INFLUENZA PREPAREDNESS IN LONG TERM CARE

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Objectives

Recap of 2018/19 influenza season in Washington State

Discuss what’s new 2019/2020

Discuss what’s reportable to local health jurisdictions (LHJs), Department of Social and Health Services (DSHS), and Department of Health (DOH)

Understand key infection prevention measures for influenza

Review updated influenza guidance documents
Sudden onset of fever (≥38°C), cough and/or other respiratory symptoms (eg. shortness of breath) and systemic symptoms (fatigue, muscle soreness, headache).

**Note symptoms in the elderly may be atypical:**

- Fever may be absent
- Patients may present with anorexia, mental status changes

**Complications**
Pneumonia and worsening respiratory status in patients with underlying chronic obstructive lung disease and congestive heart failure

**Transmission**
Large respiratory droplets and by direct contact with droplets, followed by touching nose/mouth

**Infectiousness**
 Begins 24 hours prior to onset of illness. May shed virus for five or more days after symptom onset

**Incubation Period**
1 to 4 days

Flu is caused by influenza virus. Types A and B infect humans.
WA Influenza Report: Comparing Year to Year
Influenza Report

- Released monthly in summer
- Released weekly October to May
- Many local health jurisdictions also produce reports

Influenza Positive Tests Reported to CDC, WA Commercial Laboratories

https://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
Influenza Positive Tests Reported to CDC, WA Public Health Laboratories

https://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
Percentage of ILI Visits Reported by Sentinel Providers, Washington, 2017-2019

https://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
# Lab-Confirmed Influenza Deaths

<table>
<thead>
<tr>
<th>Season</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-2019, total</td>
<td>240</td>
</tr>
<tr>
<td>2017-2018, total</td>
<td>296</td>
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<td>2016-2017, total</td>
<td>278</td>
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<td>2015-2016, total</td>
<td>67</td>
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<td>2014-2015, total</td>
<td>156</td>
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<td>2013-2014, total</td>
<td>80</td>
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<td>2012-2013, total</td>
<td>54</td>
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From [http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf](http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf)
Reported Lab-Confirmed Influenza Deaths Washington, 2018-2019

<table>
<thead>
<tr>
<th>Age Group (in years)</th>
<th>Number of Deaths</th>
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<tbody>
<tr>
<td>0–17</td>
<td>2</td>
</tr>
<tr>
<td>18-49</td>
<td>18</td>
</tr>
<tr>
<td>25–49</td>
<td>13</td>
</tr>
<tr>
<td>50–64</td>
<td>54</td>
</tr>
<tr>
<td>65+</td>
<td>166</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
</tr>
</tbody>
</table>

From [http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf](http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf)
Outbreaks Reported in 2018-2019

Total Number Outbreaks Reported: 148
Facilities Reporting 1 Outbreak: 111
Facilities Reporting 2 or more Outbreaks: 17
Influenza-like Illness Outbreaks in Long Term Care Facilities Reported to DOH, 2018-2019
Long-term care facility influenza outbreak reports 2018-2019 (n=148)

Data reported to Department of Health as of 8/21/2018
Every Year is Different

• What will flu activity be like for 2019-2020?
• Some efforts to predict based on previous seasons and activity elsewhere in the world.
• But really: WE DON’T KNOW
• Best preparation is:
  – Get a flu shot
  – Adhere to treatment and prophylaxis recommendations
  – Protect others: stay home when sick!

Have a plan for what you will do if flu affects your facility
What Australia's Flu Season Tells Us About Our Own

The news is good from the Southern Hemisphere, but not so good that you can skip your flu shot

WA flu deaths spike 800 per cent in horror season

Caitlyn Rintoul | The West Australian
Tuesday, 25 June 2019 8:15PM

Influenza notifications in WA by week of receipt, 2015 to 2019

The number of deaths from the flu has spiked 800 per cent higher this year, with 36 fatalities recorded in Health Department figures released on Tuesday. Picture: WA Health Department
Influenza Laboratory Data, WA
2018 - 2019

We are here

Updated 09/29/2017
New and Revised LTC Materials

• **Long Term Care Guidance**
  - Guidance for long term care facilities *(PDF)* (Washington State Department of Health)
  - CDC guidance for long term care facilities (Centers for Disease Control and Prevention)
  - ILI long term care quick guide for LHJ Modification *(Word)* (Washington State Department of Health)

• **Hospital and long term care transfer and care of flu patients *(Word)* (Washington State Department of Health)

• **FAQs regarding ILI in long term care facilities *(PDF)* (Washington State Department of Health)

• **The Flu Stops Here - Staff: Poster for LHJ Modification *(Word)* (Washington State Department of Health)

• **The Flu Stops Here - Visitors: Poster for LHJ Modification *(Word)* (Washington State Department of Health)

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation
Preparing for Influenza Season

1. Plan - Who, What, Where, When?

2. Do - Discuss Previous Season

3. Study - How prepared were we?

4. Act - How will we adapt for next season?


# LTCF Annual Influenza Program Checklist

## Late Summer/Early Fall (August-September)
- Check with pharmacy to confirm availability of vaccine; ensure sufficient quantity has been ordered
- Check with pharmacy to confirm the availability of antiviral medications for influenza
- Review most recent influenza information from the CDC, as well as the local and/or state health department
- Develop and launch an information and “flu shot” awareness campaign for LTCF residents, visitors, and employees
- Verify that physician orders for vaccine are or will be completed by specific date
- Verify that supplies needed for vaccine administration are or will be available by specific date

## Present Influenza Education for Residents, Visitors, and Employees (Repeat as Needed)
- Provide education related to influenza symptoms, prevalence in the community, and risks to those unvaccinated
- Provide education related to vaccine use and safety
- Review the illness reporting process for both residents and staff; review when symptomatic staff should not report for work and/or require medical clearance before resuming duties
- Review hand hygiene and respiratory etiquette procedures

## Coordinate LTCF Prevention Activities with the Health Department
- Obtain and review the case definition and outbreak reporting criteria required by the state
- Identify the contact person(s) at the local and/or state health department
- Identify what information is needed and the required time frames for reporting influenza to the local and/or state health department
- Participate in health department updates, meetings, and training related to seasonal influenza

## In Response to a Single, Confirmed Case
- Activate LTCF policy and procedure for individual resident isolation and restriction of group activity
- Follow up with the physician to determine the need for antiviral medication
- Reinforce need for hand hygiene and isolation precautions with everyone visiting or assisting the resident
- Confirm the immunization status of any roommates; reassign roommates if necessary and monitor closely for signs and symptoms
- Reinforce the need for rigorous influenza management and prevention practices by all employees

## In Response to Multiple Cases (Outbreak Situation)
- Activate the LTCF’s outbreak notification system, including the administrator, director of nursing, and medical director
- Notify the local and/or state health department according to state requirements for influenza
- Stop all new resident admissions and limit facility visiting to the extent possible
- Post signage alerting families and visitors of the risk of influenza transmission: provide ongoing information and education to families and visitors as needed
- Review the need with the medical director and/or other facility leaders for an antiviral prophylaxis program in the LTCF
- Verify the immunization status of all unaffected residents and employees
- Encourage staff caring for infected residents to retain those assignments; avoid the extent possible reassigning employees who have been exposed to care for other, healthy residents
- Ensure HCP utilize appropriate PPE and perform hand hygiene frequently
What’s New for 2018 - 2019?

- Vaccine changes Influenza B component changed
- Influenza A (H3N2) was updated
- Live attenuated influenza vaccine (LAIV, aka nasal spray) is back
- Most available vaccine will be quadrivalent
- No intradermal

3 Key Flu Interventions in Long-Term Care

1. Vaccination of residents and staff
2. Case identification, outbreak recognition, management, and reporting
3. Application of appropriate infection control practices
3 Key Flu Interventions in Long-Term Care

1. Vaccination of residents and staff

2. Case identification, outbreak recognition, management, and reporting

3. Application of appropriate infection control practices
ALL HEALTHCARE WORKERS NEED FLU VACCINES

VACCINATING HEALTHCARE WORKERS

- REDUCES FLU AMONG WORKERS
- REDUCES WORK ABSENCES
- PROTECTS PATIENTS

3 OF 4 HEALTHCARE WORKERS GET FLU VACCINES

HIGHEST WHEN EMPLOYER REQUIRED VACCINE OR GAVE ONSITE

LOWEST FOR LONG-TERM CARE WORKERS

WORKPLACE STRATEGIES CAN HELP!

- PROMOTE ON-SITE VACCINATION
- OFFER LOW OR NO COST VACCINES
- REMEMBER NON-CLINICAL STAFF

https://www.cdc.gov/mmwr/volumes/67/wr/mm6738a2.htm?s_cid=mm6738a2_w
Adults 65 and Older Need a Flu Shot

Influenza (the flu) is a serious illness, especially for older adults.

FACT: People 65 years and older are at high risk of serious flu-related complications.

People’s immune systems become weaker with age placing people 65 years and older at high risk of serious, flu-related complications. While flu seasons can vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease. It’s estimated that between about 70 percent and 85 percent of seasonal flu-related deaths in the United States have occurred among people 65 years and older. For seasonal flu-related hospitalizations, people 65 and older account for between about 50 percent and 70 percent of the estimated total.

An annual flu shot is the best protection against the flu.

FACT: While flu vaccine can vary in how well it works, vaccination is the first and most important step in protecting against the flu.

People 65 years and older can get any flu shot that is approved for use in that age group. That includes some traditional, regular-dose flu shots, recombinant flu shots and two other flu shots designed specifically for people 65 and older.

1. A high dose flu vaccine (Fluzone® High-Dose) contains 4 times the amount of antigen as a regular flu shot. The additional antigen creates a stronger immune response (more antibody) in the person getting vaccinated.

2. An adjuvanted vaccine (FLUAD™) is standard dose flu vaccine with an added adjuvant. An adjuvant is an ingredient added to a vaccine to help create a stronger immune response to vaccination.
Percentage of health care workers who reported receiving influenza vaccination, by work setting

Source: Centers for Disease Control and Prevention
Vaccination of residents and staff

Influenza (Flu)

A Toolkit for Long-Term Care Employers

Increasing Influenza Vaccination among Health Care Personnel in Long-term Care Settings

Within this comprehensive toolkit are a number of resources intended to help long-term care facility, agency, or corporation owners and administrators provide access to influenza vaccination for their workforce and to help any employer of workers in long-term care understand the importance of influenza vaccination for their employees.

We want your feedback for this toolkit! What do you find to be most helpful? Is something missing? Your input is important! Please email feedback to fluinbox@cdc.gov.

Why Vaccinate

- Long-term Health Care Personnel
- Importance of Vaccination
- Vaccination Coverage
- ACIP Recommendations for Health Care Personnel

How to Increase Coverage

- Barriers and Strategies
- Measuring and Reporting
- Affordable Care Act
- Community Best Practices

Available Tools

- Resources for Increasing Influenza Vaccination
- CDC Influenza Resources for Health Care Professionals

Knock out Flu!

It’s Time to Get Vaccinated!

Image courtesy KnockOutFlu.org
3 Key Flu Interventions in Long-Term Care

1. Vaccination of residents and staff

2. Case identification, outbreak recognition, management, and reporting

3. Application of appropriate infection control practices
Symptoms of Influenza (Flu)

Central
- Headache

Systemic
- Fever
  (usually high)

Muscular
- (Extreme) tiredness

Joints
- Aches

Nasopharynx
- Runny or stuffy nose
- Sore throat
- Aches

Respiratory
- Coughing

Gastric
- Vomiting
  (in kids)

Infectious Period

Catch virus

Symptoms appear
- fever
- tiredness
- sneezing
- runny nose
- blocked nose

Sore throat

Cough

Peak infectious period due to sneezing and coughing

Most symptoms gone (cough may last up to 3 weeks)

Source: nps.org.au
Lab Confirmation

Testing for influenza should occur when any resident has signs and symptoms that could be due to influenza.

When influenza is circulating in the surrounding community of the LTCF, a high index of suspicion should be maintained.

State influenza surveillance data are available at:
http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
# Influenza Testing Guidance

[https://www.cdc.gov/flu/professionals/diagnosis/rapidlab.htm](https://www.cdc.gov/flu/professionals/diagnosis/rapidlab.htm)

<table>
<thead>
<tr>
<th>Method</th>
<th>Types Detected</th>
<th>Acceptable Specimens</th>
<th>Test Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid Influenza Diagnostic Tests (antigen detection)</td>
<td>A and B</td>
<td>NP&lt;sup&gt;5&lt;/sup&gt; swab, aspirate or wash, nasal swab, aspirate or wash, throat swab</td>
<td>&lt;15 min.</td>
</tr>
<tr>
<td>Rapid Molecular Assay [influenza viral RNA or nucleic acid detection]</td>
<td>A and B</td>
<td>NP&lt;sup&gt;5&lt;/sup&gt; swab, nasal swab</td>
<td>&lt;20 minutes&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Immunofluorescence, Direct (DFA) or Indirect (IFA) Fluorescent Antibody Staining [antigen detection]</td>
<td>A and B</td>
<td>NP&lt;sup&gt;4&lt;/sup&gt; swab or wash, bronchial wash, nasal or endotracheal aspirate</td>
<td>1-4 hours</td>
</tr>
<tr>
<td>RT-PCR&lt;sup&gt;7&lt;/sup&gt; (singleplex and multiplex; real-time and other RNA-based) and other molecular assays [influenza viral RNA or nucleic acid detection]</td>
<td>A and B</td>
<td>NP&lt;sup&gt;5&lt;/sup&gt; swab, throat swab, NP&lt;sup&gt;5&lt;/sup&gt; or bronchial wash, nasal or endotracheal aspirate, sputum</td>
<td>Varies (1 to 8 hours, varies by the assay)</td>
</tr>
<tr>
<td>Rapid cell culture (shell vials; cell mixtures; yields live virus)</td>
<td>A and B</td>
<td>NP&lt;sup&gt;5&lt;/sup&gt; swab, throat swab, NP&lt;sup&gt;5&lt;/sup&gt; or bronchial wash, nasal or endotracheal aspirate, sputum; (specimens placed in VTM&lt;sup&gt;8&lt;/sup&gt;)</td>
<td>1-3 days</td>
</tr>
<tr>
<td>Viral tissue cell culture (conventional; yields live virus)</td>
<td>A and B</td>
<td>NP&lt;sup&gt;5&lt;/sup&gt; swab, throat swab, NP&lt;sup&gt;5&lt;/sup&gt; or bronchial wash, nasal or endotracheal aspirate, sputum (specimens placed in VTM&lt;sup&gt;8&lt;/sup&gt;)</td>
<td>3-10 days</td>
</tr>
</tbody>
</table>
**Administer Antivirals**

<table>
<thead>
<tr>
<th>Seasonal Influenza (Flu)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu &amp; You</td>
<td>+</td>
</tr>
<tr>
<td>2016-2017 (Current) Flu Season</td>
<td>+</td>
</tr>
<tr>
<td>Influenza - Flu Basics</td>
<td>+</td>
</tr>
<tr>
<td>Prevention - Flu Vaccine</td>
<td>+</td>
</tr>
<tr>
<td>Treatment - Antiviral Drugs</td>
<td>+</td>
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<tr>
<td>Specific Groups</td>
<td>+</td>
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<tr>
<td>Questions &amp; Answers</td>
<td>+</td>
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<tr>
<td>Health Professionals</td>
<td>-</td>
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<tr>
<td>ACIP Recommendations</td>
<td>+</td>
</tr>
<tr>
<td>Vaccination</td>
<td>+</td>
</tr>
</tbody>
</table>

**Antiviral Drugs**

Information for Health Care Professionals

The information on this page should be considered current for the 2016-2017 influenza season for clinical practice regarding the use of influenza antiviral medications. Also see the current summary of recommendations available at [Influenza Antiviral Medications: Summary for Clinicians](https://www.cdc.gov/flu/professionals/antivirals/index.htm) and a list of related references at [Antiviral Guide](https://www.cdc.gov/flu/professionals/antivirals/index.htm).

**References**

Links on this page contain excerpts from [Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP): PDF Version](https://www.cdc.gov/flu/professionals/antivirals/index.htm) [1 MB, 28 pages]

- [Influenza Antiviral Medications: A Summary for Clinicians](https://www.cdc.gov/flu/professionals/antivirals/index.htm) available as PDF [422 KB, 17 pages]
Chemoprophylaxis

When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza:

- Administer chemoprophylaxis to all non-ill residents regardless of vaccination status for a minimum of 2 weeks and at least 7-10 days after last known case is identified

https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305. LTCFs are required to report the following:

- A sudden increase in acute febrile respiratory illness* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
- Any resident who tests positive for influenza.

*Acute febrile respiratory illness is defined as fever $\geq 100^\circ$F AND one or more respiratory symptoms (runny nose, sore throat, laryngitis, or cough). However, please note that elderly patients with influenza may not develop a fever.
Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305.

http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions
**Case Tracking is Key**

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**Line List for Outbreaks in Long Term Care Facilities**

Please list all residents and employees ill with respiratory symptoms. Designate employees with an "*".

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Unit or Room</th>
<th>Onset Date</th>
<th>Symptoms</th>
<th>Flu Specimen Collection Date</th>
<th>Lab Result/Type Test</th>
<th>Flu Vaccine (Y/N/Date)</th>
<th>Hospitalized (Y/N)</th>
<th>Died (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
Reporting to the Department of Social and Health Services (DSHS)

- Call DSHS 1-800-562-6078

- The DSHS/RCS response should only be to assure the facility is following their infection control policy and procedures, and they are following good infection control practices to minimize the impact of the outbreak and the number of clients who become ill.
3 Key Flu Interventions in Long-Term Care

1. Vaccination of residents and staff

2. Case identification, outbreak recognition, management, and reporting

3. Application of appropriate infection control practices
Hand Hygiene

Promote hand hygiene for visitors, residents, and employees
**Droplet Precautions** should be implemented for residents with suspected or confirmed influenza for:

- 7 days after illness onset
- OR
- Until 24 hours after the resolution of fever and respiratory symptoms, *whichever is longer*
Do's & Don'ts
For wearing procedure masks in non-surgical healthcare settings

**Do**

- Make sure to wear your mask to protect yourself from infectious droplets that may occur when patients cough, sneeze, laugh, or talk.
- Check to make sure the mask has no defects, such as a tear or torn strap or ear loop.
- Bring both top ties to the crown of head and secure with a bow; tie bottom ties securely at the nape of neck in a bow.
- Remove the mask when no longer in clinical space and the patient intervention is complete.
- For ear loop mask, remove the mask from the side with your head tilted forward. For tied masks, remove by handling only the ties, and untie the bottom tie followed by the top tie.
- Properly dispose of the mask by touching only the ear loops or the ties. Perform hand hygiene before and after removing a surgical mask or any type of personal protective equipment such as your gloves and gown.

**Procedure mask**
(also called an isolation mask)

Disposable mask that protects the wearer from droplets that might be infectious. A version of this mask with a built-in face shield to protect against splashes is also available.

**Don't**

- DON'T use for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- DON'T wear if wet or soiled; get a new mask.
- DON'T crisscross ties.
- DON'T leave a mask hanging off one ear or hanging around neck.
- DON'T reuse; toss it after wearing once.
- DON'T touch the front of the mask, as it is contaminated after use.

The Occupational Safety & Health Administration (OSHA) may update guidance related to masks as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consult your facility’s infection prevention or occupational health department.

Learn more: [www.osha.gov/SLTC/respiratoryprotection/guidance.html](http://www.osha.gov/SLTC/respiratoryprotection/guidance.html)

[Image: http://professionals.site.apic.org/infographic/ppe-dos-and-donts/]
DROPLET PRECAUTIONS
(If you have questions, go to Nurse Station)
Families and Visitors follow instructions from information sheet.
Everyone Must:
- Clean hands when entering and leaving room
- Wear mask
Doctors and Staff Must:
- If contact with secretions likely, use gown, glove, and eye cover
Environmental Cleaning
Environmental Hygiene: Best Practices to Use When Cleaning and Disinfecting Patient Rooms

2,873 views
# LTFC General Room Environmental Cleaning Checklist

## Checklist

<table>
<thead>
<tr>
<th>Item</th>
<th>Cleaned</th>
<th>Not Cleaned</th>
<th>Not Present in Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed rails</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tray table</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Call button</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Remote Controls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedside table</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedside Chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room light switch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room inner door knob/door pull</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closet door knob/door pull</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom inner door knob/pull</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom light switch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom handrails by toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom sink/faucet handles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet seat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet flush handle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet bedpan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower hand holds</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Additional Sites

Evaluate the following additional sites if these equipment are present in the room:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cleaned</th>
<th>Not Cleaned</th>
<th>Not Present in Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV/nube feeding pump control panel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound Vacuum Control panel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair-especially handles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walker/Cane handles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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1. Facilities may choose to include identifiers of individual environmental services staff for feedback purposes.
2. Sites most frequently contaminated and touched by residents and/or healthcare workers.
Control measures

• Restrict ill residents to their rooms

• Consider cohorting of ill residents and ensuring at least 3 feet of separation

• Sick staff should be sent home and not return until they are well

• Limit visitors

https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
Movement/Admissions/Transfers

- Do not move residents to other wards or facilities unless medically indicated.

- As long as appropriate infection control measures are maintained, facilities can admit new residents.

http://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf
• Review your facility’s ability to assure all infection prevention standards and resident health care needs can be met when assessing a recently ill resident for admission/readmission.

• A facility can admit/readmit a recently ill resident if the facility determines all resident care and service needs can be met and infection control standards can be followed.
Restrictions for Accepting Patients that are Not Evidenced-Based

1. Tamiflu for X days....
2. Test for cure
Health system

Long-term care

Critical Access Hospital

Critical Access Hospital

Outpatient settings

Long-term acute care
Communication

Inter-Facility Infection Prevention and Safety Form

Complete this form and send it with your facility transfer form to the receiving institution.

Attach copies of latest culture reports with susceptibilities, if available.

<table>
<thead>
<tr>
<th>Sending Facility</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Resident Last Name</td>
<td>First Name</td>
<td>Date of Birth</td>
<td>Medical Record Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Sending Facility</th>
<th>Sending Unit</th>
<th>Sending Facility Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Is the patient/resident currently in transmission-based precautions?  □ YES  □ NO

If yes, check all that apply:

□ Contact  □ Contact Enteric  □ Droplet

□ Airborne Contact  □ Airborne Respirator  □ Special Precautions (Novel):

Does the patient/resident have MDROs or other organisms of infection control significance?

<table>
<thead>
<tr>
<th>Significant Organisms</th>
<th>Colonization or History</th>
<th>Active Infection, on Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinetobacter, multidrug-resistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbapenem resistant Enterobacteriaceae (CRE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the WA State Lab confirmed that CRE is Carbapenemase-producing?

Questions

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QUESTIONS
Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.