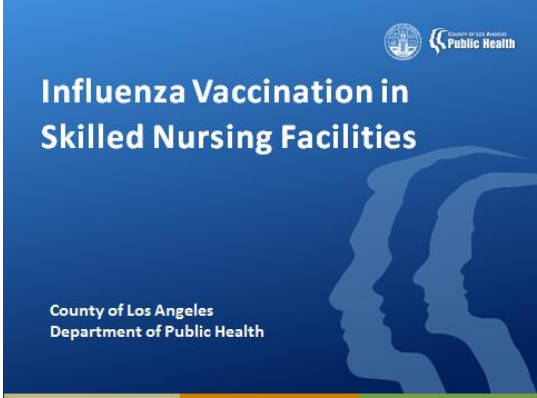
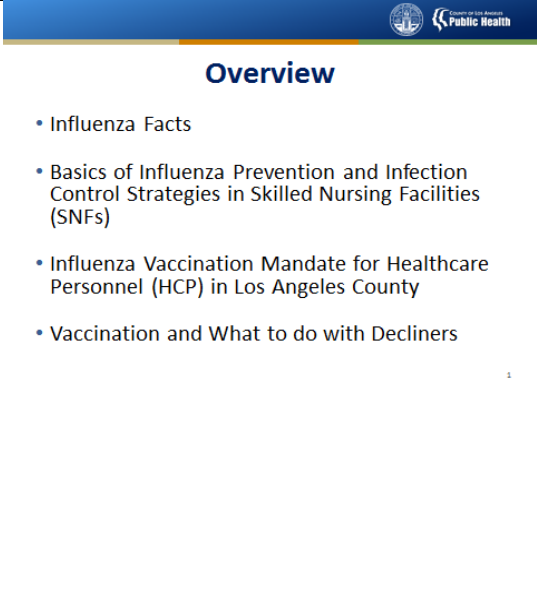
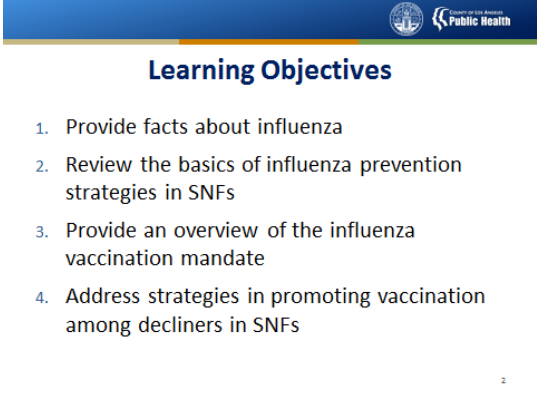

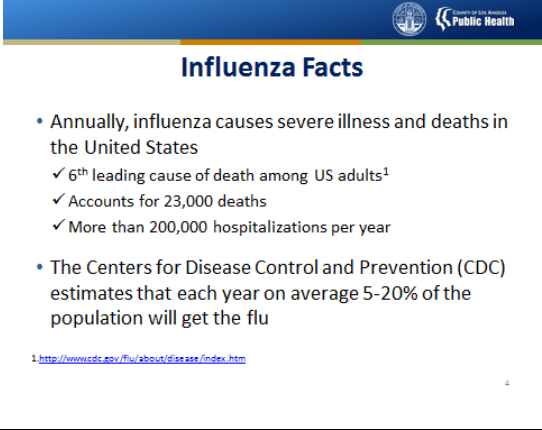
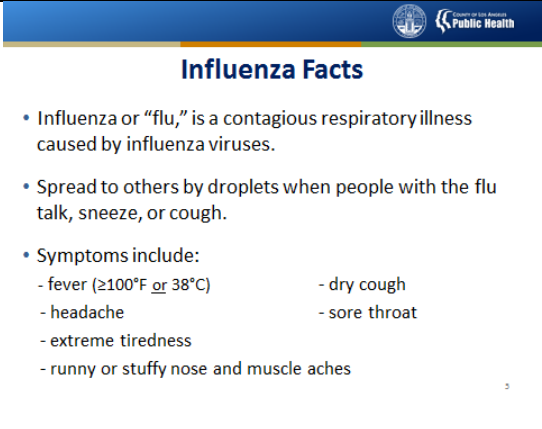
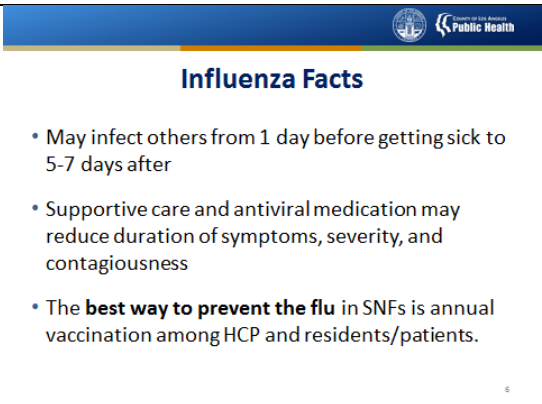


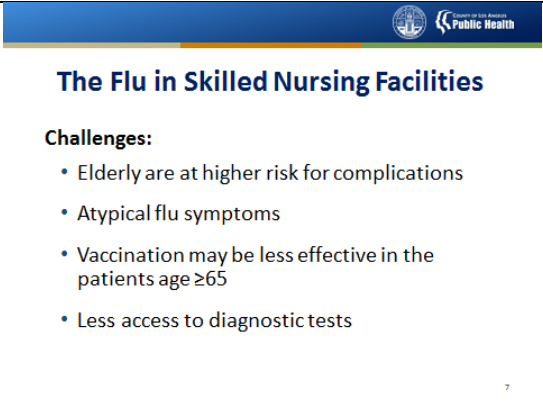
Training Slides and Speaker's Notes

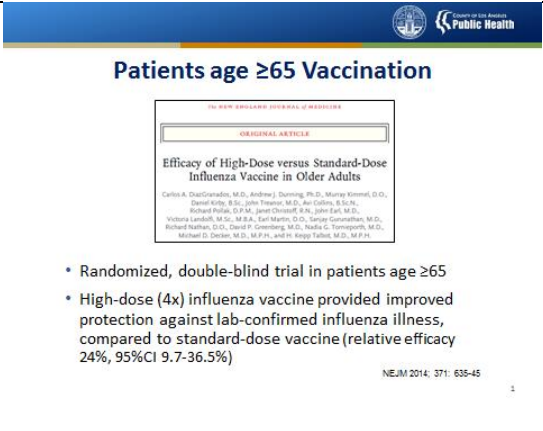
Content SNF administrative staff may use to train their line staff

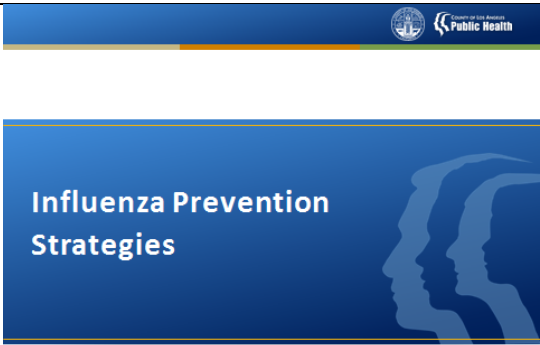
| # | Slide Content | Speaker's Notes |
|-----------------------|--|--|
| <p>Slide 1</p> |  | <p>SAY:</p> <ul style="list-style-type: none"> • Hello, my name is _____. • Today I'm (We're) here to talk to you about how we can protect ourselves, our patients, and our co-workers against influenza (flu). |
| <p>Slide 2</p> |  <p style="text-align: center;">Overview</p> <ul style="list-style-type: none"> • Influenza Facts • Basics of Influenza Prevention and Infection Control Strategies in Skilled Nursing Facilities (SNFs) • Influenza Vaccination Mandate for Healthcare Personnel (HCP) in Los Angeles County • Vaccination and What to do with Decliners | <p>SAY:</p> <ul style="list-style-type: none"> • Before we begin, let's go over what we'll talk about today. • Go over the bullets. <p>ASK: Any questions before we begin? (Allow time for audience to respond)</p> <p>SAY: Please raise your hand if you have any questions or comments throughout the presentation.</p> |
| <p>Slide 3</p> |  <p style="text-align: center;">Learning Objectives</p> <ol style="list-style-type: none"> 1. Provide facts about influenza 2. Review the basics of influenza prevention strategies in SNFs 3. Provide an overview of the influenza vaccination mandate 4. Address strategies in promoting vaccination among decliners in SNFs | <p>SAY:</p> <ul style="list-style-type: none"> • Here are the learning objectives for this training. • Go over the bullets |




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| <p>Slide 4</p> |  | <p>SAY:</p> <ul style="list-style-type: none"> • Now let's go over some of the influenza facts. |
| <p>Slide 5</p> |  <p>Influenza Facts</p> <ul style="list-style-type: none"> • Annually, influenza causes severe illness and deaths in the United States <ul style="list-style-type: none"> ✓ 6th leading cause of death among US adults¹ ✓ Accounts for 23,000 deaths ✓ More than 200,000 hospitalizations per year • The Centers for Disease Control and Prevention (CDC) estimates that each year on average 5-20% of the population will get the flu <p><small>¹ http://www.cdc.gov/flu/about/disease/index.htm</small></p> | <p>Read Slide</p> |
| <p>Slide 6</p> |  <p>Influenza Facts</p> <ul style="list-style-type: none"> • Influenza or “flu,” is a contagious respiratory illness caused by influenza viruses. • Spread to others by droplets when people with the flu talk, sneeze, or cough. • Symptoms include: <ul style="list-style-type: none"> - fever (≥100°F or 38°C) - dry cough - headache - sore throat - extreme tiredness - runny or stuffy nose and muscle aches | <p>Read Slide</p> |
| <p>Slide 7</p> |  <p>Influenza Facts</p> <ul style="list-style-type: none"> • May infect others from 1 day before getting sick to 5-7 days after • Supportive care and antiviral medication may reduce duration of symptoms, severity, and contagiousness • The best way to prevent the flu in SNFs is annual vaccination among HCP and residents/patients. | <p>SAY:</p> <ul style="list-style-type: none"> • People with flu shed virus and may infect others from 1 day before getting sick to 5-7 days after • Specific treatment varies with the agent. Supportive care (e.g. rest, antipyretics, fluid, etc.). Bacterial infections require antibiotic treatment. • With influenza, antiviral medications |

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| | | <p>may reduce the severity and duration of flu illness if administered within 48 hours of onset.</p> <ul style="list-style-type: none"> • There are 3 FDA-approved influenza antiviral drugs recommended by CDC this season to treat influenza. The brand names for these are Tamiflu® (generic name oseltamivir), Relenza® (generic name zanamivir), and Rapivab® (generic name peramivir). Tamiflu® is available as a pill or liquid and Relenza® is a powder that is inhaled. (Relenza® is not for people with breathing problems like asthma or COPD, for example.) Rapivab® is administered intravenously by a health care provider. <p>Read 3rd bullet</p> |
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| <p>Slide 8</p> |  <p>The Flu in Skilled Nursing Facilities</p> <p>Challenges:</p> <ul style="list-style-type: none"> • Elderly are at higher risk for complications • Atypical flu symptoms • Vaccination may be less effective in the patients age ≥65 • Less access to diagnostic tests | <p>Read Slide</p> |
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| <p>Slide 9</p> |  <p>Patients age ≥65 Vaccination</p> <p>Efficacy of High-Dose versus Standard-Dose Influenza Vaccine in Older Adults</p> <ul style="list-style-type: none"> • Randomized, double-blind trial in patients age ≥65 • High-dose (4x) influenza vaccine provided improved protection against lab-confirmed influenza illness, compared to standard-dose vaccine (relative efficacy 24%, 95%CI 9.7-36.5%) <p>NEJM 2014; 371: 635-45</p> | <p>*Optional Slide</p> <p>SAY:</p> <ul style="list-style-type: none"> • This slide is on ‘Efficacy of High-Dose vs. Standard-Dose Influenza Vaccine in Older Adults’, a study from the New England Journal of Medicine. • People 65 years and older have two flu shots available to choose from - |
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| | | <p>a regular dose flu vaccine and a newer flu vaccine designed for people 65 and older (http://www.cdc.gov/flu/protect/vaccine/qa_fluzone.htm) with a higher dose.</p> <ul style="list-style-type: none"> • The high dose vaccine is associated with a stronger immune response to vaccination (higher antibody production). Whether or not the improved immune response translated into greater protection against flu disease has been the topic of ongoing research. A recent study published in The New England Journal of Medicine indicated that the high-dose vaccine was 24.2% more effective in preventing flu in adults 65 years of age and older relative to a standard-dose vaccine. (The confidence interval for this result was 9.7% to 36.5%). The CDC and its Advisory Committee on Immunization Practices have not expressed a preference for either vaccine. These new findings will be considered along with other available data in ACIP's future policy deliberations. |
| <p>Slide 10</p> |  | <p>SAY:</p> <ul style="list-style-type: none"> • Now let's look at Influenza Prevention Strategies. |

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| <p>Slide 11</p> |  <p>Influenza Prevention Strategies</p> <ol style="list-style-type: none"> 1. Influenza Vaccination of HCP and among Residents 2. Education/Awareness and Early Recognition of Influenza-like Illness (ILI) 3. Infection Control and Exposure Management <p style="text-align: right;">10</p> | <p>Read Slide</p> <ul style="list-style-type: none"> • I will go over each of the strategies in more details in the next few slides. |
| <p>Slide 12</p> |  <p>Influenza Vaccination of HCP and among Patients</p> <ul style="list-style-type: none"> • Effective in reducing influenza among HCP and residents/patients • Decreased morbidity and mortality among residents/patients • Reduction in staff illness and illness-related absenteeism. • Increased productivity <p style="text-align: right;">11</p> | <p>Read Slide</p> <ul style="list-style-type: none"> • The cost of promoting and delivering vaccinations to health care personnel is lower than the costs associated with influenza illness. |
| <p>Slide 13</p> |  <p>Prompt Recognition of Influenza-Like Illness (ILI)</p> <ul style="list-style-type: none"> • Active screening • Isolation • Testing • Treatment • Restrictions for sick healthcare workers and visitors • Encourage reporting • Involve patients and families <p style="text-align: right;">12</p> | <p>Read Slide</p> <ul style="list-style-type: none"> • Screening for <u>influenza-like illness (ILI)</u> symptoms on admission • Daily active screening during flu season • Prompt isolation, testing (Confirmed by viral isolation, PCR, rapid antigen test, DFA/IFA test) and compatible symptoms, and treatment • Restrictions for sick healthcare workers and visitors • Encourage all to report anyone with ILI symptoms to a designated person • Involve patients and families |

Slide
14

County of Los Angeles
Public Health

Respiratory Etiquette & Educational Signage

Why do we wear masks?

FOR EVERYONE

Wearing a mask helps us from breathing or spreading germs, keeping each other healthy during flu season.

- You have a fever or a sore throat
- You have a cough or sneeze
- You have a cold or flu
- You have a sore throat or a sore eye

WE HELP EACH OTHER STAY HEALTHY!

Cover Your Cough

Keep the germs off your face and away from other people!

CDC

- SAY:**
- There are lots of health educational materials available from Los Angeles County Department of Public Health Acute Communicable and Immunization Programs, and CDC. The links to the materials are provided at the end of the presentation. To request materials from the Immunization Program, call the Immunization Program's Customer Service Unit at 323-869-8080.
 - Also CDPH provides respiratory hygiene disease prevention educational materials for download and limited copies may also be available for order.

The links to the materials are:

- **Flu Prevention Tips:**
<http://eziz.org/assets/docs/IMM-969.pdf>
- **Cover Your Cough Table Tent:**
<http://eziz.org/assets/docs/IMM-784.pdf>
- **Health Alert/Cover Your Cough:**
<http://eziz.org/assets/docs/IMM-783.pdf>
- **Multi-lingual Stop Disease Poster:**
<http://eziz.org/assets/docs/IMM-780.pdf>
- **Wash Your Hands Poster (Multilingual Version 1):**
<http://eziz.org/assets/docs/IMM-819.pdf>
- **Wash Your Hands Poster (Multilingual Version 2):**
<http://eziz.org/assets/docs/IMM-825.pdf>

Slide
15



Infection Control

- Standard precautions
- Droplet isolation
- Hand hygiene and isolation supplies
- Single room
- Duration of isolation
- Exposure investigations
- Antiviral Prophylaxis
- Cohorting (grouping) as necessary


24

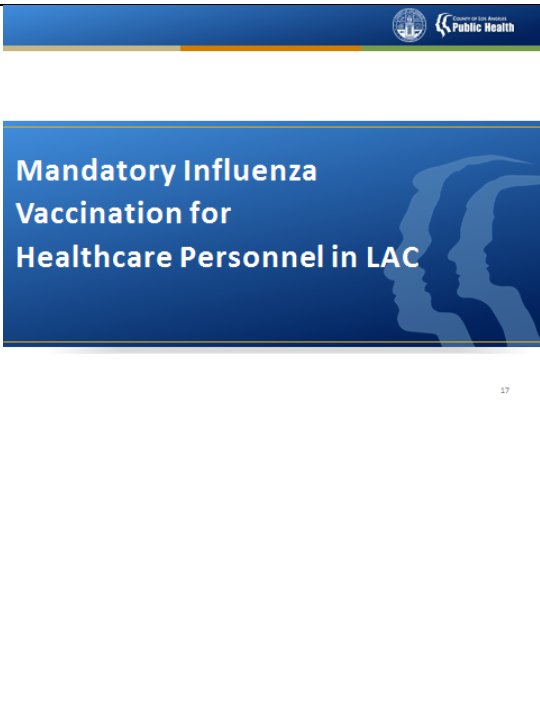
SAY:




- Flu is highly contagious. Appropriate infection control measures should be in place to prevent spread of flu in the facility.

Read Slide

- **Standard Precautions** are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect HCP and prevent HCP from spreading infections among patients.
- Prompt **droplet isolation** pending testing
- **Droplet isolation** is intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. 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, while a resident is in a health care facility.
- Have hand hygiene and isolation supplies readily available at the point of care
- Single room if possible, and avoid activities outside the room
- Continue isolation until 7 days after onset of symptoms or 24 hours after fever/respiratory symptom resolution, whichever is longer (regardless of treatment)

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| | | <ul style="list-style-type: none"> • “Test-of-cure” at the end of therapy is not recommended • Investigation of exposure • All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately. Treatment should not wait for laboratory confirmation of influenza. Antiviral treatment works best when started within the first 2 days of symptoms. However, these medications can still help when given after 48 hours to those that are very sick, such as those who are hospitalized, or those who have progressive illness. • All eligible residents in the entire long-term care facility (not just currently impacted wards) should receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined. • Cohorting (grouping) as necessary |
| <p>Slide 16</p> |  <p>Influenza Outbreaks or Clusters in SNF</p> <ul style="list-style-type: none"> • Health care institutions associated with long term health care (i.e., skilled nursing facilities, intermediate care facility, and intermediate care for developmentally disabled): <p>At least one case of laboratory-confirmed influenza in the setting of a cluster (2 or more) of ILI within a 72-hour period</p> <p style="text-align: right;">15</p> | <p>SAY:</p> <ul style="list-style-type: none"> • Definition of Influenza Outbreaks or Clusters in SNF: <p>Read Slide</p> <ul style="list-style-type: none"> • Acute febrile respiratory infection (AFRI): any illness with a new onset of fever of at least 100°F accompanied by a cough or sore throat (also referred to as influenza-like illness or ILI) |

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| <p>Slide 17</p> |  <p style="text-align: center;">Reporting Diseases and Consulting with ACDC</p> <ul style="list-style-type: none"> • To report a case or outbreaks of any disease or reportable condition, contact: By telephone (888)-397-3993, or fax (888)397-3778 Online: publichealth.lacounty.gov/acd/cdrs.htm • For diseases that require medical consultation, call: ACDC (213) 240-7941 After hours, call (213) 974-1234 Online: publichealth.lacounty.gov/acd/ <p style="text-align: right;">16</p> | <p>SAY:</p> <ul style="list-style-type: none"> • If there is suspicion of outbreak, a designated person at the SNF should call the Public Health Department for consultation and reporting. <p>Go over the slide</p> |
| <p>Slide 18</p> |  <p style="text-align: center;">Mandatory Influenza Vaccination for Healthcare Personnel in LAC</p> <p style="text-align: right;">17</p> | <p>SAY:</p> <p>Now let's look at the LAC DPH Health Officer Order (HOO).</p> <ul style="list-style-type: none"> • In 2013 Jonathan E. Fielding, MD, MPH, who was the Director of the Los Angeles County Department of Public Health and Health Officer, issued a health officer order that was designed to protect health care personnel from influenza and lower the risk of the transmission of influenza to patients. This order remains in effect for the duration of the current influenza season and all future seasons, unless rescinded. |
| <p>Slide 19</p> |  <p style="text-align: center;">Healthcare Personnel (HCP) Vaccination Mandates Nationwide: A growing trend</p> <ul style="list-style-type: none"> • >300 facilities nationwide enforce mandatory HCP vaccination • Professional societies support mandatory HCP vaccination: <ul style="list-style-type: none"> – Infectious Diseases Society of America – Association for Professionals in Infection Control and Epidemiology – Society for Healthcare Epidemiology of America – American Academy of Family Physicians – American College of Physicians – American Hospital Association – American Public Health Association | <p>SAY:</p> <ul style="list-style-type: none"> • Healthcare Personnel (HCP) Vaccination Mandates is a growing trend nationwide. <p>Read Slide</p> |

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| <p>Slide 20</p> |  <p style="text-align: center;">Mandatory Flu Vaccination for Healthcare Personnel in LAC</p> <ul style="list-style-type: none"> On Oct 2, 2013, LAC Health Officer County issued the following health order: <ul style="list-style-type: none"> “Pursuant to my authority under §120175 of the California Health and Safety Code, I hereby order every licensed acute care hospital, skilled nursing facility, and intermediate care facility within the County of Los Angeles public health jurisdiction to implement a program under which healthcare personnel at such facility receive an annual influenza vaccination for the current season or wear a mask for the duration of the influenza season while in contact with patients or working in patient-care areas.” Applies to all persons, including paid and unpaid employees, contractors, students, and volunteers Effective annually from Nov 1 – Mar 31 (Flu season) <p style="text-align: right;">19</p> | <p>Read slide</p> |
| <p>Slide 21</p> |  <p style="text-align: center;">Rationale for the Mandate</p> <ul style="list-style-type: none"> Many HCW (23%) are infected with influenza each season¹ Those with influenza may shed virus 1 day prior to symptoms² Many HCW (46%) continue to work with active flu-like symptoms³ <p><small>¹Elder AG et al. BMJ 1996; 313: 1241-2 ²Quera T et al. PLOS One 2012; 7: e45163 ³Essersma JG et al. ICHS 2013; 34: 373-8</small></p> <p style="text-align: right;">20</p> | <p>Read slide</p> |
| <p>Slide 22</p> |  <p style="text-align: center;">Rationale for the Mandate (continued)</p> <ul style="list-style-type: none"> Influenza vaccination reduces the incidence of laboratory-confirmed influenza, particularly in young, otherwise healthy adults⁴ Reduce doctor visits by 42% and sick days by 32%⁵ Nosocomial transmission of influenza is well described⁶, and has been linked to low rates of vaccinated HCW⁷ <p><small>⁴MMWR 20 Sep 2013 ⁵Stranges CB et al. JAMA 2000; 284: 1658-63 ⁶Scott DJ et al. Occup Med 2002; 52: 249-53 ⁷Segean CD et al. ICHS 2004; 26: 923-6</small></p> <p style="text-align: right;">21</p> | <p>Read slide</p> <p>SAY:</p> <ul style="list-style-type: none"> Influenza vaccination is effective in reducing influenza, and mandatory vaccination programs in healthcare settings have demonstrated increased influenza vaccination rates. Thus, mandatory vaccination policies in health care facilities can lead to decreased illness among personnel, decreased staff absenteeism, and would logically lead to decreased morbidity and mortality among patients. Nosocomial transmission from healthcare personnel to patients has been documented in a variety of health care settings. |

**Slide
23**



**LAC Survey of Acute Care Facilities Evaluating
the Impact of 2013 Health Officer Order**

- LAC DPH ACDC Hospital Outreach Unit surveyed facilities to evaluate the impact of the health officer order
- Inclusion criteria: 94 LAC acute care facilities (excluding Pasadena and Long Beach)
 - 2 seasons pre-order (2011-2012 & 2012-2013)
 - 1 season post-order (2013-2014)
- Data collected:
 - Direct laboratory influenza testing results
 - Survey data from Infection Preventionists (IPs)
 - Absenteeism data from HR directors / staff on employee sick leave

22





SAY:




LAC Department of Public Health Acute Communicable Disease Program Hospital Outreach Unit (HOU) surveyed facilities to evaluate the impact of the health officer order.




Read 2nd bullet

3rd Bullet is about how the data (3 influenza seasons – 2011-2012, 2012-2013, and 2013-2014) were collected.


- **Laboratory Directors** are asked to provide laboratory influenza testing data.
- **Infection Preventionists (IPs)** are asked to provide information regarding the vaccination policies of their institution, gather data on hospital-onset cases of influenza and to assess the challenges associated with instituting the DPH order. All IPs have been provided with a survey link and line list to track nosocomial influenza.
- **Human Resources Administrator or other Hospital Administration staff** are asked to provide data on the number of sick or missed work days (including paid time off if unable to differentiate between sick leave and missed work days) taken by your institution's staff.

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| <p>Slide 24</p> |  <p style="text-align: center;">Preliminary Results</p> <ul style="list-style-type: none"> • 49 IP surveys completed • 44 IP line lists completed of cases identified as nosocomial influenza • 30 Lab Director line lists completed of positive flu test obtained > 72 hours from admit • 29 Absenteeism forms completed | <p>SAY:</p> <p>As of December 2014, 49 IP surveys completed, 44 IP line lists completed of cases identified as nosocomial influenza, 30 Lab Director line lists completed of positive flu test obtained > 72 hours from admit, 29 Absenteeism forms completed.</p> |
| <p>Slide 25</p> |  <p style="text-align: center;">Preliminary Results</p> <p>Comparison of 2012-2013 and 2013-2014 seasons:</p> <ul style="list-style-type: none"> • <u>Decreased absenteeism</u>: average missed days per employee decreased from 5.5 to 12.7 • <u>Increased vaccination of employees</u>: percentage of employees vaccinated increased from 75.2% (in 2012-2013) to 86.2% (in 2013-2014) | <p>Read slide</p> |
| <p>Slide 26</p> |   <p style="text-align: center;">Common Concerns about Influenza Vaccination...</p> | <p>SAY:</p> <ul style="list-style-type: none"> • There are people who are concerned about influenza vaccination and refuse influenza vaccination. • Let's clarify some of the myth/misunderstanding about influenza vaccination. • Almost all people who get the influenza vaccine have no serious problems as a result. |

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| <p>Slide 27</p> |  <p>“I always get sick after the flu shot”</p> <ul style="list-style-type: none"> • It is biologically impossible to get influenza infection via the flu shot • The flu shot does not protect against other (non-influenza) viruses that circulate during flu season • It is possible to get the flu after vaccination <ul style="list-style-type: none"> ✓ Those infected before or immediately after vaccination may still get the flu (immunity may not develop until 2 weeks after vaccination) ✓ Circulating flu strains may not match the vaccine strain ✓ The vaccine is not 100% effective (though may still reduce severity of infection) <p style="text-align: right;">26</p> | <p>Read slide</p> <ul style="list-style-type: none"> • The most common side effects of influenza vaccine are soreness, redness, or swelling at the site of injection. These symptoms are usually mild and last less than two days. |
| <p>Slide 28</p> |  <p>“I never get the flu”</p> <ul style="list-style-type: none"> • Influenza infects 5-20% of the US population each year (including HCW) • HCW work with sick patients <ul style="list-style-type: none"> ✓ Additional responsibility • Most patients who died from the flu never had it before. <p style="text-align: right;">27</p> | <p>SAY:</p> <p>Anyone can be affected by influenza and can get sick with flu.</p> <p>Read slide</p> |
| <p>Slide 29</p> |  <p>“I don’t want toxins injected into me”</p> <ul style="list-style-type: none"> • Thimerosal is used as a preservative to prevent contamination. <ul style="list-style-type: none"> ✓ Removed from single-dose vaccines ✓ Multi-dose vials = 25 micrograms per dose • Formaldehyde <ul style="list-style-type: none"> ✓ Trace amounts present during manufacturing process (~0.02 micrograms per dose) ✓ A pear contains ~10 mg per pear <p style="text-align: right;">28</p> | <p>Read slide</p> <p>For 2nd Bullet</p> <p>SAY:</p> <ul style="list-style-type: none"> • Formaldehyde is used in vaccines to: <ol style="list-style-type: none"> a) inactivate viruses so that they don’t cause disease and b) kill unwanted viruses and bacteria that might contaminate the vaccine when it is being produced. <p>For additional resource/information, http://www.cdc.gov/vaccines/vac-gen/additives.htm</p> |

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| <p>Slide 30</p> |  <p style="text-align: center;">“I am allergic to egg.”</p> <ul style="list-style-type: none"> • An evaluation of 513 patients with severe egg allergy found NO cases of anaphylaxis reported after vaccination (a few mild allergic reactions were observed)¹ • Those who experience only hives or a severe reaction after eating eggs may receive <ul style="list-style-type: none"> • Recombinant vaccine (FluBlok®) • Inactivated vaccine in the presence of a physician with experience in the management of severe allergic conditions <p><small>¹Des Roches et al. J Allergy Clin Immunol 2012;130:1213-6.e1.</small></p> <p style="text-align: right;"><small>29</small></p> | <p>Read slide</p> |
| <p>Slide 31</p> |  <p style="text-align: center;">Contra-indications</p> <ul style="list-style-type: none"> • History of severe allergic reaction to any component of the vaccine or after previous dose of influenza vaccine • Live-Attenuated Influenza Vaccine (Flu Mist) Not recommended for: <ul style="list-style-type: none"> ✓ age <2 years or >49 years ✓ pregnant women, or ✓ persons with chronic illnesses <p style="text-align: right;"><small>30</small></p> | <p>SAY:</p> <ul style="list-style-type: none"> • Almost all people who get the influenza vaccine have no serious problems as a result. Serious problems from the flu vaccine, such as severe allergic reactions, are very rare, and can usually be avoided by careful history screening prior to vaccination. People who have experienced previous problems with a vaccination should consult with their healthcare provider before getting a flu shot. <p>Read Bullets For additional information, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm.</p> |
| <p>Slide 32</p> |  <p style="text-align: center;">Precautions</p> <ul style="list-style-type: none"> • History of Guillain-Barre Syndrome within 6 weeks of receipt of influenza vaccine <ul style="list-style-type: none"> ✓ Risk of Guillain-Barre following¹ <ul style="list-style-type: none"> -Influenza vaccination: 1 per 1 million doses -Influenza infection: 17 per 1 million infections • Moderate or severe acute illness with or without a fever • Asthma in persons \geq 5 years of age (LAIV) <p><small>¹Kwong JC et al. Lancet Infect Dis 2013; 13: 769-76)</small></p> <p style="text-align: right;"><small>31</small></p> | <p>SAY:</p> <ul style="list-style-type: none"> • Careful history screening prior to vaccination is critical. • People who have history of Guillain-Barr Syndrome within 6 weeks of receipt of influenza vaccine, moderate or severe acute illness with or without a fever, or Asthma in persons \geq 5 years of age (LAIV) should consult with his/her healthcare provider before getting a flu shot. |

Slide
33



What to do when HCP decline to get vaccinated?


- Education about influenza
- Dispelling Myths/Misconceptions about Influenza Vaccination
- Address the common concerns about Influenza Vaccination

32

Read slide

For additional information, please check CDC’s “No Excuses” flyer which addresses many common questions about flu vaccinations.
<http://www.cdc.gov/flu/pdf/freeresources/general/no-excuses-flu-vaccine.pdf>

Slide
34



In Summary...

| Strategy | Take Home Points | Suggested Action Items |
|-----------------------------------|--|---|
| Vaccination | <ul style="list-style-type: none"> • The best way to prevent the flu in SNFs is annual vaccination among HCP and patients/residents • HCP vaccination is protective to patients and a critical component of flu prevention efforts | <ul style="list-style-type: none"> • Identify strategies to promote vaccinations among HCP and patients/residents • Promote compliance with LA County Health Order |
| Education and Illness Recognition | <ul style="list-style-type: none"> • Employees, patients, and visitors should be educated on flu symptoms, transmission, and respiratory etiquette • Sick visitors and healthcare workers are an important source of influenza in SNF • Improper collection of flu specimens is common and can lead to false-negative results | <ul style="list-style-type: none"> • Provide signage and educational materials for patients and visitors • Respiratory etiquette • Establish and enforce policies for visitor screening and sick healthcare workers (designate Ill ambassador) • Conduct daily active screening for Ill symptoms during peak flu season |
| Infection Control | <ul style="list-style-type: none"> • Heighten staff awareness around standard and droplet precautions • Promote hand hygiene compliance • Many free resources through LAC DPH, CDPH, and CDC • Involve the Public Health Department early with any influenza case in SNF | <ul style="list-style-type: none"> • Educate staff on proper isolation procedures • Have hand hygiene and isolation supplies readily available • Monitor and feedback compliance with isolation and hand hygiene |

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SAY:

I talked about what influenza is, how it spreads, what basics of Influenza Prevention and Infection Control Strategies in Skilled Nursing Facilities (SNFs) are, what Influenza Vaccination Mandate for Healthcare Personnel (HCP) in Los Angeles County is, and What to do with Decliners.

In summary (**You may go over the slide.**),

- The best way to prevent the flu in SNFs are:
 - 1) annual vaccination among HCP and patients/residents,
 - 2) educating employees, residents, and visitors about flu symptoms, transmission, and respiratory etiquette and prompt recognition of influenza like illness
 - 3) Educate staff on proper isolation procedures

SAY:

I (We) appreciate the time and attention you’ve given me (us) today.

ASK:

Does anyone have any other questions?

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Specific Guidance for LTCF

The Los Angeles County Department of Public Health Acute Communicable Disease Control

RECOMMENDATIONS FOR THE PREVENTION AND CONTROL OF INFLUENZA CALIFORNIA LONG-TERM CARE FACILITIES

DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTHCARE QUALITY
HEALTHCARE ASSOCIATED INFECTIONS PROGRAM

CDC Center for Disease Control and Prevention
Specific Guidance for Influenza Outbreak Management in Long Term Care Facilities

SAY:
These resources are available for your information.

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Other Valuable Resources (1)




- **County of Los Angeles Department of Public Health (DPH)**
 - Acute Communicable Disease Control Program
 - Influenza Vaccination for HCP Toolkit for SNFs: <http://www.ph.lacounty.gov/acd/flu.htm>
 - Immunization Program: <http://www.ph.lacounty.gov/ip/flu/index.htm>
- **California Department of Public Health (CDPH):**
 - The HAI Program and Healthcare Personnel Influenza Vaccination <http://www.cdph.ca.gov/programs/hai/Pages/InfluenzaVaccination.aspx>
 - Influenza Vaccination and Respiratory Disease Prevention Educational Materials <http://eziz.org/resources/flu-promo-materials/>

SAY:
If you have further questions, you can always refer to these resources if you have any questions.

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Other Valuable Resources (2)

- **Centers for Disease Control and Prevention- Influenza Vaccination Information for Health Care Workers**
<http://www.cdc.gov/flu/healthcareworkers.htm>
- **New York State Department of Health: Resources and Guidance – HCP Vaccination**
http://www.health.ny.gov/prevention/immunization/toolkits/hc_personnel_hospital/

| | | |
|----------------------------|--|--------------------------|
| <p>Slide 38</p> |  <p style="text-align: center;">Acknowledgments</p> <ul style="list-style-type: none"> • LAC DPH ACDC SNF Outreach Team Members • Jonathan Grein, MD Assoc. Director, Hospital Epidemiology Cedars-Sinai Medical Center Assistant Clinical Professor David Geffen School of Medicine, UCLA • New York State Department of Health: Resources and Guidance – HCP Vaccination <p style="text-align: right;"><small>37</small></p> | <p>Read slide</p> |
| <p>Slide 39</p> |  <div style="text-align: center;">  </div> <p style="text-align: right;"><small>38</small></p> | |