

Influenza 2021-2022 Outbreak Management Checklist for Long Term Care Facilities
During the COVID-19 Pandemic
During an outbreak

Reviewed October 2021

1. 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				
<p>4. Report suspected or confirmed outbreaks (influenza or COVID) to Public Health within 24 hrs. Visit https://redcap.iths.org/surveys/?s=C48H3AKJWR to notify Public Health of the outbreak. Should you have questions, please call (206) 296-4774</p> <ul style="list-style-type: none"> • A confirmed outbreak is defined as 1 confirmed resident 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. 				
<p>5. Report resident influenza-associated deaths to Public Health. Visit https://redcap.iths.org/surveys/?s=C48H3AKJWR to notify Public Health of an influenza-associated death. Should you have questions, please call (206) 296-4774</p>				
<p>6. Report any outbreaks to the RCS Complaint Resolution Unit 1-800-562-6078</p>				
2. Control Measures	N/A	Completed	Date	Initials
<p>1. Continue daily symptom monitoring of residents, staff & visitors</p> <ul style="list-style-type: none"> • Maintain an illness/testing line-list for both staff and residents 				
<p>2. Order Influenza and COVID-19 testing for residents with ILI/CLI</p> <ul style="list-style-type: none"> • Test all symptomatic individuals for BOTH influenza and COVID-19 • Influenza Testing: 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 results. <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 				

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<p>symptomatic on another unit, test for both Influenza and COVID-19.</p> <ul style="list-style-type: none"> • 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, initiate COVID-19 infection control recommendations immediately. Report all positive COVID-19 tests, antigen or PCR, to Public Health. 				
<p>3. Furlough symptomatic staff from work and refer for evaluation by clinician. Recommend COVID-19 and influenza testing.</p> <ul style="list-style-type: none"> • Symptomatic staff will be presumed influenza positive during a known influenza outbreak, but testing is still recommended. • If COVID results are negative and influenza results are 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 your facility illness policy. 				
<p>4. Provide influenza antiviral treatment to all residents, unless contraindicated, who have suspected or confirmed influenza. Follow CDC dosing guidelines.</p> <ul style="list-style-type: none"> • Influenza antiviral treatment works best when started within 48 hours of symptom onset • Treatment <u>should not</u> wait for laboratory confirmation 				
<p>5. Provide influenza antiviral chemoprophylaxis to non-ill residents, unless contraindicated, follow CDC dosing guidelines. Consider:</p> <ul style="list-style-type: none"> • Prioritize prophylaxis administration to the close contacts of the ill individual. If transmission occurs (2 or mor cases), consider expanding prophylaxis administration to the unit/floor/facility. • Administer prophylaxis to prevent illness for minimum of 14 days, and for at least 7 days after last known case is identified • Consider offering prophylaxis to unvaccinated staff who provide care to residents at high risk of complications 				
<p>6. Vaccinate residents and staff</p> <ul style="list-style-type: none"> • Offer influenza vaccine to all unvaccinated residents and staff • Ensure staff are vaccinated against COVID-19 according to state mandate. • Ensure access to COVID-19 vaccination and boosters as appropriate for all residents 				
<p>7. Post outbreak notices on all entrances of facility. Limit non-essential visitors</p>				

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<p>8. Cancel group activities, parties and events</p> <ul style="list-style-type: none"> Consider closing common dining room and serve meals in resident rooms 				
<p>9. Infection Control</p>	<p>N/A</p>	<p>Completed</p>	<p>Date</p>	<p>Initials</p>
<p>1. Transmission-based Precautions</p> <ul style="list-style-type: none"> Implement appropriate precautions for ill residents depending on presence of COVID-19 <ul style="list-style-type: none"> If Influenza only – droplet precautions should be used If COVID and Influenza – Quarantine and Aerosol precautions should be used For influenza without COVID-19, continue precautions for 7 days after illness onset or 24 hours after resolution of fever; whichever is longer If COVID-19 positive follow appropriate COVID-19 transmission-based precautions and outbreak control recommendations Isolate ill residents to their rooms; serve meals in their rooms and limit visitation Require all residents to wear a face mask if they must leave their rooms Continue universal source control and consider auditing staff mask practices 				
<p>2. Increase environmental cleaning</p> <ul style="list-style-type: none"> Clean and disinfect shared equipment (blood pressure monitor) and high touch areas (light switch, door handle, handrail, etc.) Use an EPA registered disinfectant and follow manufacturer’s instructions 				
<p>3. Emphasize respiratory etiquette and hand hygiene</p> <ul style="list-style-type: none"> Establish and maintain hand hygiene stations stocked with tissues, alcohol-based hand sanitizer, face masks Post “Cover Your Cough” and “Stop Germs, Stay Healthy” posters in resident and staff areas 				
<p>4. Assess new admissions safety prior to admitting</p> <ul style="list-style-type: none"> Admit new or returning residents to unaffected units. Ensure adequate staff, PPE and testing materials are available Inform new admission of facilities outbreak status New or returning residents may need to quarantine as per COVID-19 pandemic response recommendations. 				

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5. Minimize staff movement from areas of the facility with ILI/CLI to areas without ILI/CLI <ul style="list-style-type: none"> If possible, designate staff to units with ILI/CLI and keep staff from floating between units. This includes housekeeping, dietary, and CNA's. 				
6. 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.				
7. Consider delaying visitation until outbreak is resolved. Return to visitation per Safe Start guidance. Compassionate care visits are always allowed, provide PPE and education to visitors.				
10. Education	N/A	Completed	Date	Initials
1. Provide training to all staff, include: <ul style="list-style-type: none"> Signs and symptoms of influenza and COVID-19 in elderly Hand hygiene and respiratory hygiene Contact, Droplet, Quarantine and Aerosol precautions and the required PPE for each. Review appropriate donning and doffing PPE 				
2. Educate residents, their families, and visitors about influenza and COVID-19, including <ul style="list-style-type: none"> Hand hygiene and respiratory hygiene Vaccine information 				
3. Provide staff and residents the influenza and COVID-19 fact sheets.				

* An influenza outbreak is considered over after 7 days from last onset of illness.

References:

1) Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities (cdc.gov):
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf>

2) Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating | CDC:
<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm?web=1&wdLOR=c59484ACC-E70A-4C72-B03E-84AAEC428502>