|  |  |  |
| --- | --- | --- |
|  Checklist of recommendations for respiratory illness outbreaks *Write the date when each recommendation was made by the local health department and implemented by the facility. Sign the bottom of the form and write the date when it is initially sent and received.*  |  |  |
| Recommendations | Date recom-mended  | Date imple-mented  |
| **Surveillance and communication:** |  |  |
| Notify the local health department of the outbreak. |  |  |
| Conduct daily active surveillance.  |  |  |
| Keep track of illnesses using a line list. Update the line list and share it with the local health department (LHD) daily. |  |  |
| **Isolation of ill residents:** |  |  |
| Use standard, contact, and droplet precaution**s for residents with undiagnosed respiratory illness.** [See COVID-19 guidelines](https://phpa.health.maryland.gov/IDEHASharedDocuments/Preparing-for-and-Responding-to-COVID-19-in-LTC_final.pdf)**. Also place roommates of ill residents on standard, contact, and droplet precautions. See Table 4 for information on the discontinuation of transmission based precautions.** |  |  |
| Place ill residents in private rooms, if possible. Also place roommates of ill residents in private rooms, if possible. |  |  |
| Residents with respiratory illness should stay in their rooms and out of common areas. If they need to come out of their rooms, they should wear face masks, if tolerated, and use respiratory etiquette. Notify the receiving department or facility of the resident’s illness in advance so that precautions can be taken. |  |  |
| **PPE/Transmission-based precautions for non-ill residents:** |  |  |
| Universal use of masks and eye protection by staff |  |  |
| Residents wear masks as tolerated while near other people and while outside of their rooms |  |  |
| Standard, contact, and droplet precautions recommended for the following residents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Medications and vaccinations:** |  |  |
| Residents with confirmed or suspected influenza should receive antiviral treatment immediately. |  |  |
|  All well residents/patients and staff in the entire facility receive antiviral chemoprophylaxis immediately when there is an influenza outbreak in any area of the facility. |  |  |
| Administer influenza vaccine to unvaccinated residents and staff. Also offer pneumococcal vaccine to those who refused previously if the outbreak is caused by *S. pneumoniae*. |  |  |
| **Testing:** |  |  |
|  Symptomatic residents and staff- **Test all for influenza and COVID immediately** |  |  |
|  Rapid antigen influenza  |  |  |
|  Influenza PCR  |  |  |
|  COVID rapid antigen/ point of care test |  |  |
|  COVID PCR test  |  |  |
|  Respiratory PCR panel test (initial test or may be done if other initial tests are negative) |  |  |
|  Chest X-Ray |  |  |
|  *Legionella* and *Streptococcus pneumoniae* urine antigen tests (residents with pneumonia) |   |  |
|  Sputum for bacterial culture and *Legionella* PCR (residents with pneumonia) |  |  |
|  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Universal COVID testing: Residents to be tested \_\_\_\_\_ times per week  Staff to be tested \_\_\_\_times per week |  |  |
| **Ill staff:** |  |  |
| Employees who develop signs or symptoms of respiratory illness should be isolated and sent home. |  |  |
| Testing for COVID-19 and influenza should be arranged for all ill staff. |  |  |
| Staff may return to work based on the criteria in Table 3. |  |  |
| Recommendations | Date recom-mended  | Date imple-mented  |
| **Visitors:** |  |  |
| Follow MDH, CMS, and local health department guidance on visitation |  |  |
| If visitors are permitted, people visiting an ill resident should limit their visits to only that resident and should be instructed on hand hygiene and the use of PPE. |  |  |
| Post signs to alert visitors and others entering the building that an outbreak is occurring and that they should refrain from visiting if they have respiratory symptoms or are at high risk of complications if they become ill. Discourage visitors from visiting multiple residents or traveling to more than one area of the facility.  |  |  |
| **Limit opportunities for exposure of well people to ill people:** |  |  |
| Stop new admissions to the entire facility. |  |  |
| Based on the progression of the outbreak and at the discretion of the Health Officer, admissions will be allowed with the following limitations :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Cohort staff- Staff should not float between units. Personnel should not go back and forth between different areas of the facility. Assign employees to care for the same group of patients each shift, if possible.  |  |  |
| Do not allow movement of residents between units. Residents should not be relocated to other units during an outbreak unless they are being transferred to a PUI or COVID unit. They should not travel around the building for activities, dining, etc. |  |  |
| Activities should be limited to the smallest groups possible and be held within units. Ill residents should not participate in group activities. |  |  |
| If transmission is ongoing, cancel group activities. |  |  |
| If transmission is ongoing, serve meals in resident rooms. |  |  |
| Follow cohorting and isolation recommendations in Table 5. Consider both COVID and influenza status during resident placement. |  |  |
| **Education: All staff, residents, and resident representatives should be made aware of the outbreak.** |  |  |
| Remind staff and residents to use respiratory hygiene and cough etiquette**.**  Visual aids such as a “Cover Your Cough” poster can be used as reminders <http://www.cdc.gov/flu/protect/covercough.htm> In-services may help to remind and educate employees.  |  |  |
| Remind staff and residents to increase hand hygiene during an outbreak. Make sure that supplies for hand washing and hand sanitizer are readily available. In-services may help remind staff to be extra vigilant about hand hygiene. |  |  |
| Provide ongoing training to staff and residents on the proper use of PPE. |  |  |
| **Environmental:** |  |  |
| Adhere to routine cleaning procedures, especially thecleaning of surfaces that are frequently touched, such as hand rails, elevator buttons, and door knobs. Environmental staff should be made aware of the outbreak so that they can concentrate on cleaning these surfaces, especially if time or resources are limited.  |  |  |
| **The facility should have supplies of the following readily available for use:** |  |  |
|  Hand sanitizer for staff, residents, and visitors |  |  |
|  Soap and paper towels for hand washing |  |  |
|  Tissues for staff, residents, and visitors |  |  |
|  PPE- Facemasks, N95 respirators, gowns, gloves, and eye protection |  |  |

Local health department (LHD) signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date sent by LHD:\_\_\_\_\_\_\_\_\_\_

Facility signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received by facility:\_\_\_\_\_\_\_\_\_\_\_\_\_