Recommendations for the Infection Preventionist during Flu Season in Longterm Care (LTC) Facilities

1. Run an **effective vaccination program** for staff members AND residents of the facility. Please refer to: **https://www.cdc.gov/flu/toolkit/long-term-care/index.html** for the CDC toolkit for LTC employers and also look at other references we have shared. Remember that the risk of flu or other respiratory illness should be noted somewhere in the Annual Facility Risk Assessment for Infection Prevention & Control. The level of risk will be determined by a review of the past year's performance during flu season.

2. Obtain a **map of your facility** and add resident names to it according to their room locations. Mark **which residents have had flu vaccine** this year in preparation for the current season. Include which residents have had one or both of the **pneumococcal vaccines** (PCV13 and/or PPSV23) and when. It is recommended that everyone 65 years of age or older receive at least one dose of each pneumococcal vaccine, at least 1 year apart. PCV13 and PPSV23 pneumococcal vaccines should each provide immunity for a period of 5 years. Refer to this chart: **https://www.cdc.gov/pneumococcal/vaccination.html** for information to share with your Medical Director and Providers.

   This facility map can also be used to keep a record of where cases occurred, providing numerator and denominator data to report at your QAPI meeting.

3. Place **visitor signs** in highly visible areas leading up to and during flu season (**example signs** available for your use are on our website). For Phase Zero, the sign should read: "Respiratory Season," for Phase #1 or 2: "We have (a) case(s) of respiratory illness on one of our units," and for Phase #3: "We are experiencing an outbreak of respiratory illnesses." Ensure multiple persons are aware of your influenza plan and are trained on putting it in place in case the primary Infection Preventionist is out. Include contingencies as part of your influenza plan to ensure the plan is appropriately deployed even if the IP is not physically in the facility.

4. Ensure you have **flu prevention stations stocked** at these locations as well. Include a waste receptacle, tissues, ABHR (alcohol-based hand rub), surgical masks, and fact sheets that you deem appropriate. Keep supplies for restocking the stations near those areas for convenience if possible. Be sure evening and weekend staffs are aware of this initiative and know where supplies are located. These stations should be kept well-stocked 24 hours a day and over the weekends.

5. **Research how you will test for influenza at your facility**. Do you have the capability to do rapid testing in-house? If not, do you use a clinical laboratory that will be able to accommodate the testing you desire, e.g. PCR for influenza or a more comprehensive test for a variety of respiratory viruses? This is an area that should be discussed with your Medical Director, possibly with input from other providers that have patients in your facility. Determine how frequently specimens are tested, who is responsible for transporting them (and how this is done), and what the turnaround time for testing is. Practice filling out the order form and ask someone at the laboratory to check that it is filled out correctly. Keep a sample of this information, including the form, available to staff, so if needed they know how to

collect correct specimens, contact the lab, fill out the form, get the specimen picked up, when to expect the test back, and who to call if the result is late. A quick turnaround time can help ensure a more timely response to identification of illnesses, particularly the implementation of possible antiviral treatment. Please refer to previously provided slides on laboratory methods to identify cases of influenza as well as our current **Guidelines for Prevention and Control of Upper and Lower Acute Respiratory Illnesses (including Influenza and Pneumonia in Healthcare Settings (May 2017).** Page 5 and 6 discuss laboratory testing, and more information can also be found at the CDC website.

6. **Plan your surveillance methods** for signs and symptoms of respiratory illness **in residents and staff** so your process is clearly defined. Train those that will do the actual surveillance of each group, and how that information will be reported to you and/or your designee. All members of your staff, including DON, Administrator, Medical Director and designees, Unit Charge Nurses, etc., should be aware of the **daily facility-wide case counts** so everyone knows what to do. Each IP should work out a communication plan for your facility. Some facilities have morning "check-ins" or "huddles" where surveillance information is communicated to key stakeholders. Other facilities may choose to call the IP cell phone, pager, desk phone, or to send an email.

   Newly admitted residents or residents returning to the facility after being hospitalized or with family will need to be systematically surveilled for respiratory signs and symptoms upon re-entering the facility using a standardized process. The IP should be alerted at least daily (including weekends) if any new suspect cases of flu are present, and each of these cases should be followed up according to the influenza plan. The last two pages of the MD Guidelines contain two templates to fill in for surveillance of residents and staff respectively; alternatively, you can design your own surveillance sheets.

7. Make sure staff members understand proper **implementation and maintenance of Droplet Precautions** when a resident meets the clinical case definition of ILI (influenza-like illness), Confirmed Influenza or other respiratory virus that may be circulating, or pneumonia. CDC recommends that Droplet Precautions be maintained for 7 days after illness onset or until 24 hours after the resolution of fever (without anti-pyretics) and respiratory symptoms, **whichever is *longer***. Facilities may apply Droplet Precautions for longer periods based on clinical judgement, such as when the patient is severely immunocompromised and may shed virus for a long period of time.

8. Work with upper management and advertise and **talk about your plan**. Educate residents and families about it. Get staff to help you with the plan. Consider reporting it as a quality improvement project, showing improved performance compared to last flu season. Describe your baseline last year; even if you had no suspected flu cases, you may have some this year. Determine at least two ways to **keep your team working on flu prevention and management aware of what is going on in US and MD.** This can be done with daily or periodic meetings or huddles and/or periodic emails. Leadership might determine how best to keep the staff informed and educated. Also of importance is to have a non-punitive sick policy for your staff. If they come to work sick, this increases the likelihood of transmitting viruses to residents. Cases in the elderly can lead to significant morbidity and possible mortality. Your influenza prevention plan should include a clear and specific points on how to address staff that report to work with symptoms suspicious for flu.

9. **Train necessary staff** in topics they need to know to do their jobs effectively during this season. You will need to determine who needs to know what information. Some of these topics include:

    a. Surveillance of residents
        i. Reporting of suspected cases within your facility
    b. Surveillance of staff
        i. Reporting of suspected cases within your facility
    c. Case and Outbreak definitions
    d. Symptoms of respiratory illness
    e. Maintaining vaccine records on residents (in their chart? in a spreadsheet? on a facility map?)
    f. Maintaining vaccine records on staff (in their medical chart in employee health? on a spreadsheet? on an employee list for each unit?)
    g. Importance of vaccinating staff and residents for influenza and/or pneumococcus
    h. Hand hygiene methods and protocols
    i. Standard precautions
    j. Droplet precautions
    k. Lab Testing of residents with suspected flu
    l. Effective cleaning of resident rooms
    m. Other issues you think are necessary