



# SAN MATEO COUNTY HEALTH SYSTEM

## Long-Term Care Influenza Recommendations Checklist

### **General Infection Control and Prevention Recommendations:**

- Post visual alerts (e.g., on doors/walls/etc.)** notifying all visitors of the ongoing outbreak and instructing all persons to report symptoms of Influenza Like Illness (ILI) to staff as they enter the facility.
- Post signs/posters** regarding recommendations for hand washing, respiratory hygiene and cough etiquette.
- Provide written information about influenza** and why precautions are necessary.
- Family members and friends with ILI should not visit** if they currently exhibit symptoms or have had it within last seven days. Symptoms of an ILI include a fever (temperature of  $\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$ ) plus coughing.
- Limit visitors of patients in isolation** to only those necessary to patient's emotional well-being and care.
- Hand washing facilities** must include running water and readily available liquid hand soap; alcohol based hand sanitizers may be used if hands are not visibly soiled.
- In addition to Standard Precautions, Droplet Precautions must be implemented:**
  - Wear an appropriate mask, as per facility licensing body guidance, upon entering the ill resident's room or when working within 6 feet of a coughing or sneezing resident. Remove the mask upon leaving the resident's room and dispose in a waste receptacle, or save for re-donning, if appropriate.
  - Place a mask over the resident/patient nose and mouth when leaving the room if transport or movement of the resident/patient is needed. The resident/patient hands should be washed or sanitized prior to them leaving the room, after hand contact with respiratory secretions or contaminated tissues, before and after eating and frequently throughout the day.
  - Instruct ill residents to use tissues to cover their nose and mouth when coughing and sneezing. Provide a bag or other waste receptacle conveniently located for disposal of contaminated tissues.
  - Wear gloves when contact with respiratory secretions is anticipated. Change gloves between contacts with roommates.
  - Wear a gown if soiling of clothes with respiratory secretions is anticipated.
  - Wash or sanitize hands before and after touching the ill resident, and after touching environmental surfaces and items potentially contaminated with

respiratory secretions, whether or not gloves are worn. Use soap and water or an alcohol-based hand rub cleaner.

- Label personal items** such as water pitchers, cups, toothbrushes, etc. w/ the resident/patient name, and do not leave them in common areas.
- Implement enhanced environmental cleaning and disinfection** with facility-approved, routinely-used, cleaning agents of commonly touched surfaces such as door handles, hallway banisters, toilet or bath rails, bedrails, over-bed tables, nursing station counters, computer keyboards, telephones, blood-pressure cuff, other patient care equipment, and other similar items.
- Do not share linens, eating utensils, and dishes without thorough washing first.** Items used by those who are sick *do not* need to be cleaned separately. Linens should be washed in hot water using laundry soap and tumbled dry on a hot setting. Individuals should wash their hands with soap and water immediately after handling dirty laundry.
- Fax or e-mail daily case log to San Mateo Co. Public Health** by 11:00 am at 650-573-2919 or to (name of investigator)@co.sanmateo.ca.us. Notify San Mateo County Communicable Disease Control of residents who require hospitalization or who die during the outbreak. New cases should be reported only once using the case log.
- Consult with San Mateo Co. Public Health about laboratory testing.**
- Consider starting antiviral treatment** empirically, in accordance with current recommendations (see guidance in 'Healthcare Providers' section at [www.smhealth.org/flu](http://www.smhealth.org/flu)).
- Antiviral chemoprophylaxis** should be considered for residents (in the unit where they may have close contact with the ill resident (s)), in accordance with current recommendations (see guidance in the "Healthcare Providers' section at [www.smhealth.org/flu](http://www.smhealth.org/flu))
- Vaccinate unvaccinated residents** as soon as possible in accordance with current recommendations (see guidance in the 'Healthcare Providers' section at [www.smhealth.org/flu](http://www.smhealth.org/flu)).

#### **Infection Control Precautions for Residents:**

- Instruct residents regarding 'respiratory etiquette'**
  - Cover nose and mouth when coughing or sneezing with a tissue or their sleeve.
  - Properly use and dispose of masks.
  - Reinforce importance of hand washing; consider providing resident/patient with an alcohol-based hand rub.
  - Counsel resident/patient about the possibility of themselves or staff being required to wear a mask to limit the spread of respiratory illness.

- If resident develops ILI**, immediately confine that resident and exposed roommate(s) to their room or unit, restrict (as much as possible) them from group activities, and serve meals in their room for 7 days after the onset of symptoms or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
- If other residents become symptomatic**, cancel group activities and serve all meals in residents' rooms.
- If individual rooms for persons with ILI are not feasible**, consider using a large room, specifically for ill persons with beds at least 6 feet apart and, if possible, with temporary barriers between beds and nearby bathroom facilities separate from bathrooms used by healthy residents.
- Cancel or postpone group activities facility-wide** until ill individuals are asymptomatic for seven (7) days after onset of symptoms.
- If residents are ill on specific nursing units**, do not move them or staff to other units, or admit new non-ill residents to the units with symptomatic residents.
- Limit admission of new and returning residents.** If admissions are necessary, ensure that new or returning residents do not have acute respiratory illness (within the last 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer) and are not being transferred from a facility experiencing an influenza outbreak. Admit asymptomatic new or returning residents to unaffected nursing units.
- When a resident is transferred to another facility for medical care:**
  - o Notify the receiving facility about this outbreak (including transportation drivers, ambulance personnel, dialysis centers, medical/eye/dental visits, Physical Therapy, etc.).
  - o If prophylaxis has been ordered for your facility, residents/patients who have confirmed or suspected influenza must be started on anti-viral medication before they can return to your facility.
  - o Residents/patients with a non-influenza medical emergency may only be readmitted after clearance by Public Health.
- Residents may go out on pass** only after clearance by San Mateo Co. Communicable Disease Control.
- Residents and staff are not to share any food items**, including cookies, boxes or bowls of candies, medicinal applesauce, and communal water fountains, etc.

**Staff and Health Care worker Infection Control Precautions:**

- Offer influenza vaccine to all unvaccinated staff.
- If prophylaxis has been ordered for your facility, staff should be offered an antiviral medication.

- Staff should wear gloves when contact with the resident or contaminated surfaces/objects is anticipated.
- Maintain the same staff to resident/patient assignment, if possible.
- Avoid rotating staff between nursing units until no new cases have been identified for at least one week.
- Exclude non-essential personnel from affected units.
- Exclude staff with ILI from patient care for up to 24 hours after resolution of fever without use of fever-reducing medications and advise them not to work in other facilities (i.e., a second job) during the same time period. During an outbreak, even well facility personnel should not work at another facility until San Mateo Co. Public Health has determined that the outbreak is controlled.
- If staff are returning to work in areas where severely immunocompromised patients are provided care, they should be considered for temporary reassignment or exclusion from work for seven days from symptom onset or until resolution of symptoms, whichever is longer.

**Monitor and Report Daily**

- Monitor all residents and staff for signs of ILI for at least 7 days after the last confirmed case occurred.
- Assign a staff person to report to the local and state health authorities.
- Initiate the use of a daily active surveillance case log (*see sample attached, which we will fax/ e-mail to you after consultation about the outbreak*). Collect data on all newly symptomatic residents and staff until at least one week after the last influenza case occurred.
- Fax or e-mail daily case log to San Mateo Co. Public Health by 11:00 am at 650-573-2919 or [name of investigator@co.sanmateo.ca.us](mailto:name_of_investigator@co.sanmateo.ca.us). Notify San Mateo Co. Communicable Disease Control of residents who require hospitalization or who die during the outbreak. New cases should be reported only once using the case log.
- Analyze reports of resident and facility personnel illness daily.

**Additional Recommendations:**

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