

Checklist for the Management of Influenza-like Illness (ILI) Outbreak

When a single patient, resident, or client is noted to have potentially infectious undiagnosed acute respiratory illness, it is essential that **additional precautions be put in place immediately** *without* waiting for lab information or for additional cases to occur.

Plan and prepare for respiratory outbreaks with the facility outbreak team each season to ensure supplies are updated and available.

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I. Preseason Planning

Action	Done	Initial	Comments
1. Identify an outbreak lead i.e. PCC/RCC Name:			
2. LTC Facilities prepare for administration of antivirals and vaccination:			
<ul style="list-style-type: none"> ▪ Obtain pre-printed orders for vaccine (influenza and pneumococcal eg. Routine admission order), antiviral medication (treatment and prophylaxis). Include medical contraindications. Search “Influenza” within your community of care PPO repository. ▪ Obtain annual serum creatinine level for all residents. 			
<ul style="list-style-type: none"> ▪ Pre-arrange with your pharmacy to obtain antiviral use in an outbreak of influenza. 			
<ul style="list-style-type: none"> ▪ Provide staff and residents information on antiviral use in an outbreak of influenza. 			
3. Vaccinate staff, patients/residents as soon as vaccine is available (usually October).			
4. Declutter unit(s).			
5. Review & replenish stock of mask/visors and NP specimen kits (swabs).			
6. Review ILI Outbreak Infection Prevention and Control procedures and policies with staff, and ensure information is current.			
7. Place ILI Outbreak materials in accessible location for staff to access when an outbreak is suspected. Refer staff to VCH IPAC website for resource materials.			

II. Suspected ILI Outbreak

Consultation and Notification:	Done	Initial	Comments
1. For VCH owned and operated facilities: <ul style="list-style-type: none"> • Mon-Fri, during regular office hours, notify your area Infection Control Practitioner (ICP) • After regular office hours, or on weekends and statutory holidays, notify: <ul style="list-style-type: none"> ○ VA & Coastal Acute Sites : Medical Microbiologist on call 604-875-5000 ○ Richmond Acute: Pathologist on call 604-278- 9711 local 4143 ○ Long Term Care: Medical Health Officer on call 604-527-4893 			
Action (If outbreak is suspected by the designate above):	Done	Initial	Comments
1. Immediately isolate all patients/residents on Droplet and Contact Precautions having: <ul style="list-style-type: none"> • New or worsening cough, and • Fever > 38°, or a temperature that is abnormal for that individual • Additional symptoms including: aching of muscles and joints, collapse/weakness/extreme fatigue or tiredness runny nose, sore throat, headache 			
2. Alert stores that additional hand hygiene products, gloves, gowns, mask with face shields will be required.			
3. Collect viral nasopharyngeal swabs on up to 6 patients/residents with symptom onset within the past 72 hours (or as directed by IPAC/Med Micro/MHO or delegate)			
4. All facilities forward outbreak specimens to BCCDC Laboratory for testing ASAP.			
5. Discuss outbreak with IPAC/MHO or designate and implement outbreak control measures as directed.			
6. Begin a line list of patients/residents with symptoms and a separate line list of symptomatic staff			
7. Implement strategies to prevent or manage dehydration (Vancouver Community Residential Care sites, Richmond and Coastal sites) <ul style="list-style-type: none"> • Remind staff about risks of dehydration during outbreak episodes. • Identify at risk residents: inform dietitian, pharmacist and MRP. • Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit. • Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate. • Follow Early Detection and Prevention of Dehydration in older adults guide 			

III. Declared ILI Outbreak - Location: _____ Date of Closure: _____

Outbreak Control Measures: Facility	Done	Initial	Comments
1. Notify person in charge/Unit Outbreak Leader Name & Contact: _____			
2. Close indicated unit(s) to admissions and transfers (unless medically necessary or otherwise directed by IPAC/MHO). Notify receiving unit/facility on patient/resident transfer.			
3. Notify all department leads that they are to follow their outbreak guidelines for all areas			
4. Notify non-facility staff, professionals, and service providers of the outbreak Provide only essential therapeutic services			
<ul style="list-style-type: none"> Notify housekeeping, food services and laundry so that department-specific outbreak management protocols are initiated 			
<ul style="list-style-type: none"> Notify other service providers of any outbreak control measures that may cancel or affect their provision of service 			
<ul style="list-style-type: none"> Notify any facility that would have admitted a resident from you within the past 72 hours that you have an influenza outbreak. 			
<ul style="list-style-type: none"> Notify Priority Access 			
<ul style="list-style-type: none"> Notify family of resident of the outbreak and potential risk. Limit visitors. 			
5. Schedule daily outbreak meeting/teleconference with key stakeholders			
6. Cancel group outings and large group gatherings in the facility (per MHO/designate)			
<ul style="list-style-type: none"> Food related (cooking, potlucks, birthday parties, etc.) 			
<ul style="list-style-type: none"> Hand contact activities (dancing, cards, bingo, crafts, folding linen, etc.). 			
<ul style="list-style-type: none"> Hair salon 			
<ul style="list-style-type: none"> Occupational therapy/physiotherapy 			
<ul style="list-style-type: none"> Pet therapy 			
<ul style="list-style-type: none"> Foot care 			
<ul style="list-style-type: none"> Chapel 			
<ul style="list-style-type: none"> Day care (children) 			
<ul style="list-style-type: none"> Day program, visiting groups & outings 			
<ul style="list-style-type: none"> Outside meetings held in facility 			
7. Arrange for <u>outbreak signage</u> on the doors and post on boards			
8. Place approved hand sanitizer/face masks at all entrances for visitor use			

Outbreak Control Measures: Patients/Residents	Done	Initial	Comments
1. Maintain line list for all symptomatic patients/residents and fax daily to the Infection Control department			
2. Monitor patient/residents for new signs/symptoms of ILI and promptly place Droplet & Contact Precautions when identified			
3. Restrict movement of symptomatic patients/residents outside of their rooms as much as possible: may cohort symptomatic patients/residents with same laboratory confirmed organism.			
4. Place exposed roommates of symptomatic patient/resident on Droplet & Contact Precautions for 3 days post exposure to the index.			
5. Provide tray service (meals to room) for symptomatic residents			
6. Call pharmacy for Tamiflu Name & Contact: _____ <ul style="list-style-type: none"> • Refer to pre-printed orders for influenza outbreak Search “influenza” within your community of care PPO repository • Have current weights ready to fax to pharmacy • If recent creatinine levels not available, give first dose of Tamiflu and order STAT creatinine for subsequent dosing and/or refer to direction in PPO 			
7. Encourage diligent hand washing and use of alcohol hand sanitizer for all patients/residents			
8. Update line listings for ill patients/residents daily			
9. Review immunizations and offer vaccine to those not yet immunized when vaccine is available			
10. Implement strategies to prevent or manage dehydration (Vancouver Community Residential Care sites, Richmond and Coastal sites) <ul style="list-style-type: none"> • Remind staff about risks of dehydration during outbreak episodes. • Identify at risk residents: inform dietitian, pharmacist and MRP. • Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit • Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate. • Follow Early Detection and Prevention of Dehydration in older adults guide 			

Outbreak Control Measures: Visitors	Done	Initial	Comments
1. Ask visitors to limit visits until outbreak has been declared over. Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances			
2. Restrict visitation of multiple patients, residents/clients (i.e. do not visit room-to room)			
3. Encourage diligent hand hygiene on entering facility			
4. Ask visitors to implement infection control practices for isolated patients/residents (e.g. Hand hygiene, mask with visor (as necessary), gown, visit only family member/friend)			

Outbreak Control Measures: Staff	Done	Initial	Comments
1. Maintain line list for all symptomatic staff. Manager or delegate may contact Workforce Scheduling Services (WSS) to redirect absence reports for the duration of the outbreak as needed			
2. Staff with ILI symptoms are to contact WSS Absence Call line and report to their manager/designate. Staff with ILI must remain off work for 5 days after symptom onset, or until acute symptoms have resolved, whichever is longer			
3. Staff to notify their other employers about outbreak. Staff working between outbreak and non-outbreak facilities will be at the determination of the MHO and Workplace Health. This may include attendance at meetings at other facilities.			
4. Review immunizations and offer vaccine to those staff not yet immunized			
5. Recently immunized staff must wear a procedure mask until 14 days following immunization. Unimmunized staff must wear a mask per the VCH Influenza Prevention Policy and as directed by the MHO.			
6. Use gown, gloves, masks (and eye protection as necessary) when providing direct care to symptomatic patients/residents (<i>regardless of immunization status</i>)			
7. Encourage diligent hand washing and use of alcohol hand sanitizer for all staff/patients/residents			
8. Cohort staff to work only in affected area, where resources permit. When not possible, start in non-outbreak area and finish work day in outbreak area. Avoid going back and forth between.			
9. Cohort staff to have breaks separate from staff in unaffected areas (where possible)			

<p>10. <u>Staff to clean and disinfect common use items</u> before re-use (i.e. stethoscopes). Ideally dedicate equipment for ill patients/residents</p>			
<p>11. Monitor staff for new cases of ILI</p>			
<p>12. Update line listings for ill staff <u>daily and fax to IPAC</u></p>			
<p>13. Volunteers/students should be excluded. Discuss with IPAC/MHO. If allowed to work, use appropriate PPE and follow outbreak measures. Instructor to monitor student’s compliance & competence.</p>			
<p>14. Schedule regular safety huddles to provide outbreak update and to reinforce key messages for staff: hand hygiene, PPE use, cough etiquette, monitoring for new cases.</p>			
<p>15. Post daily Outbreak Report sent by Infection Prevention and Control in area accessible to all unit staff</p>			

IV. Outbreak Declared Over - Date: _____

****ILI Outbreak declared over by MHO – generally two incubation periods (6 days) after last symptom onset**

Lifting of Restrictions	Done	Initial	Comments
1. Notify person in charge Name : _____ contact #: _____			
2. Notify all department leads that outbreak is now over and they may cease outbreak activities			
3. Arrange Isolation (i.e., terminal) cleaning for unit & patient/resident rooms as needed			
4. Discontinue antiviral medication for prophylaxis			
5. Send antivirals back to the pharmacy			
6. Arrange for the removal of outbreak signage			
7. Resume admissions and transfers			
8. Resume outings and large group meetings			
9. Resume dining room meal service			
10. Notify Priority Access that the outbreak is over			
11. Reorder NP swab kit (need 6 swabs on hand)			
12. Continue to monitor staff and residents/clients for signs and symptoms of influenza			
13. Conduct a post-outbreak debrief/review (Recommendations made for improved management of future outbreaks if necessary)			

For more information on Influenza-like Illness (ILI) Outbreaks go [to ipac.vch.ca/outbreaks](http://ipac.vch.ca/outbreaks)