

Policy

When pandemic influenza is detected in the geographic region of the facility, aggressive infection control measures will be implemented to prevent introduction of the virus to residents, staff and visitors.

Purpose

1. Due to the increased risk of mortality from influenza in the frail elderly, infection control measures to prevent the introduction or spread of the influenza virus is a priority.
2. Early prevention of influenza outbreak consists of the following measures:
 - a. Training clinical staff in the modes of transmission of the influenza virus;
 - b. Training residents, families and non-clinical staff on the symptoms of influenza and standard infection control precautions (e.g., hand-washing, respiratory hygiene/cough etiquette, etc.);
 - c. Vaccination of residents and staff;
 - d. Early detection of influenza cases in the facility;
 - e. Use of antiviral medications to treat ill persons, as recommended by current clinical practice guidelines;
 - f. Isolation of infected residents in private rooms or cohort units;
 - g. Use of appropriate barrier precautions during resident care; and
 - h. Restriction of visitors who have been exposed to or are symptomatic of influenza.
3. If pandemic influenza is detected in the geographic region of the facility, the following measures will be taken to prevent or delay the introduction of the virus to the facility:
 - a. Display signs and/or posters (in appropriate languages) at the entry to the facility restricting entry by any persons who have been exposed to or have symptoms of pandemic influenza;
 - b. Train staff to visually and verbally screen visitors at facility entry points for respiratory symptoms of pandemic influenza;
 - c. Provide a telephone number for family and visitors to call for information regarding prevention and control strategies for pandemic influenza;
 - d. Screen all employees for influenza-like illness before coming on duty and send any symptomatic employees home;
 - e. Refer to Pandemic Influenza Plan for employee absences and contact Medical Director, Clinical consultants and or Division Medical Director; and
 - f. Increase resident surveillance for influenza-like illness. Notify local or state health department if a case is suspected.
4. If an outbreak of pandemic influenza occurs within the facility, strict adherence to standard and transmission-based precautions and other infection control measures will be implemented according to the most current CDC recommendations for pandemic influenza.

Pandemic Influenza Plan

1. This facility has designated the Infection Preventionist as the Pandemic Influenza Response Coordinator.
2. He/she and the Pandemic Influenza Planning Committee, a sub-committee of the Quality Assurance/Risk Committee, address pandemic influenza preparedness.

Surveillance and Detection

1. The Pandemic Influenza Response Coordinator is responsible for monitoring public health advisories (federal and state) and updating the Pandemic Influenza Committee, particularly when pandemic influenza has been reported in the United States and is nearing the specific geographic location. www.cdc.gov/flu/weekly/fluactivity.htm is utilized as a resource.
2. A protocol should be developed to monitor the seasonal influenza-like illnesses in residents and staff during the influenza season, which tracks illness trends.
 - a. The admission policy includes that residents admitted during periods of seasonal influenza should be assessed for symptoms of seasonal influenza.
 - b. A system is implemented to daily monitor residents and staff for symptoms of seasonal influenza, as well as confirmed cases of influenza.
 - c. Information from the monitoring systems is utilized to implement prevention interventions, such as isolation or cohorting.
 - d. The above procedures are the same for pandemic influenza outbreaks.

Communication

1. The Pandemic Influenza Response Coordinator is responsible for communications with the public health authorities during a pandemic.
 - a. Local health department contact information:

Atlantic County Health Department (609) 645-5935

 - b. State health department contact information: (609) 292-7834

2. The Infection Preventionist is responsible for communicating with the staff, residents, and their families regarding the status and impact of the pandemic influenza in the facility. One voice speaking for the facility ensures accurate and timely information.
3. Communication includes usage of the recall roster to notify staff members of the pandemic outbreak. Efforts must be made, such as phone calls and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of the seasonal/pandemic influenza in the facility.
4. The Infection Preventionist also maintains communications with the Emergency Management Coordinator, local hospitals, local Emergency Management Services, as well as other providers regarding the status of the influenza outbreak.

5. Family members and responsible parties are notified prior to an outbreak that visitations may be restricted during an outbreak to protect the safety of their loved ones.

Education and Training

1. Infection Preventionist is responsible for coordinating education and training on seasonal and pandemic influenza. Local health department and hospital-sponsored resources are researched, as well as usage of web-based training programs. The website www.cdc.gov/flu/professional/training is considered as a resource.
 - a. Education and training of staff members regarding infection control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with seasonal/pandemic influenza.
 - b. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on influenza, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov
 - c. Informational materials should be disseminated before and during seasonal/pandemic influenza outbreaks.

Infection Control

1. Cleaning and disinfection for pandemic influenza follows the general principles used daily in health care settings.
2. Infection control policies require staff to use Standard and Droplet Precautions (i.e., mask for close contact with symptomatic residents).
3. Respiratory hygiene/cough etiquette will be practiced.
4. The ICC shall develop procedures to cohort symptomatic residents or groups using one or more of the following strategies:
 - a. Confirming symptomatic residents together in one area of the facility.
 - b. Placing symptomatic residents together in one area of the facility.
 - c. Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to an affected unit, regardless of symptoms.
 - d. Develop criteria for closing units or the entire facility to new admissions during pandemic influenza outbreak.
 - e. Ensure visitor limitations are enforced.

Occupational Health

1. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
 - a. Handling staff members who develop symptoms while at work.
 - b. When staff members who are symptomatic, but well enough to work, are permitted to continue working.
 - c. Staff members who need to care for ill family members.
 - d. Determining when staff may return to work after having pandemic influenza.
2. A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility

operations. The staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.

3. Staff are educated to self-assess and report symptoms of pandemic influenza before reporting to duty.
4. Mental health services or faith-based resources will be available to provide counseling to staff during a pandemic.
5. Influenza vaccinations of staff are encouraged and monitored.
6. High-risk employees (pregnant or immune-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments.

Vaccinations and Antiviral Usage

1. The Centers for Disease Control (CDC) and the Health Department will be contacted to obtain the most current recommendations and guidance for the usage, availability, access and distribution of vaccines and antiviral medications during a pandemic.
2. Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis.

Preparedness of Supplies and Surge Capacity

1. Quantities of essential food, materials, medical supplies and equipment have been determined to sustain the facility for a six-week pandemic. A predetermined amount of supplies are stored at the facility or satellite location.
2. Plans include strategies to help increase hospital bed capacity in the community.
 - a. Agreements have been established with area hospitals for admission to the facility of non-influenza patients to facilitate utilization of acute care resources of more seriously ill patients.
 - b. Facility space has been identified that could be adapted for use as expanded inpatient beds and information has been provided to local and regional planning contacts.
3. Capacity for deceased residents has been determined, including a space to serve as a temporary morgue.

Certain Phases of a Pandemic Alert Should Include Specific Precautions:

1. When a novel strain of influenza A has been detected in the United States with increased and sustained human-to-human spread:
 - a. All prospective residents and employees will be screened if they have had recent travels or close contact with other ill persons who have recently traveled to a previously affected novel Influenza A area.
 - b. Infection control training will be initiated for Pandemic Influenza Preparedness.
2. When a novel strain of Influenza A is increasing and sustaining human-to-human spread in the United States and cases are occurring in the facility's state:
 - a. All prospective residents and employees will be screened to identify exposure to novel influenza. Fever and respiratory symptoms will be screened following exposure for one to five days.
 - b. Residents, employees, contract employees, and visitors will be evaluated daily for symptoms. Employees will be instructed to self-report symptoms and exposure.
 - c. Guidelines will be established as to when infected employees can return to work.
 - d. Adherence to infection control policies and procedure is critical.
 - e. Signs will be posted to remind staff, residents and visitors of cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic influenza is a must.
 - f. The Infection Preventionist will determine when to restrict admissions and visitations. Communicate this to affected parties.
 - g. Local and state health departments will be contacted to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.
 - h. Adequate supplies of food, water, and medical supplies will be available to sustain the facility if pandemic influenza occurs in the geographic region or at the facility.
 - i. Residents and employees will be cohorted as necessary.
 - j. Contingency staffing plans will be implemented as needed.