City and County of San Francisco

San Francisco Department of Public Health

Communicable Disease Control and Prevention
Communicable Disease Control Unit
Phone: (415) 554-2830 Fax: (415) 554-2848
www.sfcdcp.org

Influenza Recommendations Checklist 2009/2010

Date of Recommendations: ___/____/___ CDCU Staff: _____

Facility: _____ **Contact:** _____

Address: _____ San Francisco, CA Zip: _____

Phone: _____ **Fax:** _____

Date reviewed with facility: _____

Specific recommendations for your facility are marked with an X or √.

General Facility Control and Prevention Measures:

- ☐ Post signs/posters regarding recommendations for hand washing and covering the mouth and nose with a tissue or your sleeve, not your hands, when sneezing or coughing.
- ☐ Provide access to hand washing stations with soap and water and/or waterless alcohol-based hand cleaner.
- ☐ Place boxes of tissues in common areas and provide waste baskets for tissue disposal.
- ☐ Advise residents and staff to wash their hands after coughing or sneezing and after handling used tissues.
- ☐ Instruct residents and staff to avoid touching their eyes, nose or mouth, with unwashed hands.
- ☐ Instruct staff and residents not to share eating utensils, drinking glasses, towels or other personal items.
- ☐ Serve meals to ill residents in their rooms. If symptomatic patients are grouped together, ensure meals are brought into the room/unit where affected patients are staying so ill patients do not take meals in settings which include non-ill persons.
- ☐ ILL family members and others SHOULD NOT VISIT facility. Post a sign at the entrance as a reminder.
- ☐ Restrict all visitors and volunteers from visiting ill residents. If more Influenza cases are identified, then restrict from visiting affected unit(s), or if Influenza cases are widespread, restrict from visiting entire facility. **Date done:**_____
- ☐ Restrict ill resident from group activities.
- ☐ No cancellation of group activities is recommended for single cases.
- ☐ The facility should provide guidance that describes conditions that put a person at increased risk for complications of influenza and that advises ill staff to call their clinician to discuss their need for treatment (e.g. general flu FAQs).
- ☐ **If new cases continue to be identified in the ward, cancel or postpone group activities, parties or events in affected unit. **Date done:**____

Restricting Resident Admissions:

- ☐ Consider restricting admission of residents with a history of recent influenza-like illness until 24 hours of symptom resolution.
- ☐ Patients with probable or confirmed influenza can be admitted or transferred from other facilities (e.g. hospitals) to LTCF when stable. Upon admission apply the influenza infection control recommendations for ill residents (see below) for 5 days after onset of symptoms.
- ☐ **If possible, limit admissions of new or returning residents into unit until no new cases have been identified for ideally 5 days (120 hours) or for a minimum of at least 72 hours after symptom onset of the last case. **Date done:**_____

For all residents:

- ☐ Offer influenza vaccination to all unvaccinated residents, if vaccine is available.
- ☐ Counsel residents on the possibility that they may be asked to wear masks to limit the spread of influenza.
- ☐ Isolate residents who develop influenza-like illness with standard and droplet precautions for 5 days after symptom onset.
- ☐ Confine each ill resident to a single room. If a single room is not available, group residents with respiratory symptoms together. However, keep their beds separated by at least 3 feet.
- ☐ If ill patients need to be housed in multi-person rooms and not all roommates are ill with influenza-like illness, consider providing prophylaxis to non-ill roommates (Ill residents should receive treatment – as described below).

Recommended during a period in which an **OUTBREAK IS occurring in LTCF (≥4 cases).

- ☐ Serve meals to ill residents in their rooms. If symptomatic patients are grouped together, bring meals into the unit where affected patients are staying so ill patients do not take meals in public settings.
- ☐ Instruct ill residents on proper hand washing technique.
- ☐ If an ill resident must leave their room (e.g. for an essential medical appointment), they should wear a simple surgical mask.
- ☐ Instruct ill residents on proper use and disposal of masks.
- ☐ For ill residents who cannot wear a surgical mask, provide tissues and ask them to cover their nose and mouth with a tissue or their sleeve when coughing or sneezing. Instruct them to wash their hands after handling used tissues.
- ☐ Counsel ill residents that if they don't have a tissue, they should cough or sneeze into their sleeve.
- ☐ Restrict ill resident from group activities for 5 days after symptoms began.
- ☐ If an ill resident has behavioral issues that make him/her unable to perform hand hygiene, respiratory hygiene or other isolation precautions, manage in accordance with the facility's policy for handling difficult patients. However, consider dedicating staff to help with this management in order to minimize the number of staff in contact with the ill patient.
- ☐ Do **not** allow any visitors (or volunteers) until ill resident is no longer infectious, usually 5 days after onset of symptoms.
- ☐ **Do **not** allow any visitors (or volunteers) for ill resident, affected unit, or facility.
- ☐ Do **not** assign a new roommate until ill resident is no longer infectious, usually 5 days after onset of symptoms.
- ☐ Consider on a case by case basis, extending the isolation period for persons who are at high risk for prolonged shedding of virus (e.g. immunocompromised persons) and are likely to expose persons at high risk for complications. These cases may be discussed with **the Communicable Disease Control Unit at 415-554-2830.**

For staff:

- ☐ Offer influenza vaccination to unvaccinated staff, if vaccine is available.
- ☐ Consider screening health care workers with direct patient care for fever (T> 100.4° F or 38.0° C).
- ☐ Staff should be educated and requested to self-monitor for symptoms of influenza-like illness.
- ☐ The facility should provide guidance that describes conditions that put a person at increased risk for complications of influenza and that advises ill staff to call their clinician to discuss their need for treatment (e.g. Seasonal and H1N1 Swine Flu FAQs).
- ☐ If an employee develops symptoms of influenza-like illness at work they should immediately notify management, wear a surgical mask while in the facility, leave work and return home in a private car or taxi.
- ☐ Staff with influenza-like illness must stay home and away from others until 24 hours after fever is gone (without the use of fever-reducing medicine).
- ☐ Advise ill staff not to work at other health care facilities including long-term care facilities.
- ☐ Other staff with possible early symptoms and who are unable to stay home should wear a surgical mask and practice excellent respiratory and hand hygiene.
- ☐ Staff must wear a surgical mask when entering a room with a person who has fever and respiratory symptoms.
- ☐ Staff must wear gloves when coming in contact with an ill resident and change gloves after contact with every patient.
- ☐ Hand washing or hand rubs should be used frequently, at a minimum before and after contact with every patient.
- ☐ No personnel restrictions are needed when there is a single case of influenza-like illness.
- ☐ **Do **not** allow "floating" staff. Those who treat ill patients/units should not treat well patients/units until no new cases have been identified for ideally 5 days (120 hours) or at least 72 hours after symptom onset of last case.
- ☐ **Any staff working with ill residents should not work in other health care facilities until no new cases have been identified for ideally 5 days (120 hours) or at least 72 hours after symptom onset of last case.
- ☐ Housekeeping staff must wear a surgical mask when entering ill residents' rooms.
- ☐ Clean unit as per facility policies.
- ☐ Enhance cleaning in ill patient rooms. Make sure all surfaces are wiped with an EPA-approved disinfectant at least daily and as needed, especially "high-touch" surfaces such as doorknobs, hand rails, etc.
- ☐ **Enhance cleaning in unit.
- ☐ Consider dedicating staff to help residents with influenza-like illness who are unable to cooperate with proper hand and respiratory hygiene or maintaining other isolation precautions.

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Other follow-up:

- ☐ CDPH notification date: _____
- ☐ Licensing and Certification - notification date: _____
- ☐ Facility has a copy of SFDPH Recommendations for the Prevention and Control of Influenza in San Francisco Long-Term Care Facilities, 2009-2010. If not, date provided: _____
- ☐ Chemoprophylaxis provided to residents and staff:

Chemoprophylaxis provided	Residents	Date	Staff	Date
	All		All	

- ☐ Conduct surveillance using provided line list and notify SFDPH if outbreak develops
- ☐ **Provide updates to CDCU on newly identified cases at least: ☐ Daily ☐ 2x per week ☐ Weekly
  Until: ☐ 4 days after last onset (confirmed influenza)
  ☐ 6 days (unknown etiology, unidentified respiratory virus)

Management of Contacts/Chemoprophylaxis:

- ☐ Facilities should identify close contacts of cases ill with influenza-like illness and provide exposure notices.

  Close contact to an ill person is defined as living with an ill person, being within 3 feet of an ill person for an hour or longer or being in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of an ill person. Examples include kissing or embracing, sharing eating or drinking utensils, physical examination, or any other contact between persons likely to result in exposure to respiratory droplets.
- ☐ Consider providing prophylaxis to roommates and other close contacts of persons ill with suspected or confirmed influenza.
- ☐ Standard duration of chemoprophylaxis for persons with identified discrete exposure is 10 days. Isolation of the source patient should eliminate ongoing procedures.
- ☐ **Chemoprophylaxis for outbreak control should be continued for a minimum of 2 weeks. If surveillance indicates that new cases continue to occur, continue chemoprophylaxis until approximately 7-10 days after illness onset in the last patient.
- ☐ If chemoprophylaxis of personnel is recommended, consider notification of the facility's occupational health.
- ☐ **As per, SFPDH Health Alert (10/26/09), during a LTCF outbreak, chemoprophylaxis of the affected unit is recommended.
- ☐ **All residents of the affected unit should receive prophylaxis.
- ☐ **If H1N1 is suspected or confirmed, employees that work on the affected unit should also receive prophylaxis if they have not been completely vaccinated against H1N1 swine influenza greater than 2 weeks prior to exposure. These situations can be discussed with the Communicable Disease Control Unit at 415-554-2830.

Treatment of Ill Residents

- ☐ Residents with influenza-like illness should be evaluated immediately by a medical provider. It is likely that these ill residents would meet criteria for treatment. See the most recent SFDPH Health Advisory for treatment recommendations.
- ☐ **Even if receiving chemoprophylaxis, residents who develop influenza-like illness should be evaluated immediately by a medical provider. See most recent SFDPH Health Advisory for treatment recommendations.

Case Definitions

1. **Influenza-like illness (ILI)** (Used when NO lab-confirmed cases are present:)
   Fever with temperature > 100.4° F or 38.0° C;
   AND EITHER
   Cough or sore throat.
2. **Influenza**
   A. Confirmed case:
   At least one of the following symptoms: fever, cough, sore throat, myalgia, or rhinorrhea;
   AND
   Laboratory confirmation of influenza by PCR.
   B. Probable case:
   Epidemiologically linked to a confirmed case of influenza;
   AND EITHER
   i. Fever plus at least one of the following symptoms: cough, sore throat, myalgia, or rhinorrhea; OR
   ii. No fever, but at least 3 of the following symptoms: cough, sore throat, myalgia, or rhinorrhea.

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