measures</b></p>	
	<p><b>Consult Public Health</b> to discuss when measures can be discontinued</p>