

## Influenza & COVID Outbreak Management Checklist for Long Term Care Facilities

### During an outbreak

I. Communication	N/A	Completed	Date	Initials
1. Notify Medical Director and/or facility administration				
2. Meet with key staff to coordinate control measures				
3. Notify residents and staff of outbreak. Provide information on influenza and COVID-19 symptoms & prevention measures				
4. <b>Report suspected or confirmed outbreaks</b> (Influenza or COVID) to Public Health within 24 hrs. Please <a href="#">CLICK HERE</a> to notify Public Health of the outbreak. Should you have questions, please call (206) 296-4774 An outbreak is defined as 1 confirmed case of Influenza (or COVID) or 2 or more individuals with Influenza-like illness (ILI)/COVID –like illness (CLI) with 72 hours of each other.				
5. Report resident influenza-associated deaths to Public Health				
6. Report any outbreaks to the RCS Complaint Resolution Unit 1-800-562-6078				
II. Control Measures	N/A	Completed	Date	Initials
1. Continue daily symptom monitoring of residents, staff & visitors as should be occurring routinely during the COVID-19 pandemic response. <ul style="list-style-type: none"> <li>Maintain an illness/testing line-list for both staff and residents</li> </ul>				
2. Order Influenza and COVID-19 testing for residents with ILI/CLI <ul style="list-style-type: none"> <li>Influenza: Consider use of RT-PCR tests. These are more sensitive and specific with low likelihood of false positive or false negative results. Rapid diagnostic tests are acceptable. Should a negative rapid diagnostic result occur in an individual with high suspicion of Influenza, submit specimen for confirmatory RT-PCR testing. Initiate all infection control recommendations while waiting for result. <u>Once Influenza is identified on a unit, all additional symptomatic individuals associated with that unit will be considered influenza positive. Continued influenza testing is recommended in addition to COVID-19 testing to monitor the status of the outbreak and detect potential overlapping outbreaks/coinfections.</u> Continue all infection control measures. If an individual becomes symptomatic on another unit, test for both Influenza and COVID-19.</li> <li>COVID-19: in addition to routine COVID-19 testing, offer COVID-19 testing for ALL symptomatic individuals, regardless of influenza result (co-infections may occur). If a positive COVID-19 result is identified, report to Public Health immediately. Initiate COVID-19 infection control recommendations immediately. If an antigen result is the first COVID-19 case in an outbreak, submit that specimen for confirmatory RT-PCR testing to the lab of your choice.</li> </ul>				

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Immediately report all positive COVID-19 tests, antigen or PCR, to Public Health.				
3. Furlough symptomatic staff from work and refer for evaluation by clinician. Recommend COVID-19 and Influenza testing. Symptomatic staff will be presumed influenza positive during a known influenza outbreak, but testing is still recommended. If COVID negative and Influenza positive (or presumed influenza positive), staff should furlough until 24hr post fever (without use of medication), or at minimum 5 days after onset if possible. Refer to facility influenza illness policy.				
4. Provide antiviral treatment to all residents, unless contraindicated, who have suspected or confirmed influenza. Follow CDC dosing guidelines, including: <ul style="list-style-type: none"> <li>Treatment <u>should not</u> wait for laboratory confirmation</li> </ul> 5. Antiviral treatment works best when started within 48 hours of symptom onset				
6. Provide antiviral chemoprophylaxis to all non-ill residents, unless contraindicated, follow CDC dosing guidelines, including: <ul style="list-style-type: none"> <li>Priority should be given to residents on same unit or floor as ill resident, but ideally this is provided to the entire facility</li> <li>Administer prophylaxis to prevent illness for minimum of 2 weeks, and continue for at least 7 days after last known case is identified</li> </ul> <ul style="list-style-type: none"> <li>Consider offering antiviral chemoprophylaxis to unvaccinated staff who provide care to residents at high risk of complications</li> </ul> 7. Vaccinate residents and staff				
8. Offer influenza vaccine to all previously unvaccinated residents and staff <ul style="list-style-type: none"> <li>Post outbreak notices on all entrances of facility. Limit non-essential visitors</li> </ul> 9. Cancel group activities, parties and events				
10. Consider closing common dining room and serving meals in resident rooms				
<b>• Infection Control</b>				
1. Implement appropriate precautions for ill residents depending on presence of COVID-19 <ul style="list-style-type: none"> <li>For influenza without COVID-19 continue precautions for 7 days after illness onset or 24 hours after resolution of fever; whichever is longer</li> <li>If COVID-19 positive follow appropriate COVID-19 transmission-based precautions and outbreak control recommendations</li> <li>Isolate ill residents to their rooms; serve meals in their rooms</li> </ul> <b>III.</b> Require all residents to wear a face mask if they must leave their rooms	N/A	Completed	Date	Initials

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<ul style="list-style-type: none"> <li>Provide personal protective equipment (gloves, gowns, face masks, eye protection) for staff use</li> </ul>				
2. Increase environmental cleaning <ul style="list-style-type: none"> <li>Clean and disinfect shared equipment (blood pressure monitor) and high touch areas (light switch, door handle, hand rail, etc.)</li> </ul>				
3. Use an EPA registered disinfectant and follow manufacturer's instructions				
4. Emphasize respiratory etiquette and hand hygiene <ul style="list-style-type: none"> <li>Establish and maintain hand hygiene stations stocked with tissues, alcohol based hand sanitizer, face masks</li> <li>Post "Cover Your Cough" and "Stop Germs, Stay Healthy" posters in resident and staff areas</li> </ul>				
5. Limit admissions <ul style="list-style-type: none"> <li>Admit asymptomatic new or returning residents to unaffected units.</li> <li>All new or returning residents should be quarantined as per COVID-19 pandemic response recommendations.</li> </ul>				
6. Minimize staff movement from areas of the facility with ILI/CLI to areas without ILI/CLI <ul style="list-style-type: none"> <li>If possible, designate staff to units with ILI/CLI and keep staff from floating between units</li> </ul>				
<ul style="list-style-type: none"> <li>Exclude ill staff from work for at least 24 hours after resolution of fever without the use of fever reducing medications. Recommend COVID-19 testing. If COVID-19 positive, review CDC's Healthcare Worker Return to Work guidance.</li> </ul>				
7. Consider delaying visitation until outbreak is resolved. Return to visitation per appropriate Safe Start phase.				
<b>8. Education</b>				
1. Provide training to all staff on <ul style="list-style-type: none"> <li>signs and symptoms of influenza and COVID-19 in elderly</li> <li>hand hygiene and respiratory hygiene</li> </ul> <b>IV. Contact &amp; Droplet precautions (donning/doffing PPE)</b>	N/A	Completed	Date	Initials
2. Educate residents, their families, and visitors about influenza and COVID-19, including <ul style="list-style-type: none"> <li>hand hygiene and respiratory hygiene</li> <li>Flu vaccine information</li> <li>provide influenza and COVID-19 fact sheets</li> </ul>				
<ul style="list-style-type: none"> <li></li> </ul>				