

SAMPLE

LTCF Check list for the Management of Influenza-like-Illness

When a single resident or client is noted to have potentially infectious undiagnosed acute respiratory illness, it is essential that individual additional precautions be put in place immediately *without* waiting for lab information or for additional cases to occur.

Plan and prepare for respiratory outbreaks with the facility outbreak team each season to ensure supplies are updated and available.

I. Preseason planning

Action	Done	Initial	Comments
1. Identify an influenza lead (Name: _____)			
2. Prepare for the administration of antivirals and vaccinations			
a. Obtain pre-printed orders for vaccine (influenza and pneumococcal), antiviral medication (treatment and prophylaxis). Include medical contraindications to the above.			
b. Obtain annual serum creatinine clearance level for all residents.			
c. Pre-arrange with your pharmacy to obtain antiviral medication in a timely fashion			
d. Provide staff and residents with information on antiviral use during an outbreak of influenza.			
3. Vaccinate staff and residents as soon as vaccine is available (late Sept/early Oct).			
4. Review stock of procedure masks and outbreak specimen kits (swabs); order, if needed.			
5. Review Influenza Prevention and Control procedures and policies with staff.			
6. Place Influenza Prevention and Control procedures, tools, contact numbers etc. in accessible locations for staff to access when ILI is suspected.			

II. When Influenza-Like-Illness is suspected

Outbreak Detection and Confirmation	Done	INITIAL	Comments
1. Notify the MHO or designate of suspect outbreak <ul style="list-style-type: none"> Non-VCH owned and operated: Call 604-675-3900 M-F 0830-1700 (CD Nurse/MHO designate) or For VCH owned and operated facilities, ICP notifies MHO. For both: Call 604-527-4893 after hours and weekends (MHO on call). 			

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Action	Done	Initial	Comments
1. Collect viral nasopharyngeal swabs on up to 6 residents with symptom onset within the past 72 hours			
2. Forward specimens to BCCDC Laboratory for testing ASAP (same day results if received by BCCDC before 1200 Mon-Fri)			
3. Fax a copy of the ILI outbreak laboratory form to the MHO at 604-731-2756 as requested			
4. Discuss outbreak with MHO or designate and implement outbreak control measures (see below) as directed			
5. Begin a line listing of residents with symptoms and a line listing of staff with symptoms			

III. Outbreak Declared: Location: _____ Date of Closure: _____

Outbreak Control Measures: Facility	Done	INITIAL	Comments
1. Notify person in charge Name : _____ contact #: _____			
2. Notify all department leads that they are to follow their outbreak guidelines for all areas (e.g. Support services, Care & Recreation, etc.).			
3. Notify non-facility staff, professionals, and service providers of the outbreak. Provide only essential therapeutic services, use appropriate personal protective equipment (PPE), and follow infection control measures.			
a. Notify housekeeping, food services and laundry that the facility has an outbreak of influenza so that department-specific outbreak management protocols are initiated.			
b. Notify other service providers such as volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, and others of any outbreak control measures that may affect their provision of services.			
c. Notify any facility that would have admitted a resident from you within the past 72 hours that you have an influenza outbreak.			
d. STOP ADMISSIONS AND TRANSFERS during the outbreak unless urgent medical care required. If a resident is transferred to Emergency ensure that the hospital is aware that your facility has an outbreak.			
e. Notify Priority Access of the outbreak (phone#: _____).			
f. Notify families/friends of resident of the outbreak and potential risk.			

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Action	Done	Initial	Comments
4. Cancel all outings and large group gatherings in the facility* (after consult with MHO/designate)			
Facilities to cancel (if necessary):			
• Food related (cooking, potlucks, birthday parties, etc.)			
• Hand contact activities (dancing, cards, bingo, crafts, folding linen, etc.).			
• Visiting groups			
• Hair salon			
• Occupational therapy/physiotherapy/pet therapy			
• Foot care			
• Chapel			
• Day care (children)			
• Day program			
• Outside meetings held in facility			
5. Arrange for outbreak signage on the doors and post on boards.			
6. Place approved hand gel at all entrances for visitor use.			
Outbreak Control Measures: Residents	Done	INITIAL	Comments
1. Maintain line list for all symptomatic residents			
2. Restrict movement of symptomatic residents outside of their rooms as much as possible: may cohort symptomatic residents together.			
3. Provide tray service (meals to room) for symptomatic residents for 5 days from onset of symptoms.			
4. Post signage regarding contact/droplet precautions			
5. Call Pharmacy for Tamiflu (Name: _____ Contact #: _____)			
a. Have current weights ready to fax to them			
b. Creatinine levels should have already been sent to pharmacy (if not, give first dose of Tamiflu and order STAT creatinine for subsequent dosing)			
6. Encourage diligence in hand washing and use of alcohol hand gel for all residents.			
7. Monitor residents for new cases of influenza.			

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Action	Done	Initial	Comments
8. Update line listings for ill residents/clients <u>daily</u>			
a. Fax updated line lists to the MHO designate (CD Nurse) at 604-731-2756 if new cases added			
9. Review immunizations and offer vaccine to those not yet immunized when vaccine is available.			
Outbreak Control Measures: Staff	Done	INITIAL	Comments
1. Maintain line list for all symptomatic staff			
2. Symptomatic staff are excluded from working and will remain off work for 5 days from onset of symptoms or until symptoms resolve (whichever is sooner). Staff should consult with _____ (Public Health, Workplace Health) prior to returning to work.			
3. Staff to notify their other employers about outbreak. Staff are generally excluded from working at a non-outbreak facility for 3 days following exposure to an outbreak unless determined otherwise by the MHO.			
4. Review immunizations and offer vaccine to staff not yet immunized.			
5. Recently immunized staff must wear a procedure mask until 14 days following immunization. Unimmunized staff must wear a mask as directed by the MHO. Note: Masking may be required for the entire influenza season, typically December through April and may be longer if influenza activity is noted in the community.			
6. Use gown, gloves, masks and eye protection when providing direct care to symptomatic resident (<i>regardless of immunization status</i>).			
7. Encourage diligence in hand washing and use of alcohol hand gel for all staff.			
8. Cohort staff to work only on affected area, where resources permit.			
9. Cohort staff to have breaks separate from staff in unaffected areas, where possible.			
10. Staff to disinfect common use items before re-use (i.e. stethoscopes). Ideally, dedicate equipment for ill residents			
11. Monitor staff for new cases of influenza.			
12. Update line listings for ill staff <u>daily</u>			
a. Fax updated line lists to the MHO designate (CD Nurse) at 604-731-2756 if new cases added			

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13. Volunteers/students should be excluded. Discuss with LTC IPC or MHO designate. If allowed to work, use appropriate PPE, follow routine practices, and minimize contact with isolated residents.			
Outbreak Control Measures: Visitors	Done	INITIAL	Comments
1. Ask visitors to limit visits unless they have been immunized. Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances.			
2. Restrict visitation of multiple residents/clients (i.e. do not visit room-to room), including privately paid non-facility staff.			
3. Ask visitors to use routine infection control practices (e.g. hand hygiene, mask, gown, visit only family member/friend).			

IV. Outbreak declared over: Date: _____

Lifting of Restrictions	Done	INITIAL	Comments
1. Notify person in charge Name : _____ contact #: _____			
2. Notify all department leads that outbreak is now over and they may cease outbreak activities.			
3. Discontinue antiviral medication for prophylaxis.			
4. Send antivirals back to the pharmacy.			
5. Arrange for the removal of outbreak signage.			
6. Resume admissions and transfers.			
7. Resume outings and large group meetings.			
8. Notify Priority Access that the outbreak is over (contact#: _____)			
9. Complete the “Influenza-Like-Illness Outbreak Report Form” and fax it to Vancouver Coastal Health CDC at 604-731-2756.			
10. Reorder influenza swab kit (have 6 swabs on hand)			
11. Continue to monitor staff and residents/clients for signs and symptoms of influenza.			
12. Conduct a post-outbreak review with staff and determine recommendations made for improved management of future outbreaks, as necessary.			

For more details, see the [VCH Influenza Prevention and Control Program for Residential Care Facilities](#)