

Influenza-Like Illness Outbreak Management Checklist for Healthcare Facility

Facility Name:			
Address:			
City:		State:	Zip Code:
Telephone #:		Fax #:	
Contact Name:		Email:	

The following recommendations and reporting requirements are being provided to you to assist in the control of the current outbreak at your facility. Please review these basic guidelines with key staff members. We are requesting that you return the signed and dated copy of this form to Contra Costa Public Health - Communicable Disease Programs {Fax #: 925-313-6465 and Phone #: 925-313-6740}

Resources:

1) California Department of Public Health (CDPH) guidelines (*UPDATED - October 2016*):

www.cdph.ca.gov/programs/hai/Documents/RecommendationsForThePreventionAndControlOfInfluenzaOct2016.pdf

2) Centers for Disease Control and Prevention (CDC) guidelines:

www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

Focus Area	Outbreak Intervention	N A <input checked="" type="checkbox"/>	Preliminary Report Date Initiated	Final Report Date Completed
1. Communication				
a.	Notify facility Administration and/or Medical Director			
b.	Notify facility Infection Control or designee			
c.	Report Outbreak of Influenza-like Illness (ILI) to Contra Costa Public Health @ 925-313-6740. <ul style="list-style-type: none"> ❖ Suspected Influenza or Respiratory Illness Outbreak: Two or more residents and/or staff with ILI within 72 hours period (3 days). ❖ Confirmed Influenza Outbreak: A facility with 2 or more cases of ILI and at least one laboratory confirmed influenza within 72 hour period. Definition of ILI: <i>(ILI is defined as fever (100.0 degrees F or 37.8 degrees C) in addition to one or more of the following: headache, cough, muscle aches, sore throat, chills, runny or congested nose, new onset of confusion, weakness or fatigue. Elderly may have subnormal temperatures.)</i>			
d.	Report Outbreak to California Department of Public Health (CDPH) - Licensing and Certification, East Bay Office. http://www.cdph.ca.gov/programs/LnC/Pages/LnCContact.aspx			
e.	<ul style="list-style-type: none"> • Limit patient transfers out of your facility unless a higher level of care is needed. If transfer is necessary, notify the transporting agency and receiving facility of your outbreak. • Residents ready to return to their private residences may be discharged to home on Oseltamivir (Tamiflu) treatment if symptomatic or prophylaxis (if exposed to symptomatic person) and if their provider approves. • Please contact Public Health if other transfers are indicated; to be determined on a case by case basis. 			
f.	<ul style="list-style-type: none"> • Evaluate which units/wing/bldg./floor/s with resident(s) or staff that have tested positive for Influenza and/or have ILI symptoms. • Fax a map or diagram of your facility to Public Health as soon as possible; this will assist Public Health in evaluating Infection Control measures. • Suspend new admissions and transfers to affected areas in your facility 			

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	<p>until there are not any new cases in residents and employees for at least 4 days. (This may be localized or include your entire facility)</p> <ul style="list-style-type: none"> Contra Costa Public Health will advise and make recommendations. 			
	g. Educate and instruct staff to report signs and symptoms of possible respiratory illness or influenza in residents including fever (elevated OR subnormal temperatures), headache, cough, muscle aches, sore throat, chills, runny or congested nose, and new onset of confusion, weakness or fatigue.			
	h. Post signs at all entrances for visitors and staff stating your facility is experiencing a respiratory illness outbreak. <ul style="list-style-type: none"> Do not visit if they are ill. Instruct visitors to cover coughs/sneezes Hand hygiene is important to prevent illness: wash their hands with soap and water OR hand sanitizer. (hand sanitizer is effective for influenza) Wear masks when visiting ill residents confined to their rooms. 			
	i. Exclude staff, visitors and volunteers with symptoms of respiratory illness.			
2. Infection Control				
	a. Place symptomatic residents in a private room if available for at least 7 days. If private room not available, confine ill residents to their room or cohort them with another resident who is ill with influenza. If after 7 days the resident continues to have fever or illness, you may need to extend Droplet and Standard Precautions past 7 days – consult with Public Health.			
	b. Cohorting ill residents: Maintain at least 3 feet distance with drawn curtain between ill residents.			
	c. Place symptomatic residents in Standard and Droplet Precautions. (All staff to do Precautions i.e. Nursing, MD's, Housekeeping, Facilities, etc.) Standard Precautions: hand hygiene, use of gloves, gown, mask, eye protection – if resident is unable to contain their respiratory secretions. AND Droplet Precautions: surgical masks should be worn upon entry to the resident's room and during resident care. Mask should cover mouth and nose at all times. https://www.cdc.gov/hai/pdfs/ppe			
	d. Wash hands using soap and water or apply hand sanitizer immediately: <ul style="list-style-type: none"> Before putting on gloves and after removing gown and gloves. Before entering and when leaving residents rooms Before handling and dispensing medications Before and after handling food trays 			
	e. Symptomatic residents: Place a surgical mask on the resident if they need to leave their room for any reason (MD appointment, behavior problems) or during transport to another facility.			
	f. Asymptomatic residents that have been exposed: <ul style="list-style-type: none"> If a resident is a close contact of a resident with lab-confirmed influenza – place the asymptomatic residents in Standard and Droplet precautions for 5 days. Give antiviral post-exposure dosage for 2 weeks minimum or 1 week after last influenza case –whichever is longer. Testing not recommended unless they become symptomatic. 			

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	g. Place dedicated equipment in isolation rooms, when able. If not possible, clean and disinfect equipment before use with another resident. ***Equipment includes, but is not limited to the following: <input checked="" type="checkbox"/> BP Cuffs <input checked="" type="checkbox"/> Commodes <input checked="" type="checkbox"/> Stethoscopes <input checked="" type="checkbox"/> Wheelchairs <input checked="" type="checkbox"/> Thermometers <input checked="" type="checkbox"/> Therapy Equipment ***			
	h. Hospitalized residents with influenza can be readmitted back to the facility and placed in Standard and Droplet isolation until 7 days after onset of symptoms or 24 hours after resolution of all respiratory symptoms <u>other than cough</u> , whichever is longest.			
	i. Residents hospitalized for reasons other than ILI and ready to be readmitted back to your facility – Public Health will advise on a case by case basis.			
3. Facility Control Measures				
	a. Discontinue the “floating” of all employees from the affected unit to an unaffected unit.			
	b. Increase the accessibility of hand sanitizers and boxes of tissues in your Facility. Examples of locations: Entrance to your facility, dining areas, group activities, Rehab gym, etc.)			
	c. If possible, discontinue community dining until 4 days (96 hours) after the last identified case; serve meals to resident’s rooms for multiple involved units.			
	d. Cancel or postpone group activities until at least 4 days (96 hours) after the last identified case for multiple involved units.			
	e. Screen visitors, volunteers and employees for symptoms of respiratory illness. If symptomatic, instruct them to stay home until symptom-free.			
	f. Monitor staff absenteeism due to respiratory symptoms. Exclude all symptomatic employees from work until 24 hours after fever is resolved without the use of fever reducing medicine (acetaminophen, ibuprofen and/or aspirin products).			
	g. Educate and assist residents in handwashing and use of hand sanitizer before meals and after toileting.			
4. Daily Reporting				
	a. <ul style="list-style-type: none"> Complete line list for symptomatic residents. Complete line list for symptomatic employees. Update and fax daily to Contra Costa Public Health @925-313-6465 A template line list is posted at: http://cchealth.org/flu/pdf/AcuteRespiratoryIllnessOutbreak-FacilityLineList.xlsx			
5. Rehab/ Physical Therapy				
	a. Symptomatic residents: Confine to room on Droplet Precautions And restrict Physical Therapy to in-room.			
	b. Asymptomatic residents: <ul style="list-style-type: none"> Exposed residents: Prescribe antiviral medication to prevent illness and provide physical therapy in room for 5 days OR wear a surgical mask to Gym. 			

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	<ol style="list-style-type: none"> 1. Hand Hygiene when entering the gym and when leaving the gym. 2. Clean equipment: EPA approved disinfectant between residents. <ul style="list-style-type: none"> • Chemoprophylaxis dosing as recommended by Contra Costa County Public Health document "Treatment and Post exposure Prophylaxis during Influenza Outbreak in Institutional Settings". 			
	<ol style="list-style-type: none"> c. Asymptomatic residents with no contact to ill residents: <ul style="list-style-type: none"> • No restrictions but hand hygiene before and after therapy. • Cover coughs with tissues or sleeve. • Clean equipment: EPA approved disinfectant between residents. 			
6. Environmental Cleaning & Laundry	<p>NOTE: Influenza can survive for 24 hours on surfaces (tables, telephones, etc.). Influenza can also survive up to 12 hours on porous surfaces (clothing, linens, paper, etc.).</p> <ul style="list-style-type: none"> • Use an EPA approved germicidal product. 			
	<ol style="list-style-type: none"> a. Increase cleaning frequency of hard non-porous high touch surfaces 2-3 times per day with an EPA approved disinfectant. ***High touch surfaces include, but not limited to: door knobs, bed rails, call lights, bedside tables, commodes, toilets, phones, keyboards/mouse, hallway rails, elevator buttons and faucets*** 			
7. Lab Testing				
	<ol style="list-style-type: none"> a. <ul style="list-style-type: none"> • Testing can determine if you have an Outbreak and when it is over (residents may have respiratory illnesses other than influenza) • Nasopharyngeal swab is the best specimen collection method. b. <ul style="list-style-type: none"> • Contra Costa Public Health recommends RT-PCR testing to diagnose and identify Influenza cases. (CDC/CDPH recommendation) • Public Health does not recommend rapid testing. c. For questions or concerns regarding lab testing, contact Public Health. 			
8. Antiviral Treatment of Symptomatic Residents	<p>Treatment should not wait for results of influenza lab testing. Antiviral therapy should be started as soon as possible for all long-term care facility residents with suspected or confirmed influenza. See Treatment and Prophylaxis Document for details.</p>			
9. Antivirals for Asymptomatic Residents	<p>ALL non-ill residents should receive antiviral therapy, regardless of influenza vaccination status. See Treatment and Prophylaxis Document for details.</p>			
10. Outbreak Resolution				
	<ol style="list-style-type: none"> a. Date facility or unit reopened to new admissions and transfers. b. Monitor for symptoms of ILI among all residents and employees for 7 days following the last onset of illness. c. Handwashing should continue with soap and water for employees and residents before eating and after using the bathroom. 			

I have read and reviewed these recommendations and had the opportunity to ask questions.

Preliminary Report: _____
(Signature of Facility Representative)

Date: _____

Final Report: _____
(Signature of Facility Representative)

Date: _____