



Kentucky Public Health
Prevent. Promote. Protect.

RECOMMENDATIONS FOR REGIONAL EPIDEMIOLOGISTS AND LOCAL HEALTH DEPARTMENT NURSES TO DISCUSS WITH LTCF REGARDING INFLUENZA PREVENTION AND CONTROL

AUDIENCE: Facility Administration/Infection Preventionist

1. BEFORE THE BEGINNING OF THE ANNUAL FLU SEASON (OCTOBER THROUGH MAY):

- Review the CDC's "Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities." www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
- Review or revise your facility's infection control policy regarding influenza outbreak control measures.

2. BEFORE AN INFLUENZA OUTBREAK OCCURS:

- Ensure all residents and staff receives influenza vaccine, unless there is a medical contraindication.
- Keep annual immunization records on each resident and staff indicating that influenza vaccine was offered, whether or not it was refused or received, and date/type of vaccine administered, if applicable.
- Conduct active daily surveillance of all new and current residents, staff, and visitors for influenza-like illness*, especially if there is influenza activity in the local community.
 - i. Influenza-like illness symptoms include a temperature of 100°F or greater (oral or equivalent) with a cough and/or a sore throat without a known cause other than influenza.
 - ii. Other flu-like symptoms include some or all of the following:
 - Fever/feeling feverish/chills (note that not everyone with the flu will have a fever);
 - Runny or stuff nose;
 - Muscle or body aches;
 - Headaches
 - Fatigue;
 - Vomiting and diarrhea.
- Even if it's not influenza season, influenza testing should occur when any resident has signs and symptoms of influenza-like illness.

- Implement influenza testing using reverse transcription polymerase chain reaction (RT-PCR) or rapid influenza diagnostic tests.
- 3. WHEN AN OUTBREAK OCCURS (one laboratory-confirmed influenza positive case is identified along with other cases of respiratory illness (patients or staff) within 72 hours of each other):**
- Confine ill patients and their roommates to their room during meals, including exclusion from group activities, until ill residents are symptom-free for 48 hours.
 - Avoid sharing staff members between units or facilities with affected patients and units or facilities that are not affected.
 - Increase monitoring of strict hand hygiene and infection control/disinfection practices.
 - Use droplet precautions for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
 - Ensure all residents and staff receives influenza vaccine, unless there is a medical contraindication.
 - Administer chemoprophylaxis to residents and staff if exposed to influenza as indicated per CDC's "Antiviral Drugs: Information for Health Care Professionals." www.cdc.gov/flu/professionals/antivirals/index.htm
 - Conduct daily surveillance of staff and residents for signs and symptoms of flu like* symptoms or any respiratory illness until at least 1 week after last onset of illness in either staff or residents.
 - Support efforts to cohort ill residents to their rooms with adequate supplies and staff.
 - Ensure sufficient supplies of masks, eye protection, gowns, gloves, hand hygiene product, tissue and garbage cans and that they are readily available throughout the facility.
 - Communicate with all ancillary departments and staff, i.e., physical therapy, etc. and educate on influenza guidelines.
 - During outbreaks, consider discontinuing new admissions, communal activities, and travel to ancillary departments.
 - Monitor environmental services for disinfection activities; consider a schedule of enhanced disinfection in common areas throughout the day in addition to the daily disinfection of resident's rooms.
 - Use droplet precautions (mask) for anyone with respiratory symptoms* whether diagnosed with influenza or not. Have staff use curtains to separate residents if possible to block droplet spread.
 - Duration of droplet precautions: 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer?
 - Post visual alerts at entrances and in strategic places about respiratory hygiene and cough etiquette. Download free pictures/posters from the CDC [Add Weblink here]
 - Set up triage station at the front door to assess and screen visitors coming in for flu-like illness.

- Consider restricting all visiting, especially children under 18 years of age during an outbreak.
- If ill residents have to travel outside the facility, notify destination of current status and have resident wear face mask in transit.
- Send out notification to families regarding influenza prevention and control using information from CDC guidelines
- Have teaching handouts from CDC regarding influenza prevention and control readily available at entrances for families/visitors.
- Ensure front line staff has adequate respiratory hygiene supplies and are educated about influenza prevention and control (such as administrative assistants that will have close contact with incoming visitors, etc.)

REGARDING: Staff Members

- Ensure staff members receive influenza vaccine, unless there is a medical contraindication.
- Stay home if sick (If staff member becomes ill with flu like* symptoms while at work, put on a mask until able to leave.
- Strict hand hygiene
 - i. Before and after touching residents, their environment, or any respiratory secretions (suctioning)
 - ii. Before and after glove use
 - iii. Before and after putting on appropriate PPE
- Use standard precautions (wearing PPE) if coming into contact with any blood or body fluids, e.g., if residents are sneezing/coughing, wear a gown and eye protection. Gloves are recommended as droplets may be on surfaces but they do not take the place of hand hygiene.
- Use droplet precautions (mask) for anyone with respiratory symptoms* whether diagnosed with influenza or not. If there are no doors to separate sick residents, pull the curtains to block droplet spread.
- Put on PPE before entering and take off before exiting a resident's room.
- Cohort sick residents away from non-sick as much as possible, restrict residents in droplet precautions to their room including meals.
- Always cover cough and sneezes, dispose of tissue immediately, and perform hand hygiene, every time.
- Teach residents and visitors to cover their cough/sneezes and to perform hand hygiene.
- Disinfect common areas such as nursing station, computers, and phones frequently.
- Wash work clothes in hot water and dry in hot dryer. Do not re-wear scrub jackets or lab jackets without laundering daily during outbreaks.

REGARDING: Environmental Care (housekeeping)

- Ensure housekeeping staff receive influenza vaccine, unless there is a medical contraindication.
- Stay home if sick (If staff member becomes ill with flu like* symptoms while at work, put on a mask until able to leave.
- Strict hand hygiene
 - i. Before and after touching residents, their environment, or any respiratory secretions (suction tubing or canisters)
 - ii. Before and after glove use
 - iii. Before and after putting on appropriate PPE
- Use standard precautions (wearing PPE) if coming into contact with any blood or body fluids, e.g., if residents are sneezing/coughing, wear a gown and eye protection. Gloves are recommended as droplets may be on surfaces but they do not take the place of hand hygiene.
- Use droplet precautions (mask) for anyone with respiratory symptoms whether diagnosed with influenza or not. If there are not doors to separate sick residents, pull the curtains to block droplet spread.
- Put on PPE before entering and take off before exiting a resident's room.
- Always cover cough and sneezes, dispose of tissue immediately, and perform hand hygiene, every time.
- Ensure EVS staff adheres to recommended contact time of the disinfectant that is being used and that it is being used properly. In order to disinfect, surfaces have to be cleaned of debris such as dried food, blood or other substances.
- Establish a schedule for enhanced (i.e., more frequent) facility disinfection during outbreaks
- Disinfect resident rooms daily paying close attention to high touch areas
 - i. Door knobs, around light switches
 - ii. Any bedside or tray table used for meals
 - iii. Resident restrooms including all hand rails, knobs, counter top surfaces.
- Disinfect common areas such as hallway railings, community restroom doors/knobs/railings, recreation rooms, cafeteria, sitting areas, and any ancillary departments that residents may visit.
- Wash work clothes in hot water and dry in hot dryer. Do not re-wear scrub jackets or lab jackets without laundering daily during outbreaks.
- Launder resident room curtains as soon as possible when outbreak is controlled.

REGARDING: Residents

- Ensure each resident receives influenza vaccine, unless there is a medical contraindication.
- Assist resident with hand hygiene if unable to perform on their own

- i. After toileting
 - ii. Before meals
 - iii. After sneezing/coughing
- Restrict residents that exhibit flu like* symptoms to their room
- If a sick resident has to leave their room, have them wear a mask while out.
- If cognitive, cover cough and sneezes, dispose of tissue immediately and perform hand hygiene, every time
- Wash clothes and bedding in hot water and dry in hot dryer prevent any spread or cross contamination.

REGARDING: Medical Providers

- Use CDC guidelines for testing, prophylaxis and treatment of residents
- Consider chemoprophylaxis as recommended if exposed to resident/staff/family with influenza.
- Strict hand hygiene
 - i. Before and after touching residents, their environment, or any respiratory secretions (suctioning)
 - ii. Before and after glove use
 - iii. Before and after putting on appropriate PPE
- Use standard precautions (wearing PPE) if coming into contact with any blood or body fluids, e.g., if residents are sneezing/coughing, wear a gown and eye protection. Gloves are recommended as droplets may be on surfaces but they do not take the place of hand hygiene.
- Use droplet precautions (mask) for anyone with respiratory symptoms* whether diagnosed with influenza or not. If there are no doors to separate sick residents, pull the curtains to block droplet spread.
- Put on PPE before entering and take off before exiting a resident's room.
- Wash work clothes in hot water and dry in hot dryer. Do not re-wear lab coats without laundering daily during outbreaks.
- If working in more than one facility during the same day, consider wearing clean lab coats to each facility. Changing clothes between facilities would be optimal and guarantee no horizontal transmission between facilities.

*Residents, staff and visitors with illness associated with influenza virus infection often have fever or feverishness with cough, chills, headache, myalgias, sore throat, or runny nose. Some people, such as the elderly, children with neuromuscular disorders and young infants may have atypical clinical presentations.

REFERENCES

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