The Allendale Community for Senior Living

Subject:	**Pandemic Policy & Procedure**
Departments:	**ALL DEPARTMENTS**
Effective:	11/28/18
Revised:	7/28/20

Pandemic Diagnosis and Influenza can be introduced into a long-term care facility by newly admitted residents, health care workers and by visitors. Spread of disease can occur between and among residents, health care providers, and visitors. Residents of long-term care facilities can experience severe and fatal illness during outbreaks.

I. When there is a confirmed or suspected influenza outbreak, or other viral strain (2 or more ill residents)

If there is one laboratory-confirmed influenza positive/ virus case along with other cases of respiratory infection in a unit of a long-term care facility, an influenza outbreak might be occurring.

1. Determine if what virus is the causative agent by performing influenza testing on respiratory specimens (i.e. nasopharyngeal swab, nasal swabs, nasopharyngeal or nasal aspirates, or combined nasal and throat swabs) of ill residents with recent onset of signs and symptoms suggestive of influenza.
2. Determining virus type or subtype of influenza virus can help inform antiviral therapy decisions.
3. Once an outbreak has been identified, outbreak prevention and control measure should be implemented immediately.

II. Outbreak has been identified

1. During an outbreak, once a single laboratory-confirmed case of influenza or other viral disease has been identified in a resident, it is likely there are other cases among exposed persons.
2. Conduct daily active surveillance until at least 1 week after the last confirmed case occurred.
3. Test for virus in the following:
    a. Ill persons who are in the affected unit(s) as well as previously unaffected units in the facility.
    b. Persons who develop acute respiratory illness symptoms more than 72 hours after beginning antiviral chemoprophylaxis.
    c. Note that elderly persons and other long-term care residents, including those who are medically fragile and those with neurological or neurocognitive conditions, may manifest atypical signs and symptoms of influenza virus infection, and may not have fever.
4. Ensure that the laboratory performing testing notifies the facility of tests results promptly.

5. Local and state health departments should be notified of every suspected or confirmed outbreak in a long-term care facility, especially if a resident develops influenza while on or after receiving antiviral chemoprophylaxis.

III. Implementation Standard and Droplet Precautions

Standard and Droplet Precautions should be implemented for all residents with suspected or confirmed influenza. Refer to CDC guidelines for recommended precautions for specific outbreak. Standard Precautions are intended to be applied to the care of all patients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Visitor restriction may be considered/ indicated.

Isolation Precautions are intended to prevent transmission of pathogens, spread through close respiratory or mucous membrane contact with respiratory secretions. Precautions should be implemented for residents with suspected or confirmed disease for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a resident is in a healthcare facility.

IV. Administration of influenza antiviral treatment and chemoprophylaxis

1. All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately.
2. Treatment should not be delayed while waiting for laboratory confirmation results when influenza is suspected.
3. Antiviral treatment is most effective when started within the first 2 days of symptoms. However, these medications can still be beneficial when given 48 hours post symptoms development to those that are very sick, including those who are hospitalized, or those who have progressive illness.
4. All eligible residents in the entire long-term care facility (not just currently impacted nursing units) should receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined.
5. When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis to all non-ill residents, regardless of whether they received the seasonal influenza vaccination.
6. Priority should be given to residents living in the same unit or floor as an ill resident. However, since staff and residents may spread influenza to residents on other units, floors, or building of the same facility, all non-ill residents are recommended to receive antiviral chemoprophylaxis to control influenza outbreak.
7. Cohorting of two or more patients experiencing the same symptoms/diagnosis is accepted practice. Cohorting staff is also recommended to ensure less chance for communicable spreading.
8. Antiviral chemoprophylaxis is recommended for all non-ill residents, regardless of their influenza vaccination status, in long-term care facilities that are experiencing outbreaks.

9. Antiviral chemoprophylaxis is meant for patients and residents who are not exhibiting influenza-like illness but who may be exposed or who may have been exposed to an ill person with influenza, to prevent transmission.

V. Communication

In accordance with CMS rule 42 CFR § 483.80(g), which states: in the event that an outbreak has occurred, the facility will utilize its electronic Constant Contact to update families on its status and methods of mitigating actions by 5pm the next calendar day. Alert and oriented residents will be informed in person. In the event of influenza outbreak, families will be notified on the telephone as consent is required for chemoprophylaxis. Staff will be informed through in servicing and constant contact.

Please see the COVID-19 Prevention & Control Plan.