

COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

Housekeeping



Attendees will be in listen only mode



Self-mute your lines when not speaking



Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH).



Nursing Home

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



Where Can I Find the Q & A Document?

Posted every Wednesday

- Washington Health Care Association:

<https://www.whca.org/washington-department-of-health-covid-19-qa-session/>

- Washington LeadingAge:

https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/

- Adult Family Home Council:

<https://adultfamilyhomecouncil.org/departments-of-health-qa-webinars/>

Panelists

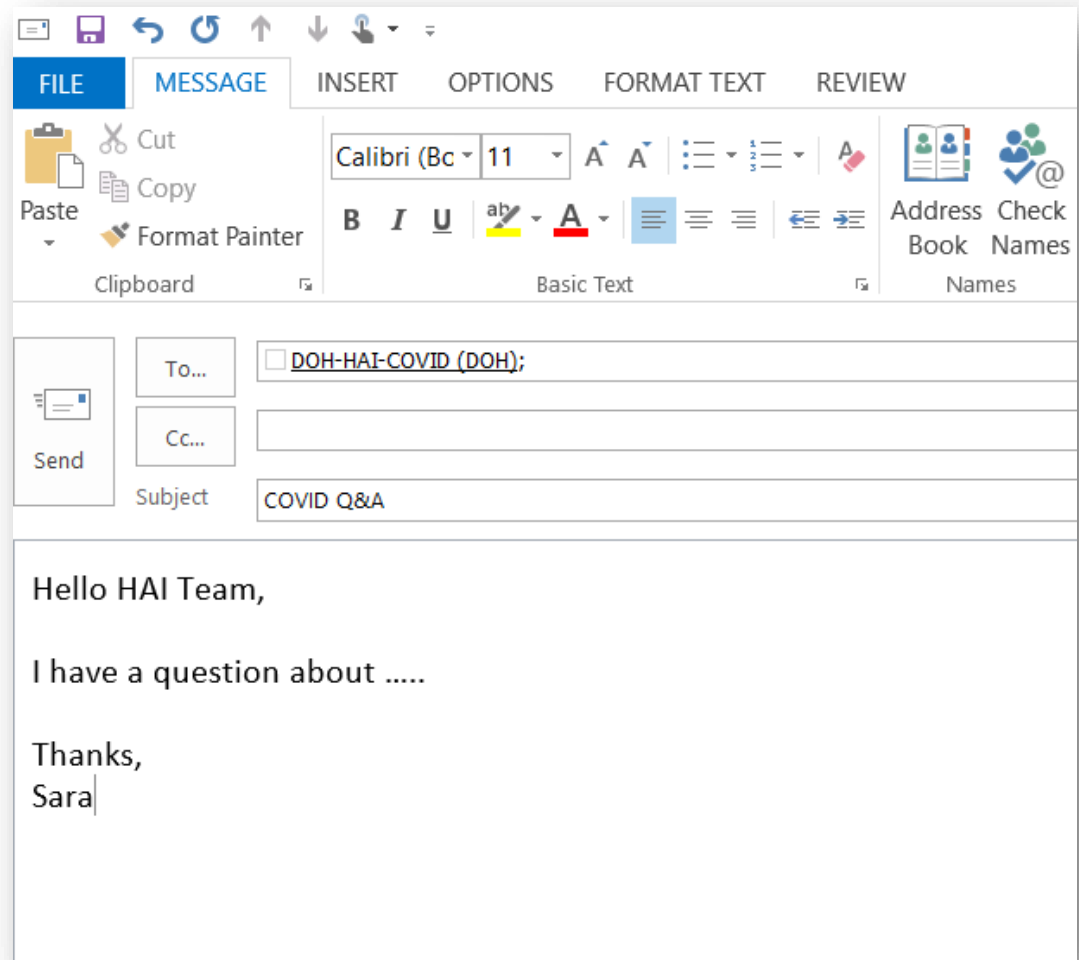


Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday



Infection Control Assessment & Response (ICAR) Program

Free, non-regulatory ICARs are a great opportunity for skilled nursing facilities, adult family homes, and assisted living facilities to:

- Ask a Department of Health infection prevention expert questions.
- Get help finding gaps in your infection control protocols.
- Receive personalized advice and recommendations for your facility.

There are multiple ways to schedule an ICAR:

- Visit <https://fortress.wa.gov/doh/opinio/s?s=ICARconsultation>
- Email Maria Capella-Morales maria.capella-morales@doh.wa.gov
- Email Melissa Feskin Melissa.Feskin@doh.wa.gov

In partnership with:

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



LONG-TERM CARE FACILITY STAFF:

Reasons to Get Vaccinated Against COVID-19 Today

- 1 You are on the front lines and risk being exposed to people with COVID-19 each day on the job.
- 2 Protecting you also helps protect your residents and your family, especially those who may be at higher risk for severe illness from COVID-19.
- 3 You matter to us and play an essential role in keeping your community healthy.



Lead the way!

Encourage your coworkers, residents, family, and friends to get vaccinated.



11/20/20

www.cdc.gov/coronavirus/vaccines

Videos:

Long-Term Care Community

Champions: Voices From the Front Line

**Nursing home staff
are on the **FRONT LINES**
with their residents every day**

**Protected staff means
PROTECTED RESIDENTS
and a protected community**

<https://www.youtube.com/watch?v=k0WbAhveyDY>

Vaccine Resources in multiple languages:

Resources and Recommendations ::

Washington State Department of Health

**1-833-VAX-HELP for
vaccine information**

<https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-LTCF-staff-poster-reasons-to-vaccinate-today.pdf>

Long-Term Care COVID-19 Immunization Champion Award Summer 2021

Congratulations to the LTC facilities receiving awards!



Summer 2021 Recognition Program	Facilities Awarded
Gold Level – 90%+ Staff Vaccinated	26
Silver Level – 80-89%	18
Bronze Level – 70-79%	12

List of awardees: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/820228-LTC-COVID-19ImmunizationChampionAwardees.pdf>

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/LongTermCareFacilities/LongTermCareCOVID19ImmunizationChampionAward>

Long-Term Care COVID-19 Immunization Champion Award

You can apply for next quarterly award and be recognized for your work and accomplishments to protect against COVID-19 in your facility by responding to a short survey!

Deadline: December 1

- Any Long-Term Care facilities can participate
<https://redcap.doh.wa.gov/surveys/?s=KFRMW8JN4P>
 - Skilled Nursing Facilities use NHSN to report staff rates
- For questions about the awards, contact covid.vaccine@doh.wa.gov
- For questions about the survey, contact LTC-COVID-Vaccination-Survey@doh.wa.gov using subject line: LTC COVID-19 Vaccination Survey.

Universal Use of Source Control (masks)

Secretary of Health Order 20-03.5

General Face Covering Requirement

Every person in Washington State must wear a face covering that covers their nose and mouth when they are in a place where any person from outside their household is present or in a place that is generally accessible to any person from outside their household, subject to the exceptions and exemptions below.

https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Secretary_of_Health_Order_20-03_Statewide_Face_Coverings.pdf

Updated CDC guidance:

“Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission...”

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

LTC Safe Start Information



Alert: Updated information on COVID-19 [Learn More](#)

Home > [Safe Start for Long-Term Care Plan](#)

AL TSA

Long-Term Care Services & Information

Long-Term Care Professionals & Providers

Office of the Deaf and Hard of Hearing

Stakeholders

Tribal Affairs

Long-Term Services and Supports Trust

Contact Information

About AL TSA

Register to Vote

Safe Start for Long-Term Care Plan

Introduction

The *Safe Start for Long-Term Care plan* establishes criteria for long-term care facilities to permit visitation. The plan also offers options on trips outside the facility, communal dining and group activities, testing and screening, source control and PPE, and staffing.

Full Plan Documents by Facility Class

The following documents take effect July 1, 2021.

- Adult Family Homes, Assisted Living Facilities, Enhanced Services Facilities
- Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Certified Community Residential Services and Support
- Types of Visitation Allowed at Long-Term Care Facilities



Healthcare Providers

- Infection Prevention
- Behavioral Health
- Home Health/Home Care Guidance
- Hospital Guidance
- Long-Term Care Guidance

Infection Prevention Materials for COVID-19

All Healthcare Settings

Behavioral Health

Home Health/Home Care Guidance

Hospital Guidance

Long-Term Care Guidance

LTC Facilities

- [Interim Guidance for Long-Term Care, Transferring between Long-Term Care and other Healthcare Settings \(EGP\)](#)
- [Transitioning from Long-Term Care Facility COVID-19 Units \(EGP\)](#)

PPE

- [Core Competency Strategies for PPE Use During COVID-19 Pandemic - Personal Protective Equipment \(PPE\) for Long-Term Care Settings \(EGP\)](#)
- [Fit Testing \(Free onsite respirator fit testing\)](#)
- [Respirator and PPE Guidance for Long-Term Care \(EGP\)](#)

Reporting

- [COVID-19 LTC COVID-19 Module \(eggs\) \(nursing homes/skilled nursing, LTC for developmentally disabled - optional, and assisted living - optional\)](#)
- [CMS COVID-19 Infection Requirements for Nursing Homes \(EGP\)](#)
- [DHHS COVID-19 Facility Survey \(all DHHS licensed facilities\)](#)

Testing

- [CMS COVID-19 8/26/2020 Interim Final Rule \(FCR, CMS-3401-FC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care \(LTC\) Facility Testing Requirements\) and Revised COVID-19 Skilled Nursing Test \(EGP\)](#)
- [List of Providers Authorized to Collect Specimens for COVID-19 Testing \(EGP\)](#)
- [Sputum/Respiratory \(RNP\) Specimen Collection Instructions](#)
- [Self-Swab Nasal Turbinate Collection Instructions \(EGP\)](#)
- [Self-Swab Nasal Collection Instructions \(EGP\)](#)
- [Testing in Long-Term Care Facilities \(EGP\)](#)

<https://www.dshs.wa.gov/altsa/residential-care-services/safe-start-long-term-care-plan>

<https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/InfectionPrevention>

Interim Guidance for Transferring Residents between Long-Term Care and other Healthcare Settings

KEY POINTS:

- Communicate COVID-19 and vaccination status
- Assess and screen for signs and symptoms of COVID-19
- Testing can help direct placement, but should not be required for transfer
- Newly admitted residents who are not fully vaccinated should be placed in a 14-day quarantine
- Newly admitted residents who are fully vaccinated or who have recovered from COVID-19 in the last 90 days should not be placed in a 14-day quarantine
- Admissions should pause on units with identified healthcare personnel or facility/agency acquired cases
- Admissions should continue on units without identified cases

Long-Term Care Facility Testing for Staff and Residents

KEY POINTS:

- HCP and residents should be tested immediately if symptomatic.
- HCP and residents should not be tested if recovered from SARS-CoV-2 infection in the prior 90 days.
- CMS requires routine testing of HCP in NH according to CDC levels of community transmission. DOH recommends routine testing of HCP in NH according to CDC levels of community transmission.
- LTCF should perform unit-wide testing of all HCP and residents present on the unit of an identified case.
- LTCF may test visitors and Essential Support Person (ESP), if resources allow.
- Any facility driven testing (administration, interpretation, etc.) must be done under a CLIA waiver and test result reported.

Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak

Using infection prevention and control measures is critical to prevent entry and spread of COVID-19 in long-term care facilities (LTCF).

Cohorting is an infection prevention and control measure that groups together residents with the same infectious condition and no other infection.

Benefits of Cohorting residents with known or suspected COVID-19:

- Limits the risk of spreading COVID-19 by using dedicated staff to care for only COVID-19 positive residents.
- Allows for conservation of PPE resources and extended use of personal protective equipment (PPE) such as respirators, face masks and eye protection when supplies are limited.

LTCF should follow:

- CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- CDC's [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)
- DOH [PPE for LTCF during COVID-19 Pandemic](#)
- DOH [Testing in Long-Term Care Facilities](#)

Upcoming LTC Q&A Schedule

Please plan to attend these upcoming sessions!

October 28: Influenza Preparedness and Response

November 4: How to do a Risk Assessment

November 11: closed for Veteran's Day – no Q&A call

November 18: How to do a Risk Assessment

November 25: closed for Thanksgiving Day – no Q&A call



INFLUENZA PREPAREDNESS AND RESPONSE 2021-2022 SEASON



LTC Q&A CALL

Outline

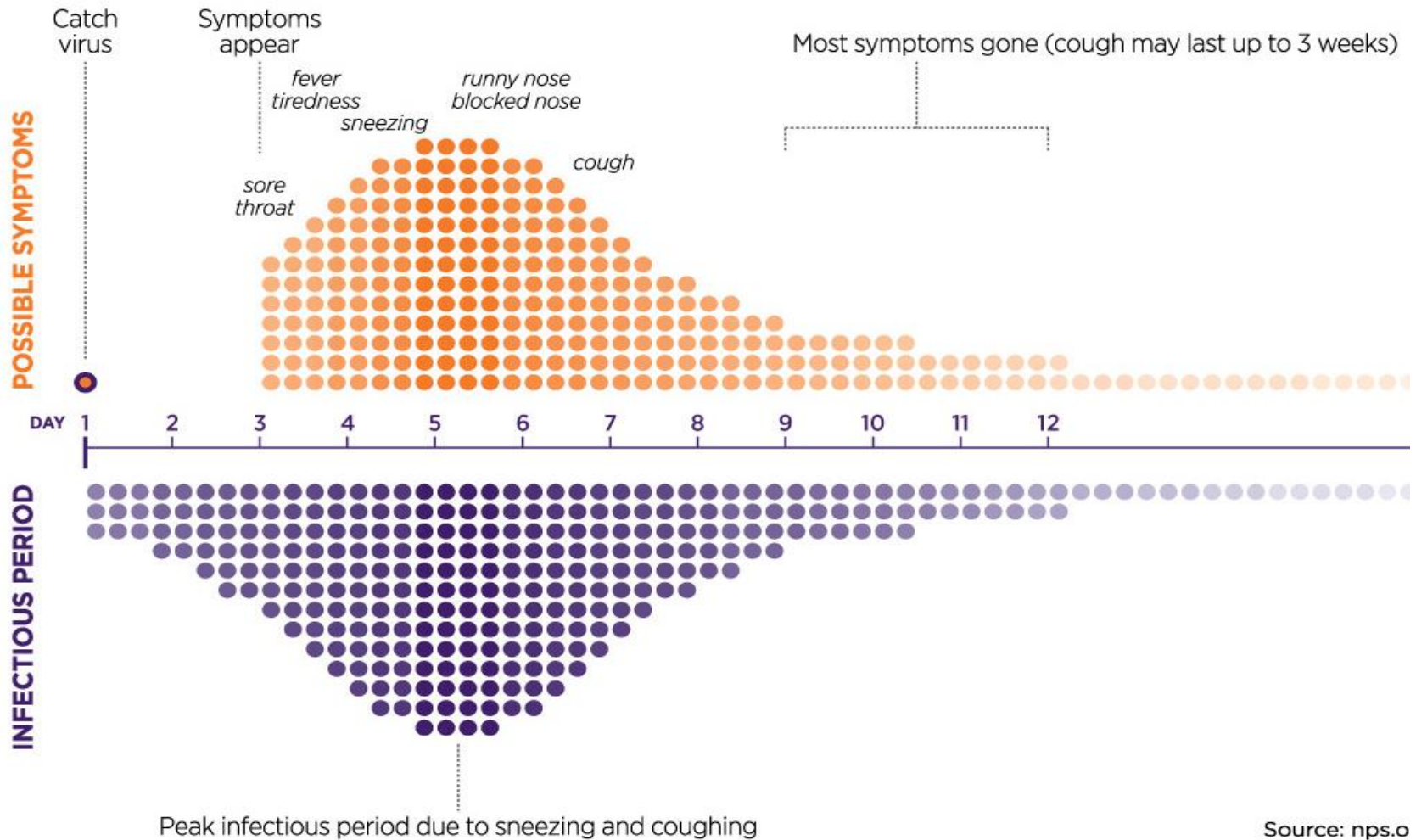
- Introduction to influenza epidemiology
- Reporting influenza-like illness outbreaks to your LHJ and DSHS
- What to expect after you report an influenza-like illness outbreak
- LTCF influenza outbreak walkthrough
- Questions



INFLUENZA EPIDEMIOLOGY

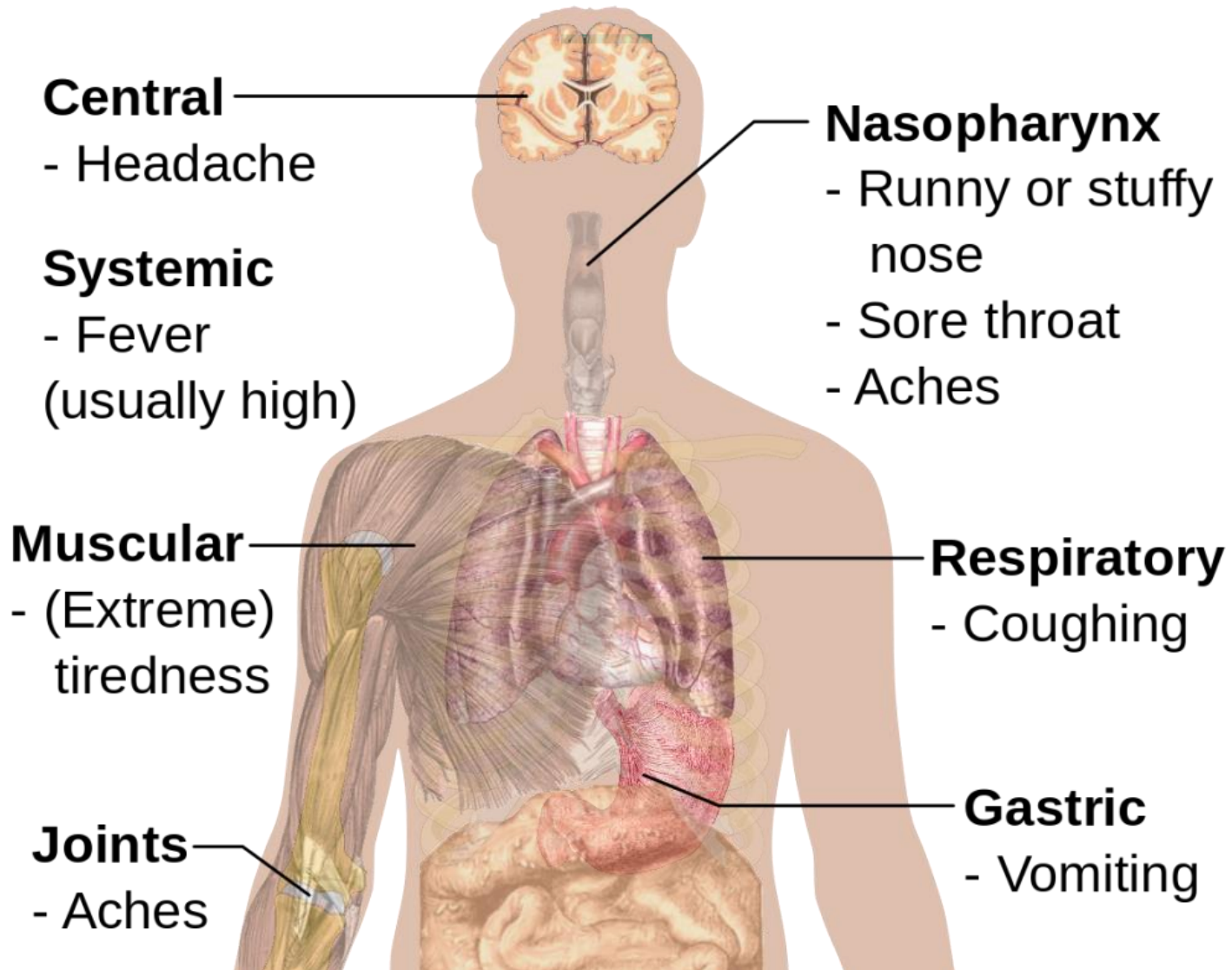
Anna Unutzer, MPH
Influenza Coordinator
WA DOH HAI Program

Influenza Background and Transmission



Source: nps.o

Common Symptoms of Influenza



Symptoms of COVID-19, Influenza, Cold, and Allergies

- [Is it COVID?,](#) WA State DOH
 - Available in 17 languages: [toolkits.knockoutflu.org](https://www.wa.gov/toolkits/knockoutflu.org)

WASHINGTON STATE DEPARTMENT OF HEALTH

Is it COVID-19 or is it the Flu?



COVID-19 symptoms might be confused with the flu, common cold, or even allergies. But COVID-19 and flu can be serious and lead to hospitalization, severe illness, and even death. Thankfully, both are preventable through vaccination. Use this chart to help identify common symptoms of each illness.

- If you have symptoms of COVID-19, contact your health care provider. Visit www.doh.wa.gov/coronavirus for more information about testing, vaccination, and more.
- To learn more about flu, flu vaccine, and flu activity in Washington visit www.KnockOutFlu.org.

For medical emergencies, such as difficulty breathing, call 911.

SYMPTOMS	COVID-19	FLU	COLD	ALLERGIES
Cough	Often	Often	Sometimes	Sometimes
Fever	Often	Often	Rarely	Never
Shortness of breath	Sometimes	Sometimes	Rarely	Rarely
Body aches	Sometimes	Often	Rarely	Never
Headache	Sometimes	Often	Rarely	Sometimes
Fatigue	Sometimes	Often	Sometimes	Sometimes
Sore throat	Sometimes	Sometimes	Sometimes	Sometimes
New loss of taste or smell	Sometimes	Rarely	Rarely	Rarely
Diarrhea	Sometimes	Rarely	Never	Never
Chest pain or pressure	Rarely	Rarely	Sometimes	Never
Runny nose	Rarely	Sometimes	Often	Often
Sneezing	Rarely	Sometimes	Often	Often
Watery eyes	Never	Never	Never	Often

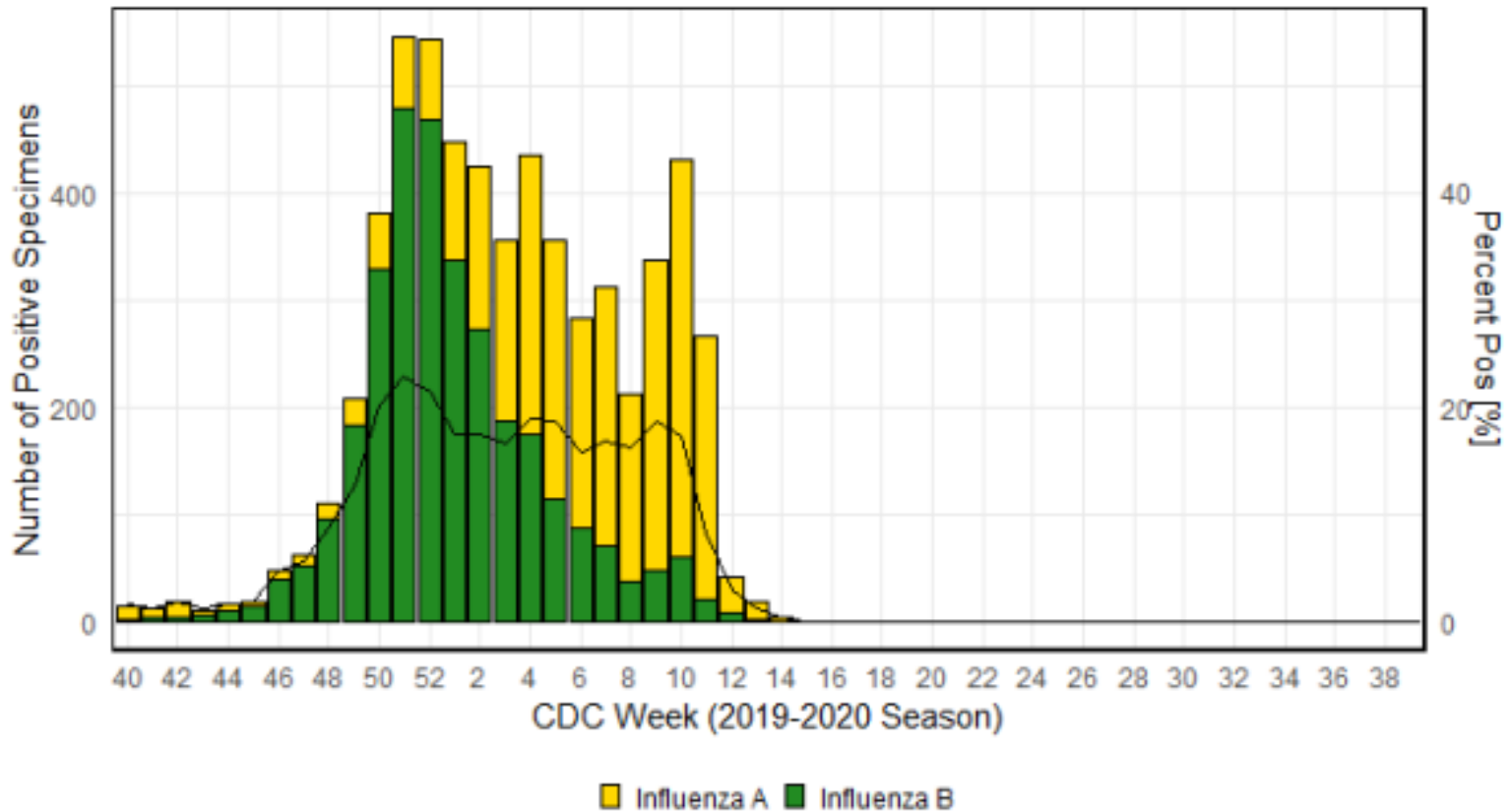


DOH 820-094 September 2021
 To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

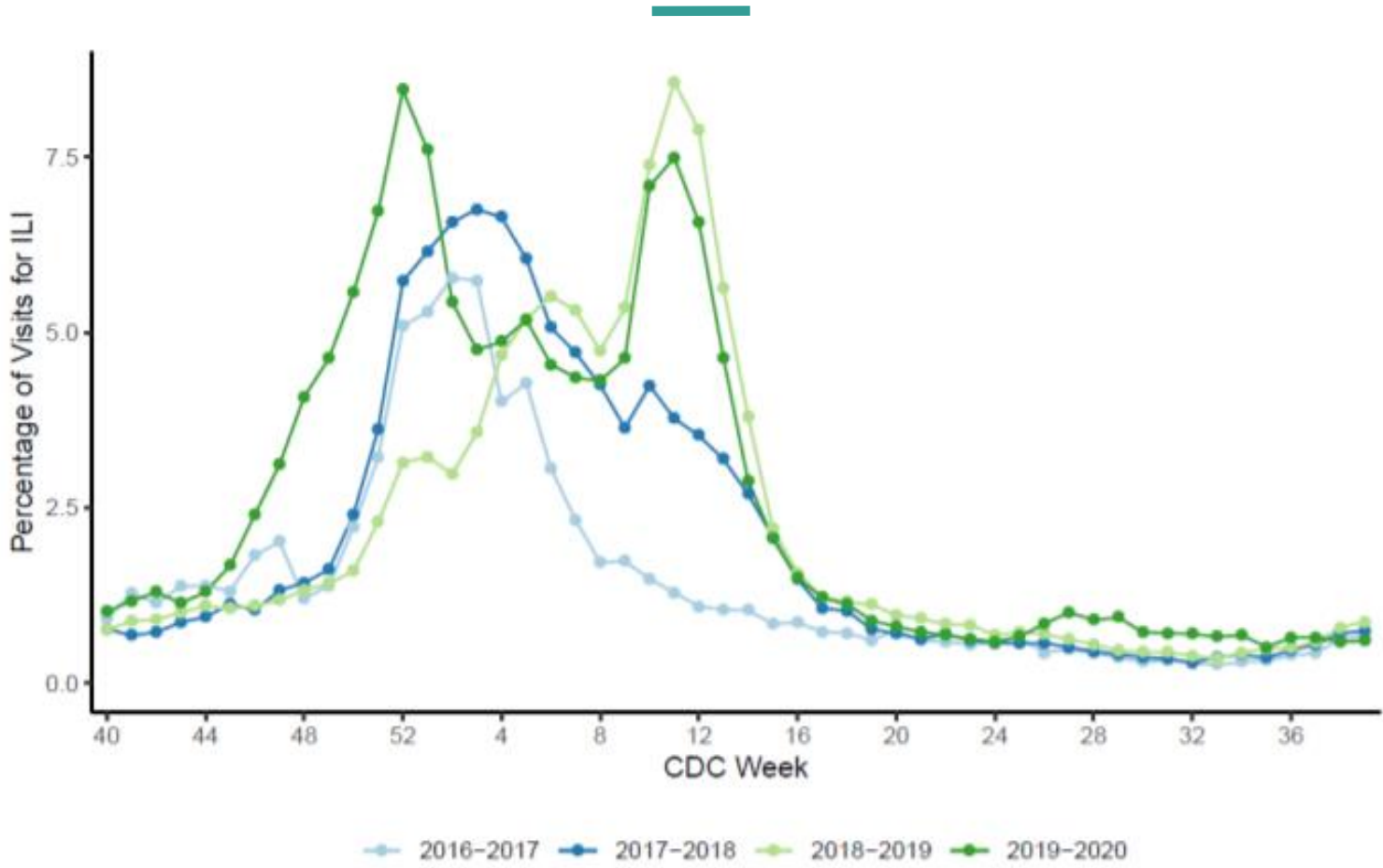


WASHINGTON STATE INFLUENZA SURVEILLANCE, 2019-2020 SEASON

Influenza Positive Tests Reported to CDC, WA Commercial Laboratories



Syndromic Surveillance for Influenza-like Illness, Washington State 2016-2020



Reported Lab-Confirmed Influenza Deaths Washington, 2019-2020

Age Group (in years)	Number of Deaths
0-17	6
18-29	5
30-49	8
50-64	30
65+	65
Total	114

2020-2021 Influenza Season

- **As of 10/18/2021**
 - 0 lab-confirmed Influenza deaths have been reported
 - 0 ILI Outbreaks have occurred in LTC
- **Many reasons for low levels of flu activity**
 - Flu vaccination efforts
 - COVID-19 mitigation measures
 - Masking
 - Staying home
 - Limiting gatherings

2021-2022 Influenza Season

- **Timing and Severity of Flu Season: Unknown**
 - Influenza activity levels and dominant strains cannot be predicted from year to year.
 - Reduced population immunity due to lack of flu virus activity since March 2020 could result in an early and possibly severe flu season. (CDC)
- **Best Preparation:**
 - Vaccination
- **[Frequently Asked Influenza \(Flu\) Questions: 2021-2022 Season \(CDC\):](#)**
 - All flu vaccines are quadrivalent
 - For more detail on vaccination, see ACIP recommendations
 - COVID-19 and Influenza Vaccines can be given at the same time

Flu Resources

- Washington State Flu Report:
 - www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
- CDC Weekly Flu Report:
 - www.cdc.gov/flu/weekly
- DOH Resources for Public Health and Healthcare Providers:
 - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immuni-zation/InfluenzaFluInformation>
- Communications Toolkit:
 - toolkits.knockoutflu.org



DSHS' ROLE AROUND INFLUENZA, MOVEMENT/ADMISSIONS/TRANSFERS



Department of Social and Health Services (DSHS)
Aging and Long Term Support Administration (ALSA)
Residential Care Services (RCS)

Report to Local Health Jurisdictions (LHJ)

- 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.
- Information on Local Health Jurisdictions:

<http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

The screenshot displays the Washington State Department of Health website. The header includes the logo and navigation links for Home, Newsroom, Publications, and About Us. A search bar is also present. Below the header, there are several menu items: You and Your Family, Community and Environment, Licenses, Permits and Certificates, Data and Statistical Reports, Emergencies, and For Public Health and Healthcare Providers. The main content area shows a breadcrumb trail: About Us > Public Health System > Local Health Jurisdictions. On the left, there is a sidebar menu with links to About Us, Vision, Mission and Values, Strategic Plan, Organizational Chart, Partners, Contact Us, Business Hours and Locations, Employment, Programs and Services, Leadership, and Frequently Asked Questions. The main content area is titled "Washington State Local Health Departments and Districts" and includes a text prompt: "Click on a county in the map below for local health department/district information, or use the text menu below the map." Below this text is a map of Washington State with counties labeled: San Juan, Whatcom, Skagit, Okanogan, Ferry, Pend Oreille, Clallam, Mason, Snohomish, Chelan, Douglas, Lincoln, Spokane, Jefferson, Grant, Adams, Whitman, Mason, King, Kittitas, Grant, Adams, Whitman, Thurston, Pierce, Kittitas, Grant, Adams, Whitman, Pacific, Lewis, Yakima, Franklin, Walla Walla, Columbia, Garfield, Clark, Skamania, Benton, Walla Walla, Columbia, Garfield, and Asotin.

Report to Department of Social and Health Services (DSHS)

- **Call DSHS 1-800-562-6078**
- **Report outbreak → Triggers a complaint investigation**
 - 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.
- **The DSHS/RCS Investigation Focus:**
 - Is the facility following their infection control policy and procedures?
 - Do infection prevention & control (IPC) practices meet minimum IPC standards to minimize the impact of the outbreak and the number of clients who become ill?

Department of Social and Health Services (DSHS) Role in Admissions, Transfers and Discharge

ADMISSION / READMISSION

- The facility must assess each resident to determine that health care needs can be met.
- A facility can admit/readmit a recently ill resident if able to meet all resident care and service needs and infection prevention and control standards can be followed.

TRANSFER / DISCHARGE

- RCS becomes involved if there is a complaint about transfer practices that violate regulation, or a facility refuses to readmit a resident who was sent to the hospital.
- Facilities may decline to admit/readmit a resident if care needs cannot be met and/or ICP standards followed.

Influenza Outbreak Prevention, Identification and Control in Long Term Care Facilities

Patty Montgomery MPH, RN, CIC, FAPIC

Shauna Clark, RN

Personal Health Services Supervisor – LTC COVID Response Lead
Communicable Disease Epidemiology & Immunization Section
Public Health- Seattle & King County



Before an Outbreak

- Vaccinate, vaccinate, vaccinate
 - Current residents
 - Staff
 - New admission
- Document
- Pneumococcal vaccine for residents ≥ 65 years old and certain medical conditions.



Before an Outbreak

- Distribute Influenza-like-illness (ILI) policy to staff
 - Staff with influenza-like illness should not work until **24 hours** after fever resolution without the use of fever reducing medication; **exclusion for a minimum of 5 days is ideal**
 - Staff developing influenza-like illness while at work must leave immediately.
- Daily Symptom Screening
 - If symptomatic, test for both Influenza and COVID-19



Before an Outbreak- Prepare

- ▶ NP Collection Kits
- ▶ Treatment and chemoprophylaxis orders in place



Help Protect Our Residents

Please **do not** visit if you have a fever or cough.



- Get a flu shot.
- Wash or sanitize your hands when you arrive and before you leave.
- Use a tissue or your sleeve when you cough or sneeze.
- Wash your hands after coughing or sneezing.
- If you are ill and must visit, please ask for a mask.

Standing order template

Clark County

Example Standing Order for Tamiflu

Insert Logo Here

STANDING ORDER

Title: Administration of Influenza Antiviral Post-Exposure Chemoprophylaxis (Tamiflu)	No.:
Manager:	Next Review Date:
Department/Unit:	Original Date:
Physicians Signature:	Revision Date:

STANDING ORDER:

[Specify Staff] may administer Tamiflu for Influenza antiviral post-exposure chemoprophylaxis to individuals at high risk¹ according to this standing order. Staff will follow the Center for Disease Control and Prevention (CDC) and product manufacture guidelines.

PROTOCOL:

Use of antiviral drugs for post-exposure chemoprophylaxis of influenza is a key component of influenza outbreak control in institutions that house patients at higher risk for influenza complications and is indicated for contacts in long term care facilities, semi-closed settings, or other settings in which persons live in close proximity where persons at higher risk for Influenza complications are housed.



CDC Influenza Outbreak Definition

1 CONFIRMED OR \geq 2 SUSPECTED CASES OF
INFLUENZA AMONG RESIDENTS AND/OR STAFF

During an Outbreak-Communication

- ▶ Medical Director or facility administration
- ▶ Key staff members & residents
- ▶ Licensor
 - ▶ WA DOH DSHS 1-800-562-6078
- ▶ Public Health
 - ▶ Report outbreak online - <https://redcap.iths.org/surveys/?s=C48H3AKJWR>
 - ▶ Call 206-296-4774
- ▶ Influenza death- notifiable condition
 - ▶ Public Health may call you

Outbreak Reporting to King County

The screenshot shows a web-based survey form with the following sections:

- Facility type**: A dropdown menu with the selected option "Long term care/senior living facility (e.g. sk)". A red asterisk below indicates it is a required field.
- What is the name(s) of the person(s) responsible for infection prevention measures in the facility?**: An empty text input field.
- What illness are you reporting?**: Three buttons with plus signs: "COVID", "Influenza", and "Undiagnosed Respiratory Outbreak (2 or more individuals with respiratory illness within 72 hours of each other)".
- Please describe the health concern(s) you have in your facility.**: A large empty text area. A red asterisk below indicates it is a required field.

An "Expand" link is visible at the bottom right of the form.

<https://redcap.iths.org/surveys/?s=C48H3AKJWR>

During an Outbreak – Surveillance and testing

- ▶ Daily ILI surveillance
- ▶ Testing
 - ▶ If symptomatic, test for COVID-19 and Influenza
 - ▶ PH influenza test kits
- ▶ No Influenza Line-list reporting
- ▶ What if a COVID-19 and Influenza outbreak is identified?



During an Outbreak-

Treatment vs Chemoprophylaxis

Treatment

- ▶ All **ill** residents with ILI or confirmed flu
- ▶ Start with in **48 hours** of onset
 - ▶ Can have benefits if >48hrs
- ▶ Don't wait for laboratory confirmation
- ▶ Typically for **5 days**
- ▶ CDC dosing guidance

Chemoprophylaxis

- ▶ All **non-ill** residents
- ▶ Priority to residents on same floors as ill resident
- ▶ Minimum of **2 weeks**, and at least **7 days** after last known case
- ▶ CDC dosing guidance

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

During an Outbreak- Infection Control Measures

- ▶ Standard and droplet precautions for all ill residents
 - ▶ 7 days after onset or 24 hours after resolution of fever, **whichever is longer**
 - ▶ Confine to room, including at mealtime
- ▶ Post outbreak notices
- ▶ Safe Start Plan - Recommendations may be more restrictive
 - ▶ Consider cancelling group activities and dining room meals


During an Outbreak- Infection Control Measures


- ▶ Staff PPE
 - ▶ Gloves, gowns, face mask, eye protection
 - ▶ Training
- ▶ Signs

<https://washington-state-hospital-association.myshopify.com/collections/isolation-precautions>

STOP **DROPLET PRECAUTIONS** **STOP**
(In addition to Standard Precautions)
(If you have questions ask nursing staff)




Everyone Must:


 Clean hands when entering and leaving room

 Wear mask

Doctors and Staff Must:

Wear eye protection with respiratory symptoms and standard precautions if contact with secretions likely.

 Washington State Hospital Association

Washington Hospitals – Collaborating to Keep Our Patients Safe

Green
Patent 332 C
Last revised 5/2019

During an Outbreak- Infection Control Measures

- ▶ Increase environmental cleaning
 - ▶ Shared equipment & high touch areas
 - ▶ EPA registered disinfectant
 - ▶ Manufacturers instructions



During an Outbreak- Infection Control Measures

- ▶ Limit admissions
- ▶ Minimize staff movement
- ▶ Audit practices and provide ongoing education



Attention Staff: Help Protect Our Residents

Please **do not** report to work if you have a fever, cough, or sore throat.



Ill staff:

- Stay home until you have been fever-free for at least 24 hours without the use of fever-reducing medications



All staff:

- Get a flu shot
- Wash and sanitize your hands frequently
- Always cover your cough with a tissue or your sleeve
- Clean your hands after coughing or sneezing

Get
Flu Shot

Public Health 
Seattle & King County

Stop Germs, Stop Flu!

Do you have the flu? Ask yourself two quick questions:

1. Do you have a fever?
2. Do you have other symptoms? A cough, sore throat, body aches, headache, chills, diarrhea or vomiting?

If your answer is **YES** to both, you might have the flu.

If you have the flu, what should you do?

- Stay home, drink plenty of liquids and get rest.
- Protect the health of others by staying away from crowds, covering your cough, and washing your hands often.

If you aren't getting better, please call a health care provider.

If you need medical care and don't have a medical provider or health insurance, call the **Community Health Access Program at 800-756-5437**.
You will not be asked for proof of immigration status.

When sick, stay home



Wash hands often for 20 seconds



Cover coughs and sneezes



Can't wash?
Use alcohol-based
hand sanitizer



Public Health 
Seattle & King County

For more information visit:
www.kingcounty.gov/health
Alternate formats available upon request

When is an outbreak over?

- **7 days** with no new onset of symptoms



What if a COVID-19 and Influenza outbreak is identified?

- ▶ Cohort by infection
- ▶ Consider chemoprophylaxis for all exposed residents.
- ▶ Follow highest level of infection prevention precautions when both viruses are circulating.

After an Outbreak- Communication

- ▶ Notify Medical Director facility administration
- ▶ Report Outbreak summary to Public Health
 - Staff and residents:
 - Total number ill
 - Total number tested (including positive and negative)
 - Total number vaccinated
 - Last onset dates
 - How many receive treatment and/or chemoprophylaxis
 - How many hospitalized
 - Suspected or confirmed deaths





After an Outbreak- Other Considerations

- ▶ Resume group activities per Safe Start Plan
- ▶ Resume admissions using COVID-19 considerations
- ▶ Remove influenza outbreak notices
- ▶ Conduct a post- outbreak debrief/review with your team
- ▶ Check stock of influenza test kits
- ▶ Continue active daily surveillance for ILI and COVID-19
- ▶ Continue environmental cleaning of high touch areas
- ▶ Encourage continued hand hygiene & respiratory etiquette

Resources

- ▶ PHSKC Flu resources for LTCF
<https://www.kingcounty.gov/depts/health/communicable-diseases/immunization/flu-season/for-long-term-care-facilities.aspx>
- ▶ PHSKC Weekly Flu Surveillance Reports
<https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/influenza.aspx>
- ▶ Clark County Public Health
<https://clark.wa.gov/sites/default/files/dept/files/public-health/CD/LTCF/TamifluChemoprophylaxisStandingOrder.docx>

Questions?

Shauna Clark

Personal Health Services Supervisor – LTC
COVID-19 Response Lead

Communicable Disease/ Epidemiology and
immunization section

Public Health-Seattle & King County

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Patty Montgomery

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