

Influenza Outbreak Control Measures Checklist (Influenza A and B)

The following checklist outlines measures to be implemented by the Care Community when there are confirmed Influenza A or B cases and an outbreak has been declared

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

Ongoing Case Detection and Confirmation	
Testing and Reporting to Public Health:	
	<ul style="list-style-type: none"> • Care Community should report confirmed cases using the Tool 27 (Residents) daily <ul style="list-style-type: none"> ○ Maintain separate report and tracking lists of confirmed positive clients See Public Health Tool 27: Resident Illness Report and Tracking Form daily to Public Health via Cerberus or if Cerberus unavailable fax to 604-587-4414 • For information on how to use Cerberus or fill out Tool 27, see Reporting to Public Health- Fraser health Authority <p>NOTE: 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 forms and/or any other testing recommended by the client's most responsible provider</p> <ul style="list-style-type: none"> • Remain alert and assess for new cases twice daily • Review with Public Health (Tool 2) if outbreak management is not progressing as expected
Who to Notify of Outbreak	
	<input type="checkbox"/> Community Care Facility Licensing (if a licensed Care Community or Fraser Health Long Term Care Contracts and Services (if operating under Hospital Act)
	<input type="checkbox"/> Any Care Community /institution that received a resident from you (include transfers up to two days before onset of illness in the first case)
	<input type="checkbox"/> BC Ambulance, HandyDART and other similar transportation suppliers, oxygen services, laboratory services and other service providers of any outbreak control measures that may affect their provision of services if called to your Care Community
	<input type="checkbox"/> Your ACCESS Coordinator (or equivalent placement service such as Centralized Referral Coordinator for Mental Health Facilities) regarding any restrictions on moves into your Care Community or transfers
	<input type="checkbox"/> Notify non-Care Community staff, professionals, and service providers of the Outbreak status to ensure appropriate precautions are taken
	<input type="checkbox"/> Community Infection Control Practitioner (askIPCCommunity@fraserhealth.ca)
	<input type="checkbox"/> Notifying families: <ul style="list-style-type: none"> • Site to notify families and provide letter
Confirmed Client Case(s)	
	Initiate Droplet Precautions for the symptomatic client(s)
	Roommates are to isolate and remain in the same room with the ill resident as they have a high likelihood of becoming a case.
	Only essential Aerosol Generating Procedures (AGP) should be performed. All high risk AGPs require donning an N95 respirator. This is in addition to eye protection, gown, and gloves. Follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE.

	Post Droplet precaution signage outside the client’s room (see Droplet Precautions Poster)
	Use appropriate personal protective equipment (which includes a gown, surgical/medical mask, eye protection, and gloves) to deliver care to the symptomatic client <ul style="list-style-type: none"> N95 respirator is not required for Droplet Precautions only
	Provide tray service to client case(s) in their room during isolation
	Place Personal Protective Equipment (PPE) and Hand Hygiene station outside the room for staff use prior to entering the room – see Droplet Precautions poster for recommended precautions
	Continue to ensure proactive goals of care conversations are occurring and client MOST is up to date.
	Ensure Care Community (and Medical Director, their delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client’s goals of care
	Ensure that ongoing serious illness conversations are occurring as appropriate with Substitute Decision Maker, and goals of care are aligning with management
	Treatment: Start treatment as advised by Public Health (in consultation with your Care Community Medical Director, if applicable) (Tool 3)
	Follow pre-printed orders <ul style="list-style-type: none"> Tool 4 – Pre-Printed Order Template Tool 3: Anti-Viral Treatment Prophylaxis Treatment for Residents
Confirmed Staff case(s) or Symptomatic Staff	
	<ul style="list-style-type: none"> Staff who are symptomatic prior to coming to work are to stay home and follow return to work guidance below 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. Treatment: start treatment as advised by your primary care provider <p>Return to Work Guidance</p> <p>Staff are to stay home when sick and can return to work when:</p> <ul style="list-style-type: none"> Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications <p>Upon returning to work, all staff must do the following:</p> <ul style="list-style-type: none"> Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved Continue to follow current IPC recommendations and measures <p>For more details, refer to Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness</p>
Symptomatic Client(s)	
	<p>Nursing staff (LTC and AL) obtain a nasopharyngeal (NP) swab (preferred) for symptomatic clients: If unable to obtain a nasopharyngeal swab, a saline gargle sample may be appropriate</p> <ul style="list-style-type: none"> For Instructions on how to collect a nasopharyngeal swab or saline gargle sample see Specimen Collection Process the swab/gargle should be obtained as soon as possible and sent to BCCDC Label requisition “LTC” to ensure prioritized testing <ul style="list-style-type: none"> Isolate the client in their room and implement Droplet Precautions Provide tray service in their room during isolation

Care Community Measures	
Preventive measures for asymptomatic staff and clients	
	Promote hand hygiene and respiratory etiquette
	<p>Active symptom Screening twice per shift:</p> <ul style="list-style-type: none"> Care Community to have a low threshold for testing any symptomatic residents or staff Beginning and during shift for all staff –self-screen for RI symptoms
Prophylaxis	
	<p>Residents:</p> <ul style="list-style-type: none"> Start prophylaxis as advised by Public Health (Tool 3, Tool 4) (in consultation with your Care Community Medical Director, if applicable) Antiviral prophylaxis should be continued for EIGHT DAYS from when they are first initiated in the area of the Care Community under Influenza outbreak measures If new cases are appearing after 72 hours of the introduction of control measures, including anti-influenza prophylaxis, consult with Public Health to review your situation. <p>Staff:</p> <ul style="list-style-type: none"> Prophylaxis for staff to be arranged by their primary care physician. Tool 29 (Letter to Physician) Immunized and unimmunized staff: Tool 23
Immunization	
	Adhere to Fraser Health Influenza Control Policy (Tool 7) Information on Influenza Vaccines, Treatment and Prophylaxis – Educational Resources on the Internet)
	Residents who are not vaccinated against influenza should be vaccinated (unless there is a medical contraindication to vaccination, or the influenza season is over).
Education	
	<p>Teach staff, volunteers, residents’ families and visitors about signs and symptoms and prevention of influenza</p> <ul style="list-style-type: none"> Tool 7: Information on Influenza Vaccines, treatment, and Prophylaxis Tool 13: Signage for Use throughout the Respiratory Virus Season Tool 15: Routine Practice
Admissions and transfers	
	Refer to Tool 31 for admissions and transfers guidance
	Use ER transfer form for all transfers to acute care (Tool 32)
Additional control measures	
	Communal Dining on the affected unit(s) can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g., physical distancing, staggered meal times, hand hygiene, enhanced cleaning)
	<p>Group Activities are at the discretion of the Leadership Team. Public Health and IPC may provide additional and/or amended guidance, dependent on the outbreak situation</p> <ul style="list-style-type: none"> Consider low risk group activities (e.g., arts and crafts, card games, bingo), ensuring appropriate infection control measures are being followed (e.g., physical distancing, hand hygiene, enhanced cleaning)

	<ul style="list-style-type: none"> High Risk group activities (e.g., singing, large group gatherings) should be deferred, if possible
	Signage: Post outbreak and precautions signage (Tool 13)
	Isolate and implement Droplet Precautions for any symptomatic or confirmed positive clients. Asymptomatic clients are not required to isolate/but must remain on unit during outbreak (Tool 16)
	<p>Cohorting staff assignment is recommended but not required</p> <ul style="list-style-type: none"> Staff working with symptomatic clients avoid working with clients who are asymptomatic. If cohorting is not possible, provide care to asymptomatic clients first, then to the symptomatic
	<p>Visitation</p> <ul style="list-style-type: none"> Essential visits allowed on the affected unit(s) Designated visitor is permitted on the affected unit <ul style="list-style-type: none"> Designated visitation on the affected unit(s) may be placed on hold at the discretion of the MHO Visitors must follow appropriate infection Control measures (e.g., Droplet Precautions)
	<p>Enhanced cleaning of floor, unit and/or neighbourhood</p> <ul style="list-style-type: none"> Twice daily cleaning throughout the affected unit/floor including high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment) Contact housekeeping to ensure enhanced cleaning for the duration of the outbreak Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes Enhanced Cleaning (Tool 19) Disinfectant Selection Guide (Tool 20)
	<p>Cleaning and disinfection of equipment</p> <ul style="list-style-type: none"> Dedicate equipment when possible Ensure all shared equipment is cleaned and disinfected between users with a hospital grade disinfectant (Tool 20)
	<p>Masking & PPE</p> <ul style="list-style-type: none"> Masking and PPE use should be based on Point of Care Risk Assessment or as required when directed by FH Public Health
Adherence to Infection Prevention and Control Practices	
	<ul style="list-style-type: none"> Adherence to infection prevention and control practices: Remind staff and visitors to use hand hygiene before and after contact with each resident. Post signs requiring droplet/contact precautions with ill residents and use of PPE (gloves, gowns, masks, and eye protection) appropriately.
Declaring the Outbreak Over	
	<p>Consult with your Public Health Contact (Tool 2)</p> <ul style="list-style-type: none"> An Influenza outbreak will usually be declared over on the 10th day from the start of antiviral prophylaxis Antiviral prophylaxis can be discontinued on the 8th day from the start of antiviral prophylaxis (Tool 33) Consult with your local IPC to schedule outbreak debrief within 2 weeks of outbreak declaration to determine if outbreak debrief is required