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| **Outbreak Interventions** | | | | |
| * 1. **Communication** | **N/A** | **Completed** | **Date** | **Signature** |
| * Facility administration notified. |  |  |  |  |
| * Facility infection control team notified. |  |  |  |  |
| * Meet with key staff to coordinate control measures. |  |  |  |  |
| * Outbreaks are reportable immediately by phone to:   Morbidity Unit: (888) 397-3993 or Fax: (888) 397-  3778.  **\***After business hours, outbreaks should be reported through the County of Los Angeles operator at (213) 974-1234. |  |  |  |  |
| * Outbreaks are reportable to California Department of Public Health Licensing & Certification local office–County of Los Angeles Health Facilities Inspection Division   <http://publichealth.lacounty.gov/hfd/howto.htm>. |  |  |  |  |
| * Residents and relatives/visitors notified. |  |  |  |  |
| * Stay in close communication with the **DPHN** **assigned to the facility** throughout the outbreak. |  |  |  |  |
| * Facility **closed** to new/returning admissions – **consult with the DPHN** **assigned to the facility.** |  |  |  |  |
| * Facility **reopened** to new/returning admissions- **consult with the DPHN** **assigned to the facility**. |  |  |  |  |
| * 1. **Investigation and Monitoring** | **N/A** | **Completed** | **Date** | **Signature** |
| * Symptomatic HCP removed from work and referred to Employee Health and/or evaluated by a clinician. |  |  |  |  |
| * Residents evaluated for influenza and placed in droplet isolation. |  |  |  |  |
| * Map cases on facility floor plan. |  |  |  |  |
| * Confirm influenza in symptomatic residents and staff. |  |  |  |  |
| * Use a “Line List” **(Appendix D)** to track symptomatic residents and staff, and contacts.   + **Symptomatic Resident** line list completed   + Contacts to symptomatic resident line list completed   + **Symptomatic Staff** line list completed   + Contacts to symptomatic staff line list completed |  | | | |
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| * Daily Influenza-Like Illness (ILI) assessments on residents and staff and report all new cases to LAC DPH CHS DPHN assigned to the facility daily using the ‘Line List’. |  |  |  |  |
| * 1. **Treatment** | **N/A** | **Completed** | **Date** | **Signature** |
| * Symptomatic residents/staff treated with Influenza antiviral treatment. |  |  |  |  |
| * Chemoprophylaxis offered to residents and staff. |  |  |  |  |
| * Administer the current season’s influenza vaccine to unvaccinated residents and staff unless contraindicated or refused. |  |  |  |  |
| * 1. **Specimen Collection**   **(see Section V. CONFIRM DIAGNOSIS BY LABORATORY TESTING)** | **N/A** | **Completed** | **Date** | **Signature** |
| * Respiratory specimens (i.e., nasal swabs, throat swabs, nasopharyngeal swab, or nasopharyngeal or nasal aspirates) should be collected within the first 4 days of onset of symptoms. * Collect specimens from at least 2 separate and up to 5 symptomatic individuals who have not yet received antiviral treatment. * Nasopharyngeal (NP) swabs are preferred because the specimens can be tested for influenza and a variety of other respiratory pathogens using PCR based technology. |  |  |  |  |
| * 1. **Infection Control** | **N/A** | **Completed** | **Date** | **Signature** |
| * Use standard and droplet precautions. |  |  |  |  |
| * Enhanced environmental cleaning done throughout the outbreak period **(For more details, see Appendix C).** * Antimicrobial Products Registered for Use Against Influenza A Virus on Hard Surfaces   <http://www.epa.gov/oppad001/influenza-a-product-list.pdf> or <http://www.epa.gov/oppad001/influenza-disinfectants.html>. |  |  |  |  |
| * Respiratory isolation–Symptomatic residents confined to their rooms (cohort ill residents together if possible). |  |  |  |  |
| * Movement of all residents minimized. |  |  |  |  |
| * Emphasize respiratory etiquette (cover cough and sneezes, dispose of tissues properly). |  |  |  |  |
| * Limit staff movement between units. If staff have been exposed to ill residents, consider maintaining work assignment to same unit. * Keep staff from “floating” between floors/units. |  |  |  |  |
| * Identify staff’s outside employment status to prevent and control influenza outbreak. |  |  |  |  |
| * Restrict families/visitors visitation to the facility. |  |  |  |  |
| * Post ‘Respiratory Disease Outbreak Notification Alert’ **(see Appendix E for a template)**. |  |  |  |  |
| * 1. **Education** | **N/A** | **Completed** | **Date** | **Signature** |
| * Provide training to all staff on the signs and symptoms of influenza, hand hygiene, respiratory isolation, and respiratory etiquette. |  |  |  |  |
| * Educate and instruct HCP to report signs and symptoms of possible influenza to supervision. |  |  |  |  |
| * Educate residents, their families, and visitors about influenza as indicated. |  |  |  |  |