Influenza Outbreak Preparation and Management

Throughout the Influenza Season

| Offer influenza vaccines to all new admissions and staff from the beginning of October to the end of March |
| Post a sign at all building entrances discouraging anyone who has any respiratory symptoms (cough, runny nose, fever) from visiting |
| Ensure hand gel stations are located throughout facility at all common areas, elevators, front door entrances & nursing stations. |
| Start daily monitoring for flu symptoms among residents, staff, and visitors. Continue monitoring until the end of flu season. |
| Throughout influenza season, perform enhanced cleaning with bleach wipes of all hand rails, dining room chairs, salt & pepper shakers, other condiment containers, room door knob, and any other objects touched by multiple people. |

**BEFORE an Outbreak**

- Provide influenza vaccine to all residents & staff members who work in your facility
- At the beginning of flu season, provide a letter to families and independent living residents about the facility’s flu protocols, flu symptoms, and who should be notified in the event of illness.
- Influenza testing should occur when any resident has signs and symptoms of influenza-like-illness, regardless of whether it is influenza season or not. This is especially important when 2 or more residents develop respiratory illness within 72 hours of each other.

**DURING an Outbreak**

- Notify Public Health when there is a confirmed or suspected influenza outbreak (2 or more ill residents OR 1 laboratory confirmed positive case)
- Implement standard and droplet precautions for all residents with suspected or confirmed influenza.
- Symptomatic residents should be treated and remain isolated in their rooms. **Treatment should not wait for laboratory confirmation.**
- Start chemoprophylaxis for non-ill residents.
- Limit group activities and consider closing the dining room if possible.
- Discourage or limit visitors during the outbreak
- Restrict personnel movement from areas of the facility having illness to areas not affected by the outbreak.
- Staff will use face masks and gloves in ill resident’s rooms.
- Antiviral chemoprophylaxis can be considered or offered to unvaccinated staff members who provide care to persons at high risk of complications from influenza.
- Avoid new admissions or transfers to areas with symptomatic residents.

**AFTER an Outbreak**

- Complete the “after outbreak” Public Health form