

## Influenza 2021-2022 Outbreak Preparation Checklist for Long Term Care Facilities During the COVID-19 Pandemic Before an Influenza or COVID-19 Outbreak

Reviewed: Oct 2021

I. Prevention Measures	N/A	Completed	Date	Initials
1. Vaccinate residents <ul style="list-style-type: none"> <li>• Offer COVID and influenza vaccine to all current residents and any new admissions</li> </ul>				
<ul style="list-style-type: none"> <li>• Refer residents ≥65 years to HCP for pneumococcal vaccine</li> <li>• Keep a record of resident vaccinations</li> </ul>				
2. Vaccinate staff <ul style="list-style-type: none"> <li>• Encourage influenza vaccination for all unvaccinated staff.</li> <li>• Ensure COVID vaccination for all staff as per state mandate.</li> </ul>				
3. Communicate facility illness policy to staff <ul style="list-style-type: none"> <li>• Staff with influenza-like or COVID-like illness (ILI/CLI) should not come to work.</li> <li>• All staff with ILI/CLI should be tested for COVID-19 and Influenza.               <ul style="list-style-type: none"> <li>○ If COVID results are positive, report to Public Health and follow CDC’s COVID healthcare worker return to work guidance.</li> <li>○ If influenza results are positive, follow your facility’s influenza illness policy. We recommend that staff members do not return to work until at least 24 hours after fever resolution without the use of fever reducing medication; exclusion for a minimum of 5 days is ideal.</li> </ul> </li> <li>• Given the COVID-19 pandemic response, all staff should wear a mask at all times when inside the facility.</li> </ul>				
II. Preparation	N/A	Completed	Date	Initials
1. Order/stock an adequate supply of specimen collection kits for influenza AND COVID-19 testing.				
<ul style="list-style-type: none"> <li>• Develop an influenza testing plan</li> <li>• All staff and/or residents with ILI/CLI should be tested for BOTH Influenza and COVID-19 during flu season.</li> <li>• Obtain pre-approved orders from physicians for both influenza and COVID testing.</li> <li>• Collect specimens as soon as possible after illness onset.</li> <li>• <b>Influenza Testing:</b> 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 subsequent symptomatic individuals associated with that unit will be</u></li> </ul>				

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<p><u>considered influenza positive. Influenza testing is recommended in addition to COVID-19 testing to track the status of influenza outbreaks and coinfection status.</u> Continue all infection control measures. If an individual becomes symptomatic on another unit, test for both influenza and COVID-19.</p> <ul style="list-style-type: none"> <li>• <b>COVID-19 Testing:</b> in addition to routine COVID testing, offer COVID testing for ALL symptomatic individuals (staff/resident) regardless of influenza result (co-infections may occur). If a positive result is identified using rapid antigen test, initiate COVID-19 infection control recommendations. Immediately report all positive COVID-19 cases, antigen or PCR, to Public Health</li> </ul>				
<p>2. Develop an influenza antiviral treatment plan for ill residents</p> <ul style="list-style-type: none"> <li>• Obtain pre-approved orders from physicians</li> <li>• Treat ill residents. Do not wait for lab confirmation</li> </ul>				
<p>3. Develop an influenza antiviral chemoprophylaxis plan for non-ill residents</p> <ul style="list-style-type: none"> <li>• Obtain pre-approved orders from physicians</li> <li>• 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.</li> <li>• Administer prophylaxis to prevent illness for minimum of 14 days and at least 7 days after last known case is identified in your facility. Refer to the ordering provider to review dosing recommendations.</li> </ul>				
<ul style="list-style-type: none"> <li>• In preparation for an Influenza or COVID-19 outbreak, prepare an outbreak notification letter to distribute to staff, residents and families. Include influenza and COVID-19 fact sheets and anticipated outbreak actions to be taken by your facility             <ul style="list-style-type: none"> <li>○ Include facility contact information</li> </ul> </li> </ul>				
<p>4. Conduct active daily surveillance for ILI/CLI</p> <ul style="list-style-type: none"> <li>• During the COVID-19 pandemic response all residents and staff should be screened for symptoms of ILI/CLI. Residents should be screened at least daily and staff at the start of each shift.</li> <li>• Keep illness log for both staff and residents</li> </ul>				

Resource: [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=cAA954092-0131-4F5E-BAE2-B8684CEAB04D](https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm?web=1&wdLOR=cAA954092-0131-4F5E-BAE2-B8684CEAB04D)