



Pathway Health Services, Inc.
"Providing Pathways to Excellence"

Check List for Suspected Outbreak of H1N1 Influenza (Swine Flu)

- **Outbreak:** A sudden increase of acute febrile respiratory illness (AFRI) cases over the normal background rate or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term care facility resident is an outbreak.

The outbreak control measures described below should be promptly implemented in the event of any of the following:

H1N1 Influenza/Swine flu is diagnosed in at least one resident or staff member. If Influenza A seasonal influenza is confirmed, follow policy and procedure for Management of Acute Influenza Outbreak.

- All nursing staff will be in-serviced on the case definitions of H1N1 Influenza (swine flu), signs and symptoms of swine flu and on appropriate infection control practices.
- Clinical Managers/Charge Nurses will monitor and report suspected influenza-like infections to the Infection Control Preventionist/Designee.
- The Infection Control Preventionist/Designee will update the Executive Director and the Director of Nursing Services of the influenza-like infection information.
- The Infection Control Preventionist/Designee will investigate any suspected influenza-like infections and initiate this procedure if the influenza-like infection criteria are present.
 - A. Case definitions will be posted at all nursing stations:
 - B. Review for 2 or more of the following symptoms and report of Infection Control Practitioner/designee and MD/NP
 1. Temperature >100°F (usually sudden onset).
 2. Nasal congestion.
 3. Sore throat.
 4. Muscle aches.
 5. Cough.
 6. Fatigue.
 7. Headache.
 8. Vomiting.
 9. Diarrhea

Note: Symptoms can vary from mild to severe

- Place call to MD/NP and Medical Director for consideration antiviral medications.
- Obtain a respiratory swab for swine influenza testing and place it in a refrigerator (not a freezer). (Utilize N95 mask for specimen collection)
- Once collected, the clinician should contact their state or local health department to facilitate transport and timely diagnosis at a state public health laboratory.
- Place resident in private room with private bathroom if possible.
- Isolate resident to room as able.

- Place resident on transmission based precautions (contact and droplet).
- If resident is in shared room, place respirator mask on resident.
- Provide resident meals in room with disposable dishes and utensils.

Checklist for Suspected H1N1 Influenza continued:

- Place sign on door to check with nurse, to limit visitors.
- Place sign at entrance of building to notify of suspected influenza outbreak.
- Instruction to all staff regarding cleaning of bed side tables, bed rails, remote controls, telephone, call lights, door knobs, commode, etc.. with appropriate disinfectant.
- Monitor and assist resident to with possible adverse effects on residents (i.e., anxiety, depression and other mood disturbances, perceptions of stigma, reduced contact with clinical staff, and increases in preventable adverse events) in order to improve acceptance by the residents and adherence by healthcare personnel (HCPs).
- A sign will be posted on the entrances of the facility explaining to visitors/friends that the facility's residents are experiencing flu-like symptoms.
- If persons with the flu need to leave the facility (for example, for medical care), they should cover their nose and mouth when coughing and sneezing and assist to wear a loose-fitting (surgical) mask.
- The Infection Control Preventionist/Designee will inform the following departments of the possible influenza-like infection and inform them that segregation of symptomatic residents is imperative:

Therapeutic Recreation:

- Units experiencing suspected/actual outbreaks must curb all scheduled activities until further notice.
- Check with Infection Control Preventionist/Designee on a daily basis for updates. Check at nursing stations for lists of influenza-like infection residents on areas not experiencing outbreak conditions.
- Do not allow residents with influenza-like infection symptoms to attend activities.

Environmental Services:

- Provide contact and droplet precautions when cleaning rooms of suspected residents. Utilize appropriate disinfectant.

Maintenance:

- Check with nursing to avoid maintenance on rooms with residents experiencing symptoms.

Beauty Shop:

- Residents with Influenza-like symptoms should not go to the beauty shop.

Social Services:

- Do not do any in-house transfers without the approval of the Infection Control Preventionist/Designee.
- Inform any prospective admissions to the facility of the possibility of the presence of influenza-like infections.

Dietary:

- Residents experiencing symptoms of influenza-like infections will eat in their rooms, if this is possible.
- Provide disposable dishes and utensils to residents with confirmed influenza.

Therapies:

- Do not treat residents in the therapy rooms if influenza-like infections are present.
- Attempt treatment in the resident's room, if at all possible.

Medical Director:

- The Infection Control Preventionist/Designee will inform the Medical Director and request orders for viral cultures on all residents who are experiencing symptoms.
- Medical Director will be consulted for preventative antiviral medications for all residents.
- The Medical Director will be updated as needed on the progress.
- The resident's personal physician will be informed of the Medical Director's orders.

The Infection Control Preventionist/Designee

- Will obtain viral cultures on residents who have exhibited symptoms within the past 24 hours. If at all possible, residents should have at least a fever and nasal secretions.
- Cultures should be sent "STAT" to the laboratory.
- The Infection Control Preventionist/Designee will call the local health department ASAP and inform them of the suspected swine flu/influenza-like infection outbreak and do updates as needed.
- The Infection Control Preventionist/Designee will initiate swine flu/influenza-like infection tracking sheets on each nursing station and update as needed.
- The Infection Control Preventionist/Designee will post a notice to employees upon declaring an outbreak that an influenza outbreak has occurred in the facility. The notice should state that if an employee is absent due to the outbreak, they must contact the Infection Control Preventionist/Designee.
- Consultants (Dentists, Podiatrists, Optometrists, etc) must be informed of the outbreak. Residents who are exhibiting influenza-like infection symptoms should not be seen by these services until afebrile x 48 hours.
- The Infection Control Preventionist/Designee will follow the progress of the outbreak and remove appropriate precautions as able. If there have been no new cases for 72 hours, consider the outbreak resolved and remove control measures, if appropriate. Some residents and staff may still be in a recuperative phase of illness; if so, continue with individual isolation measures as needed.
- The Infection Control Preventionist/Designee will report resolution to appropriate public health agencies and gather all collected data for a final narrative report.

The Clinical Managers/Supervisors/ Charge Nurses

- Under the direction of the Director of Nursing Services and/or the Infection Control Preventionist/Designee, will assist with in-servicing the staff on the influenza criteria, guidelines and recommendations.
- The Charge Nurse/designee will inform families of residents with H1N1 novel Influenza/swine flu/influenza-like infection symptoms of their symptoms and ordered treatment.