Influenza and other Respiratory Virus Diseases Outbreak Toolkit

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County of Los Angeles Public Health

RESPIRATORY VIRUS DISEASE OUTBREAK TOOLKIT

Recommendations for Prevention and Control of COVID-19, Influenza, and Other Non-COVID Respiratory Viral Infections in Los Angeles County Skilled Nursing Facilities

Introduction

Skilled nursing facility (SNF) residents are at increased risk for severe disease, hospitalization, death, and outbreaks caused by SARS-CoV-2 (the virus that causes COVID-19), influenza, respiratory syncytial virus (RSV), and other respiratory viruses. **This document provides streamlined guidance and strategies that can be broadly applied for the prevention and control of COVID-19, influenza, RSV, and other common respiratory viruses (e.g., adenovirus, parainfluenza virus, etc.) in Los Angeles County SNFs.**

This guidance is adapted from the California Department of Public Health (CDPH) guidance Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24) which is aligned with the Centers for Disease Control and Prevention (CDC) Viral Respiratory Pathogens Toolkit for Nursing Homes.

The Los Angeles County Department of Public Health (LAC DPH) COVID-19-specific guidance for SNFs is extensively detailed in the LAC DPH Guidelines for Preventing and Managing COVID-19 in SNFs. Additionally, LAC DPH Coronavirus Disease 2019 Skilled Nursing Facility Guidelines for Influenza Prevention and Control in the Context of COVID-19 is available for your reference.

About the toolkit:

- Aim to assist SNF infection control staff and administrators in developing a robust respiratory viral infection prevention and control program tailored to their facility's needs, utilizing available resources efficiently.
- Encompass an outbreak management checklist, line lists for residents and staff, a notification alert template, and health educational materials. Additional resources can be accessed on the LAC DPH Acute Communicable Disease Control (ACDC) website.

Key Messages

- **Ensure that residents and healthcare personnel (HCP) are up-to-date on recommended vaccinations** to prevent morbidity and mortality from respiratory infections in SNFs.
- **Implement source control masking** with well-fitting surgical/procedure mask or respirators that cover a person's mouth and nose to reduce respiratory virus transmission in healthcare settings**.**
- **Initiate prompt testing and treatment** of COVID-19 and influenza to reduce the risk of severe illness, hospitalization, and death.

Contents

I. Guidance

Develop and implement a **respiratory virus prevention and control plan** year-round, as respiratory viruses occur throughout the year with heightened activity in the winter months. The SNF infection preventionist (IP) leads and monitors implementation with the assistance and support of facility leadership. Maintain **awareness of respiratory virus circulation** throughout the year in the local community to guide prevention efforts, prepare to care for residents with infections, develop a respiratory virus policy for your facility, and manage outbreaks. Refer to:

- "RespWatch" Los Angeles County Weekly Report for Influenza, RSV, and Other Respiratory Viruses. Visit RespWatch to subscribe.
- CDC updates national influenza surveillance data in their Weekly U.S. Influenza Surveillance Report.
- CDC Respiratory Virus Activity website.

II. Elements of a SNF respiratory virus prevention and control plan include:

A. Vaccination

- **Vaccines are the most effective tools for preventing infection, hospitalization, serious complications, and deaths from respiratory infections**. Available vaccines for prevention of respiratory infections in adults are COVID-19, influenza, pneumococcal, and RSV vaccines.
  - Refer to CDC Adult Immunization Schedule by Age.
  - For links to current respiratory infection vaccine guidance, education, and promotion tools, refer to CDPH Resources for Long-Term Care Facilities.
  - Refer to the CDC: PneumoRecs VaxAdvisor for healthcare providers to determine the recommended pneumococcal vaccine for their patient.
- The Center for Medicare and Medicaid Services (CMS) requires SNFs to **educate and offer** COVID-19, influenza, and pneumococcal vaccines to residents, and to educate and offer COVID-19 vaccines to HCPs. Refer to eCFR :: 42 CFR 483.80 -- Infection control (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80#p-483.80(d)(3)).
- During outbreaks, continue to offer vaccines that protect against respiratory diseases to residents and HCPs according to CDC recommendations.
- Facilities should have established policies and procedures to ensure that staff either receive both the influenza vaccine and the COVID-19 vaccine for the current respiratory virus season (November 1 - April 30) or wear a respiratory mask for the duration of the season while in contact with patients or working in patient-care areas, as required by the Los Angeles County Health Officer Order (HOO). Additional resources, including FAQs about the Health Officer Order, can be found here.
- Additionally, SNFs are required to report their healthcare personnel influenza vaccination coverage to the National Healthcare Safety Network (NHSN). Technical assistance on this reporting requirement can be found from Health Services Advisory Group (HSAG).

- Co-administration of more than one vaccine in the same clinic is allowed and encouraged to avoid missed opportunities or delays in vaccination since many of the above-mentioned vaccines are time-sensitive and should be given before the respiratory virus season (influenza, COVID-19, RSV).
- If vaccines are co-administered, they should be administered at different anatomic sites as per the ACIP General Best Practice Guidelines for Immunization (see "Multiple Injections" under the Vaccine Administration section).
- Additional resources for healthcare professionals are available from the CDC and for long-term care settings from the Immunization Branch of CDPH.
- Given the vulnerability of adults in SNFs to severe disease, prioritizing their vaccination is essential for their safety and well-being. For strategies to enhance adult vaccine rates, please **refer to** Los Angeles County Immunization Standards for Long-Term Care Facilities.

B. Source Control Masking

- HCP use of a surgical, procedure, or N95 respirators for source control of respiratory infections in healthcare settings **prevents HCP from infecting residents and other HCPs with respiratory viruses**. Implement source control masking:
    - During periods of increased community transmission of respiratory viruses
    - If there are elevated resident or HCP respiratory infections or HCP absenteeism
    - In the event of a facility outbreak
- During an outbreak, consider source control masking for residents while in common areas. COVID-19-specific guidance for SNFs is detailed in the LAC DPH Guidelines for Preventing and Managing COVID-19 in SNFs .
- For additional considerations, see CDPH Guidance for Face Coverings as Source Control in Healthcare Settings.

C. Ventilation and Filtration of Indoor Air and Isolation Areas

- Proper **ventilation and filtration of indoor air** helps reduce the accumulation of infectious virus particles and reduce the risk of transmission of SARS-CoV-2 and other respiratory viruses in SNFs.
    - For strategies to improve general indoor air quality, refer to CDPH's guidance on Improving Ventilation Practices to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities (www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ventilationFAQ.aspx).
- For additional strategies to improve ventilation and filtration and create directional airflow from clean to less-clean isolation areas, refer to CDPH's Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities, Long-Term Care Facilities, Hospices, Drug Treatment Facilities, and Homeless Shelters.

D. Outbreak Definition and Reporting

Outbreak Definitions (Note: Subject to change - For the current outbreak definition of COVID-19, please check the link COVID-19 & Acute Respiratory Illness (ARI) Reporting under Skilled Nursing Facilities.)

- **COVID-19**:

  1. ≥2 cases of confirmed* COVID-19 among residents admitted for a non-COVID condition who have resided in the facility for at least 7 days, with epi-linkage**
     OR
  2. ≥2 cases of confirmed* COVID-19 among HCP AND ≥1 case of confirmed* COVID-19 among residents admitted for a non-COVID condition who have resided in the facility for at least 7 days, with epi-linkage**, AND no other more likely sources of exposure for at least 1 of the cases.

  *Laboratory-based molecular tests are also known as nucleic acid amplification tests (NAATs) and can include RT-PCR tests OR Antigen tests. PCR or supervised in-facility Ag, or testing done at another facility, are acceptable. HCP who are already excluded from work due to symptoms/positivity on home test should not report back to facility to be tested but should continue exclusion from work per guidance and can be counted towards the outbreak case count if they fit the epi-linkage parameters.

  Please see CDC's Overview of Testing for SARS-CoV-2 in the healthcare setting for more details on both molecular and antigen tests.

  **Epi-linkage among residents is defined as overlap on the same unit or ward, or other resident care location (e.g., radiology suite), or having the potential to have been cared for by a common HCP within a 7-day period of each other. Determining epi-linkages requires judgment and may include weighing evidence of whether or not residents had a common source of exposure. Epi-linkage among HCP is defined as having the potential to have been within 6 ft for 15 minutes or longer while working in the facility during the 7 days prior to the onset of symptoms; for example, worked on the same unit during the same shift, and no more likely sources of exposure identified outside the facility. Determining epi-linkages requires judgment and may include weighing evidence of whether or not transmission took place in the facility, accounting for likely sources of exposure outside the facility.

- **Influenza:**
  - At least one case of laboratory-confirmed influenza in the setting of a cluster (≥2 cases) of influenza-like illness (ILI)* within a 72-hour period.
    *ILI is defined as fever (≥100°F or 37.8°C) plus cough and/or sore throat, in the absence of a known cause other than influenza. Persons with ILI often have fever or feverishness

with cough, chills, headache, myalgia, sore throat, or runny nose. Some persons, such as the elderly, may have atypical clinical presentations, including the absence of fever.

- **Other non-influenza, non-COVID-19 respiratory viruses**:
  - At least one case of a laboratory-confirmed respiratory pathogen, other than influenza or COVID-19, in the setting of a cluster (≥2 cases) of acute respiratory illness (ARI)* within a 72-hour period.
    *ARI is defined as an illness characterized by any two of the following: fever, cough, rhinorrhea (runny nose), nasal congestion, sore throat, or muscle aches.

- **Additionally, sudden increases in acute respiratory illness cases over the normal background rate, in the absence of a known etiology, must be reported to LAC DPH.**
- Report to **both** LAC DPH and CDPH Licensing & Certification (Health Facilities Inspection Division).
  - While a single case of non-COVID-19 respiratory viruses (influenza, RSV, etc.) is not reportable to LAC DPH, outbreaks of any respiratory virus are reportable.
  - As soon as the facility suspects an outbreak in their facility based on the above outbreak definitions:
    - Notify facility IP, administration, director of nursing (DON)/designee, director of staff development (DSD), and medical director.

- **Reporting to LAC DPH:**
  - Suspected outbreaks of respiratory illnesses other than COVID-19 in LAC SNFs must immediately be **reported to LAC DPH** by emailing rpu@ph.lacounty.gov or by calling 888-397-3993 or 213-240-7821 as noted in the LAC DPH Reportable Diseases and Conditions list.
  - **For any suspected COVID-19 outbreak**, report using one of the following methods:
    - Online REDCap reporting form: https://acdcredcap.ph.lacounty.gov/surveys/?s=CRD9LMEYN4MHW9YH
    - Phone Call: 888-397-3993 or 213-240-7821.
  - Provide the following information when reporting suspected/confirmed Outbreak:
    - # of symptomatic residents and staff, total residents, or current census in the facility.
    - Detailed symptoms, hospitalizations, deaths, and lab testing information.
    - Actions taken to contain the infection.
    - Contact information – point of contact person's name, job title, phone number, email address, reporting facility name, and address.

- **Reporting to California Department of Public Health** (superseded by AFL 23-08)/Healthcare Facilities Inspection Division)**:**
  - Outbreaks are reportable to the CDPH Licensing & Certification local office.
  - All SNFs should have contact information for their respective district offices. However, they may report via CDPH-LNC-LOSANGELES@cdph.ca.gov or
  - Find the respective district office at: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx#LosAngeles

- As a best practice, notify other stakeholders (e.g., residents, family members, visitors) per the Framework for Healthcare-Associated Infection Outbreak Notification (www.corha.org/wp- content/uploads/2020/04/Framework-for-HAI-Outbreak-Notification.pdf)

E. Outbreak Management

- When an outbreak is suspected, prompt and simultaneous implementation of all recommended interventions can minimize the size and scope of the outbreak and adverse impact on resident health. Outbreak management requires a collaborative effort among all HCP with specific task assignments and tracking of task completion.

- **If your facility has a suspected or confirmed outbreak of COVID-19, influenza, or other respiratory virus, follow the COVID-19, Influenza, and Other Respiratory Viral Infections Outbreak Management Checklist (see Appendix A)** for a step-by-step guide to reporting the outbreak and implementing control measures to prevent further transmission in your facility.

NOTE: Once the outbreak in a SNF is reported to LAC DPH, an outbreak investigation will be performed by a LAC DPH Community and Field Services (CFS) Outbreak (OB) Investigator.

- SNF staff should stay in close communication with the OB investigator assigned to the facility throughout the outbreak investigation period. The OB investigator will discuss surveillance for new cases, make recommendations for control measures, and facilitate laboratory testing, if indicated for identification of the cause of the outbreak.
- SNF staff work with an OB investigator assigned to the facility to determine which control measures are most appropriate for your facility. **Consult with the OB investigator assigned to the facility to determine if the facility should limit/close new admissions and readmissions during an outbreak.**
    - Develop plans for managing new admissions and readmissions of residents with COVID-19 or influenza who require Transmission-Based Precautions, while still maintaining capacity to provide care safely for other residents.
    - Facility-wide and prolonged closures are not necessary if transmission is controlled and there is an unaffected location available where new admissions can be placed.

i Monitoring for Respiratory Illness

- During periods of increased community transmission of respiratory viruses and in the event of an outbreak, conduct **active daily monitoring of residents** to identify signs or symptoms of respiratory illness and quickly manage any ill residents.
- Track residents with respiratory illness and/or COVID-19 using a **line list (see Appendix B sample line list)**.
- Educate HCP on routine self-screening for signs and symptoms of respiratory illness before reporting to work. During periods of increased community transmission of respiratory viruses, and in the event of an outbreak, institute **active symptom screening of HCP** upon reporting to work. This could include establishing a process for HCPs to

self-attest if they have a positive test for COVID-19, respiratory symptoms or fever, or close contact with someone with COVID-19.

ii Testing

- Testing to identify the etiology of acute respiratory illness is necessary to inform:
  - Treatment of COVID-19 and influenza
  - Chemoprophylaxis during an influenza outbreak
  - Transmission-Based Precautions and cohorting decisions
- In advance of each winter respiratory virus season and especially during periods of increased community transmission of respiratory viruses:
  - Determine the point-of-care SARS-CoV-2 and influenza test supplies that will be needed and how the SNF will obtain and re-stock them as needed.
  - Identify a laboratory that performs molecular testing for SARS-CoV-2, influenza, and complete respiratory panels, and provides results within 24-48 hours.
- **Immediately test residents and HCP with signs or symptoms of respiratory illness**:
  - Test for SARS-CoV-2 and influenza when influenza is circulating.
    - If a rapid antigen (point-of-care) test for SARS-CoV-2 or influenza is used to test a symptomatic individual and is negative, obtain confirmatory testing with a molecular test.
  - If RSV is circulating, consider preferential use of a molecular test that includes RSV in addition to SARS-CoV-2 and influenza; this could include a full respiratory panel or other multiplex assay.
  - If initial testing is negative and >1 resident is ill, obtain a full respiratory panel to evaluate for other respiratory infections.
  - For further guidance on testing, follow testing guidance specified in LAC DPH Guidelines for Preventing and Managing COVID-19 in SNFs, LAC Coronavirus Disease 2019 Skilled Nursing Facility Guidelines for Influenza Prevention and Control in the Context of COVID-19 and CDC guidance on testing and management considerations for nursing home residents with acute respiratory illness symptoms when SARS-CoV-2 and influenza viruses are co-circulating (https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm).
- For asymptomatic SARS-CoV-2-exposed residents or HCP:
  - Test for SARS-CoV-2 immediately (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and if negative, again at 5 days after the exposure.
  - Quarantine is not necessary for asymptomatic exposed residents. However, all asymptomatic residents who have had close contact with someone with COVID-19 should continue to wear a mask when outside

their room for 10 days after their exposure even if tests are negative in that time period.

- The approach to a COVID-19 outbreak investigation in a SNF could involve either contact tracing or a broad-based approach; for specific guidance on testing in response to a COVID-19 outbreak, refer to LAC DPH Guidelines for Preventing and Managing COVID-19 in SNFs.
- In general, **testing asymptomatic individuals for influenza, RSV, or other non-SARS-CoV-2 respiratory viruses is not recommended**. Reserve combined SARS-CoV-2/influenza rapid tests for residents with respiratory symptoms; do not use combined SARS-CoV-2/influenza rapid tests for testing asymptomatic individuals. In certain circumstances (e.g., unusual severity of illness or higher-than-expected attack rate), public health might recommend additional testing of respiratory specimens for whole genome sequencing.

iii Isolation, Transmission-Based Precautions, and Cohorting

- Symptomatic residents and residents with respiratory virus exposures should generally remain in their current room and wear a mask for source control when outside their room. **Avoid movement of residents that could lead to new exposures** (e.g., roommates of symptomatic residents, who have already been potentially exposed, should not be placed with new roommates, if possible).
- **While awaiting test results on symptomatic residents, implement empiric Transmission-Based Precautions for COVID-19**, including HCP use of a fit-tested N95 or higher-level respirator, eye protection, gloves, and gown. For LAC DPH Transmission-Based Precautions signs, please visit Transmission-Based Precautions: Infectious Disease Prevention Posters.
  - **If SARS-CoV-2 test results are negative, HCP may downgrade their N95 to a surgical/procedure mask while awaiting test results for influenza and other respiratory viruses**; ongoing Transmission-Based Precautions will depend on the determined etiology.
- Refer to **Table 1** for guidance on recommended Transmission-Based Precautions and personal protective equipment (PPE) for HCPs caring for residents with COVID-19, influenza, and RSV infection. Table 1 also includes guidance on the recommended duration of isolation for these infections.
- Residents with confirmed COVID-19 should be placed in a single room, if available, or a designated COVID-19 isolation area (previously 'Red Zone'). This area may be a designated floor, unit, or wing, or a group of rooms at the end of a unit that is physically separate and ideally includes ventilation measures to prevent transmission to other residents outside the isolation area.
- If single rooms are unavailable, multiple residents with confirmed influenza or other respiratory viruses (e.g., RSV) may be cohorted together in shared rooms or a designated area of the facility for residents with the *same confirmed virus infection*. If the number of infected residents is small, residents may be isolated in their original rooms.

- Restrict residents with respiratory infections from communal dining or other group activities while in isolation (e.g., serve meals in room, bring activities into room, use electronic devices to connect with others outside of the room virtually).

Table 1. Recommended Transmission-Based Precautions for Healthcare Personnel Caring for Residents with respiratory Viral Infections

Virus	Type of Precautions	Mask or Respirator*	Eye Protection	Gown	Gloves	Duration of Isolation
SARS-CoV-2	Novel Respiratory Precautions	N95 or higher-level respirator	Yes	Yes	Yes	10 days
Influenza	Droplet	Surgical/ procedure mask	Per Standard Precautions	Per Standard Precautions	Per Standard Precautions	≥ 7 days
RSV and other respiratory viruses	• Droplet • Contact	Surgical/ procedure mask	Per Standard Precautions	Yes	Yes	≥ 7 days**

*SNFs are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for applicable requirements.

**CDC RSV Guidance for Healthcare Providers (www.cdc.gov/rsv/clinical/index.html) refers to the CDC 2007 Guidelines for Isolation Precautions (www.cdc.gov/infectioncontrol/guidelines/isolation/index.html), which recommends Transmission-Based Precautions for RSV be continued for the "duration of illness." A reasonable approach is to isolate for at least 7 days after illness onset or until 24 hours after the resolution of fever and improvement in respiratory symptoms, whichever is longer. This is based upon available information about the duration of viral shedding in adults with RSV; see article by Walsh et al, Journal of Infectious Diseases 2013 (www.ncbi.nlm.nih.gov/pmc/articles/PMC3610422/).

Notes:

Perform hand hygiene, then don gown and gloves upon entry into the room or entry into a bed space, and doff gown and gloves followed by hand hygiene upon exiting the room or leaving a bed space. Doff the mask or respirator after leaving the room. When caring for residents with the same infection, a mask or respirator does not need to be removed after exiting the room unless soiled or wet. In multi-occupancy rooms, treat each bed space as a separate room, changing PPE and performing hand hygiene between bed spaces. Consider the privacy curtain a part of the bed space. Examples of Standard Precautions include hand hygiene, wearing gloves for any contact with potentially infectious material, wearing gowns for any patient-care activity when contact with blood, body fluids, secretions (including respiratory), or excretions is anticipated, and eye protection during procedures and patient care activities likely to generate splashes or sprays.

Brief summary of COVID-19, Influenza, and RSV isolation recommendations:

COVID-19

- Below is a brief summary of COVID-19 isolation recommendations. For full details, please refer to Isolation and Quarantine section of the LAC DPH Guidelines for Preventing and Managing COVID-19 in SNFs.
    - Isolate *Residents with confirmed COVID-19 infection* in a physically separated area. Confirmed COVID-19 is defined as symptomatic residents with a positive viral test (PCR/NAAT or antigen) or asymptomatic residents with a positive molecular (PCR/NAAT) test.
    - Isolate Residents with suspected COVID-19 in-place in their current rooms. Suspected COVID-19 are symptomatic residents with pending/unknown test results or asymptomatic residents with a positive antigen test pending confirmatory PCR/NAAT testing.
    - Identify *Asymptomatic residents who are close contacts* or who were in the same unit or wing with an individual with infectious COVID-19. These individuals should remain in their current rooms unless sufficient private rooms are available. They no longer need to be quarantined unless directed by Public Health during an active COVID-19 outbreak investigation.

Influenza

- The guidance for isolation for influenza differs from COVID-19 because compared with COVID-19, influenza tends to be less contagious, the morbidity is lower, and there are antivirals authorized as chemoprophylaxis to mitigate influenza spread.
    - Not necessary for facilities to dedicate a physically separated space for isolation for confirmed cases of influenza in residents (symptomatic with positive diagnostic test results), unlike COVID-19.
    - Consider isolating residents with confirmed influenza in a private room, if possible.
    - However, if a private room is unavailable, then the resident with influenza and their roommates should remain in their current rooms on droplet transmission-based precautions in addition to standard precautions. In multi-occupancy rooms, ensure spatial separation of at least 6 feet and privacy curtain between residents. In facilities that do not have 6 feet of space between residents, separation should be as close to 6 feet as possible, but no less than 3 feet.
    - Duration of droplet precautions is at least 7 days from illness onset or until improvement in symptoms and fever-free for at least 24 hours without fever-reducing medications, whichever is longer.
    - Hospitalized patients with influenza can be discharged to a SNF when clinically appropriate and should be continued on droplet precautions; the duration of droplet precautions is the same as above and does not need to be restarted upon admission to the SNF.
    - Symptomatic residents who are waiting for influenza testing results should be isolated on the most protective transmission-based precautions, preferably in private rooms if available. However, if a private room is unavailable, then the symptomatic resident and their roommates should isolate in-place remaining in their current rooms on the most

protective transmission-based precautions. Subsequent management will follow either the COVID-19 or influenza guidance as indicated by the testing results.

- In general, avoid moving residents with suspected or confirmed influenza to different rooms that could lead to new exposures.

Respiratory syncytial virus (RSV)

- Droplet, contact, and standard precautions are recommended and should be continued until symptoms have improved and are fever-free for at least 24 hours without fever-reducing medications. Please see LAC DPH's homepage on RSV for more updated information.
- CDC RSV Guidance for Healthcare Providers refers to the CDC 2007 Guideline for Isolation Precautions which recommends Transmission-Based Precautions for RSV be continued for the "duration of illness." A reasonable approach is to isolate for at least 7 days after illness onset or until 24 hours after the resolution of fever and improvement in respiratory symptoms, whichever is longer. This is based upon available information about the duration of viral shedding in adults with RSV; see article by Walsh et al, Journal of Infectious Diseases 2013.

iv Antiviral Treatment and Chemoprophylaxis

- Educate HCP on routine self-screening for signs and symptoms of respiratory illness before reporting to work. During periods of increased community transmission of respiratory viruses, and in the event of an outbreak, institute **active symptom screening of HCP** upon reporting to work.
    - This could include establishing a process for HCPs to self-attest if they have a positive test for COVID-19, respiratory symptoms or fever, or close contact with someone with COVID-19.

- SNFs should evaluate all residents for any specific dose adjustments that will be needed for influenza antiviral drugs (e.g., renal dosing), and for oral COVID-19 therapeutic drug-drug interaction risk and/or renal and hepatic impairment in advance of a diagnosis and indicate this information in charts to facilitate prompt access to appropriate therapeutics when influenza or COVID-19 diagnosis is made.

- COVID-19:
    - Provide antiviral treatment for SNF residents with mild-to-moderate COVID-19 as soon as possible.
        - See Outpatient COVID-19 Treatment and Pre-exposure Prophylaxis in the LAC DPH Guidelines for Preventing & Managing COVID-19 in SNFs for more details.
- Influenza:
    - Provide antiviral treatment immediately for all residents with suspected or confirmed influenza. Oseltamivir is the most commonly used antiviral medication, but other options include oral baloxavir, inhaled zanamivir, and

intravenous peramivir. See CDC, Influenza Antiviral Medications: Summary for Clinicians for more information.

- As soon as an influenza outbreak is determined, provide influenza antiviral chemoprophylaxis with the currently recommended antiviral drug at the appropriate dose to all non-ill residents in the affected ward or facility, regardless of vaccination status, per CDC guidance (www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm).
- If there is a limited supply of antiviral drugs, prioritize roommates and residents on the same floor or unit as residents with active influenza, and residents in the same building with shared HCP.
- Continue influenza chemoprophylaxis for at least 2 weeks, and for at least 7 days after the last known case was identified.

F. Additional Infection Prevention and Control Measures

i Management of Healthcare Personnel with Respiratory Symptoms or COVID-19 Exposure

- If HCPs develop symptoms while at work, instruct them to put on a surgical/procedure mask (if they are not already wearing a mask), notify their supervisor, leave promptly, and obtain testing for SARS-CoV-2 and influenza.
- If HCP tests positive for SARS-CoV-2, follow return-to-work guidance outlined in LACDPH Coronavirus Disease 2019 Infection Prevention Guidance for Healthcare (including EMS) Personnel.
- In the setting of an outbreak, it's essential that the facility has instituted source control masking broadly. This would apply to all HCPs, including those returning to work after a suspected or confirmed respiratory infection. **For COVID-19 outbreak**, please follow source control guidance outlined in LAC DPH Coronavirus Disease 2019 Infection Prevention Guidance for Healthcare (including EMS) Personnel.
- Ensure that the facility has a transparent, non-punitive sick leave policy for HCPs to allow them to stay home when they are sick.
- HCPs who have had close contact with someone with COVID-19 are not restricted from work but should follow the testing and follow return to work guidance specified in LAC DPH Coronavirus Disease 2019 Infection Prevention Guidance for Healthcare (including EMS) Personnel.

ii Visitation

- During periods of increased community transmission of respiratory viruses and in the event of an outbreak: Implement active screening of visitors for signs and symptoms of respiratory virus infection.
- In general, SNFs should not restrict visitation for residents; however, symptomatic visitors should be asked to defer their visit and offered a remote visit or other alternative.

iii Environmental Cleaning and Disinfection

- Increase the frequency of environmental cleaning and disinfection with a focus on high-touch surfaces and common areas-see APPENDIX D. For COVID-19, please refer to CDC guidelines on environmental infection control: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#r2.
- For a list of EPA-registered disinfectants that have qualified for use against SARS-CoV-2 (the COVID-19 pathogen) go to: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2. Products should always be used according to the manufacturer's instructions; disinfectants may not have proper effectiveness against SARS-CoV-2 if the manufacturer's instructions are not followed.

For Influenza,

- Display signage promoting **respiratory hygiene and cough etiquette for residents, HCPs, and visitors**. Provide supplies including masks for source control, tissues, and no-touch receptacles for tissue disposal. For signage that facilities can download and print, refer to Print Materials and Job Aids from Project Firstline | Infection Control. In the event of an outbreak, consider temporarily pausing communal dining and other group activities until control measures have been instituted.

G. Concurrent COVID-19 & Influenza/Other non-COVID Respiratory Virus Outbreak Management

- Prioritize implementing isolation, PPE use, and other infection control precautions as recommended for COVID-19.
- If a resident is concurrently diagnosed with COVID-19 and influenza by molecular testing for both viruses, the resident should ideally be placed in a private room in the COVID-19 isolation area. If there are not sufficient private rooms in this area, then consider cohorting "like with like," placing residents who are co-infected with both influenza and COVID-19 in the same room.
- If this is not possible, avoid the movement of residents that could lead to new exposures and dedicate staff to the designated isolation area or rooms. The rationale behind prioritizing the isolation of residents and staff by COVID-19 status over influenza status is that influenza tends to be less contagious, with lower morbidity and mortality, and there are more approved pharmacological interventions for mitigating influenza outbreaks.
- Residents who are suspected or confirmed to have co-infections of influenza and COVID-19 should be started on antiviral treatments for both. Influenza antiviral treatment should be initiated as soon as possible and within 48 hours of symptom onset, even before testing confirmation when suspicion is high (empiric treatment).
- COVID-19 antivirals, e.g., ritonavir-boosted nirmatrelvir (Paxlovid), should be started in symptomatic persons as soon as testing results confirm infection and within 5 days of symptom onset. Please refer to the Outpatient COVID-19 Treatment and Pre-exposure Prophylaxis section in the LAC DPH Guidelines for Preventing & Managing COVID-19 in SNFs for more details. The LAC DPH's COVID-19 Therapy for Non-Hospitalized Patients webpage is another valuable resource. Antiviral regimens for influenza treatment are the same for all individuals regardless of SARS-CoV-2 co-infection.

III. Key Resources

Los Angeles County Department of Public Health

- Coronavirus Disease 2019 Skilled Nursing Facility Guidelines for Influenza Prevention and Control in the Context of COVID-19
- Guidelines for Preventing & Managing COVID-19 in SNFs
- Influenza Homepage
- Outpatient COVID-19 Treatment and Pre-exposure Prophylaxis
- Respiratory Watch
- RSV Homepage
- Skilled Nursing Facilities Homepage
- Transmission-Based Precautions: Infectious Disease Prevention Posters

California Department of Public Health

- Guidance for Face Coverings as Source Control in Healthcare Settings

Centers for Disease Control and Prevention

- Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza
- Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID- 19 Pandemic
- Prevention Strategies for Seasonal Influenza in Healthcare Settings
- RSV Information for Healthcare Providers
- Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating
- Viral Respiratory Pathogens Toolkit for Nursing Homes

Respiratory Viral Infections

- Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During COVID-19 Pandemic

IV. APPENDICES

- Appendix A: COVID-19, influenza, and other non-COVID respiratory viral infections Outbreak Management Checklist
- Appendix B: Influenza/Other Respiratory Virus & COVID-19 - Residents & Staff Line Lists
- Appendix C: Environmental Cleaning and Disinfection for Influenza
- Appendix D: Respiratory Disease Outbreak Notification Alert Template
- Appendix E: LAC DPH Influenza Health Educational Materials for SNFs

A. Appendix A: COVID-19, influenza, and other respiratory viral infections outbreaks in Skilled Nursing Facilities Checklist*

*For more detailed information/guidance, please refer to these sections: 5. Outbreak Management, 6. Additional Infection Prevention and Control Measures, and 7. Concurrent COVID-19 and Influenza/other non-COVID Respiratory Virus Outbreak Management sections of this toolkit.

Outbreak Interventions				
1. Communication	**N/A**	**Completed**	**Date**	**Signature /initials**
A. Establish <u>Internal</u> Communication: • Upon suspicion/confirmation of COVID-19, Influenza, and Other Respiratory Viral Infections outbreak, establish communication channels with key stakeholders, including the infection preventionist, facility administrators, Director of Nursing (DON)/designee, Director of Staff Development (DSD), Medical Director, healthcare providers, staff, etc.				
• Meet with key staff to coordinate control measures.				
• Notify healthcare personnel (HCP) of their specific tasks as per the outbreak plan.				
• Notify the COVID-19, Influenza, and Other Respiratory Viral Infections outbreak to residents and their families via a letter or other communication methods (i.e., email, phone, OB Notification Letter). • Post a Respiratory Outbreak Notification Letter (Appendix C) at all facility entrances.				
B. Establish <u>External</u> Communication: **a. Outbreak Definitions and Reporting:** ○ For definition of COVID-19, influenza, and other non- influenza, non-COVID-19 respiratory viruses Outbreaks **–refer to 'Outbreak Definitions and Reporting'' Section.** ○ Report to **both** the Los Angeles County Department of Public Health (LAC DPH) and California Department of Public Health (CDPH) Licensing & Certification. **Reporting to Los Angeles County Department of Public Health:**				

• While single cases of non-COVID-19 respiratory viruses (influenza, RSV, etc.) are not reportable to LAC DPH, outbreaks of any respiratory virus are reportable to LAC DPH per Title 17, Section 2500, California Code of Regulations.
• Additionally, sudden increases in acute respiratory illness cases over the normal background rate, in the absence of a known etiology, must also be reported to LAC DPH.
• Suspected outbreaks in SNFs must immediately be reported to LAC DPH by emailing ACDC-MorbidityUnit@ph.lacounty.gov, or by calling 888-397-3993 or 213-240-7821 as noted in the LAC DPH Reportable Diseases and Conditions list.
• Any suspected **COVID-19 outbreak**. Report to both Public Health (LAC DPH) and Licensing & Certification. Report to LAC DPH using one of the following methods:
  ○ Online form: https://dphredcap.ph.lacounty.gov/surveys/?s=RERMHDTWAR **or by calling**: 888-397-3993 or 213-240-7821.
• **Provide the following information:**
  ○ Number of symptomatic residents and staff, total residents, or current census in the facility.
  ○ Detailed symptoms, hospitalizations, deaths, and lab testing information.
  ○ Actions taken to contain the infection.
  ○ Contact information: details of point of contact staff, facility name, phone, and address.				

Reporting to California Department of Public Health/Health Facilities Inspection Division (HFID): • Outbreaks are reportable to the California Department of Public Health Licensing & Certification local office. • All SNFs should have contact information for their respective district offices. However, they may report via CDPH-LNC-LOSANGELES@cdph.ca.gov or • Find the respective district office at https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx#LosAngeles				

2. Outbreak Management	N/A	Completed	Date	Signature /initials
• In LAC, the Community and Field Services (CFS) Outbreak (OB) Investigator will investigate reported outbreaks and follow up until OB closure. • Actively communicate with the assigned OB investigator for recommendations/guidance, surveillance, and testing and stay in close communication with the OB investigator assigned to the facility throughout the outbreak.				
• Facility may need to **limit** or **close** to new/returning admissions – **consult with the** OB investigator **assigned to the facility.**				
• Facility may **reopen** to new/returning admissions- **consult with the** OB investigator **assigned to the facility**.				
A. Monitoring of Respiratory Illness	**N/A**	**Completed**	**Date**	**Signature /initials**
• Conduct **active daily monitoring of residents** to identify signs or symptoms of respiratory illness and quickly manage any ill residents.				
• Track residents with respiratory illness and/or COVID-19 using the appropriate line lists (**Appendix B** – sample line lists for respiratory disease and/or COVID-19-line lists) to the assigned DPHN/OB Investigator upon request.				
• Institute **active symptom screening of HCP** upon reporting to work.				
• Map cases on a facility floor plan.				
• Confirm the etiology in symptomatic residents and staff.				
• Report all new cases to LAC DPH CFS OB Investigator assigned to the facility using the 'Line List' **(Appendix B)** to track symptomatic residents, 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				
B. Testing (For details- Refer to the '**Outbreak Management' section under 'Testing')**	**N/A**	**Completed**	**Date**	**Signature /initials**
• Immediately test residents and HCP with signs or symptoms of respiratory illness • Testing asymptomatic individuals for influenza, RSV, or other non-SARS-CoV-2 respiratory viruses is not recommended				

C. Isolation, Transmission-Based Precautions, and Cohorting (For details- Refer to the 'Outbreak Management' section and 'Brief summary of COVID-19, Influenza, and RSV isolation recommendations' sections for more details.)	N/A	Completed	Date	Signature /initials
• Avoid movement of residents that could lead to new exposures but residents with confirmed COVID-19 should be placed in a single room, if available, or a designated COVID-19 isolation area or cohort, Red Zone.				
• While awaiting test results on symptomatic residents, implement appropriate empiric Transmission-Based Precautions (TBPs)				
• Implement appropriate TBP for the identified pathogen causing the OB				
D. Antiviral Treatment and Chemoprophylaxis	**N/A**	**Completed**	**Date**	**Signature /initials**
• Prompt antiviral treatment of SNF residents with newly diagnosed influenza and mild-moderate COVID-19				
• A limited supply of antiviral drugs, prioritize roommates and residents on the same floor or units as residents with active influenza, and residents in the same building with shared HCP.				
3. Additional Infection Prevention and Control Measures	**N/A**	**Completed**	**Date**	**Signature /initials**
A. Healthcare Personnel (HCP) Management: • Encourage HCPs to receive the flu vaccine if they haven't already. • HCP tests positive for SARS-CoV-2, follow return-to-work guidance outlined in LAC DPH Coronavirus Disease 2019 Infection Prevention Guidance for Healthcare (including EMS) Personnel • Follow routine return-to-work guidance for ill HCP (i.e., HCP should not return to work until 7 days after symptom onset or afebrile >24 hours without antipyretic treatment and with improvement in respiratory symptoms, whichever is longer. • HCP with suspected or confirmed flu should seek medical care and consider antiviral treatment.				
B. Visitation: • No general visitation restrictions for flu or COVID-19 outbreaks. • Inform visitors of outbreaks through signage and communication.				

• Ensure that visitors understand the risks and follow instructions for proper PPE use. • Be aware that additional COVID-19 guidance might apply; check Communal Dining, Group Activities, and Visitation section of the LAC DPH Guidelines for Preventing and Managing COVID-19 in SNFs.				
C. Environmental Cleaning and Disinfection • Increase the frequency of environmental cleaning and disinfection with a focus on high-touch surfaces and common areas-see **Appendix D**. • For COVID-19, please refer to CDC guidelines on 'Safety Precautions: Cleaning and Disinfecting for COVID-19': https://www.cdc.gov/covid/php/public-health-strategy/index.html				
4. Concurrent COVID-19 and Influenza/other non-Covid respiratory virus Outbreak Management	**N/A**	**Completed**	**Date**	**Signature /initials**
Prioritizing Infection Control Measures: • Implement isolation, PPE use, and other infection control precautions recommended for COVID-19 during concurrent outbreaks.				
Resident Placement: • Prioritize the isolation for confirmed COVID-19 cases and avoid movement of residents based on influenza/another non-COVID respiratory virus status that could worsen COVID-19 transmission. • Dedicated staffing should be prioritized for the designated COVID-19 isolation area. • If private rooms are insufficient, consider placing co-infected residents together (like with like).				
Treatment for Co-infections: • Start antiviral treatment for both influenza and COVID-19 in residents with suspected or confirmed co-infections. • Initiate influenza antiviral treatment immediately and within 48 hours of symptom onset, even before testing confirmation (empiric treatment). • Begin COVID-19 antivirals (e.g., Paxlovid) in symptomatic individuals upon confirmed infection and within 5 days of symptom onset.				

5. Education	N/A	Completed	Date	Signature /initials
Staff Training: • Conduct staff training on recognizing respiratory virus signs and symptoms, proper hand hygiene, and respiratory isolation.				
Resident and Family Education: • Provide education to residents, their families, and visitors about influenza, and other respiratory illnesses when necessary.				

B. Appendix B: Influenza/Other Respiratory Virus & COVID-19 - Residents & Staff Line Lists

1. Influenza/Other Respiratory Virus Line Lists: Residents & Staff **(PDF/Excel)**

2. **COVID-19 Outbreak Line List for LTCF** Excel

These forms can be used to report cases to the LA County Department of Public Health-Community and Field Services Outbreak Investigator assigned to the facility

Influenza and Other Respiratory Virus Outbreak Line List for Healthcare Facilities
RESIDENTS

Facility Name: _____ **Contact Person/Phone No.**: _____

Outbreak Number : _____ **Date**:_____ **Total Number of Residents at the time of outbreak**: _____

Resident Information			Resident Location		Vaccination status		Illness Description								Diagnostics							Outcome		
Resident Name	Date of birth or Age	Sex (M/F)	Room #	Unit/Ward	Influenza (Y/N), if yes, provide date	Pneumococcal (Y/N), if yes, provide date	Date of illness onset	Fever (Y/N) or highest temperature (°F)*	Cough (Y/N)	Myalgia/Body Aches (Y/N)	Chills (Y/N)	Sore throat (Y/N)	Shortness of breath (Y/N)	Other (Y/N)	Chest X-ray confirmed pneumonia (Y/N)	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (NP, Sputum, Other)	Diagnosis/Lab Result	Antivirals (Y/N), Date started/Date ended	Antibiotics (Y/N), Date started/Date ended	Final Diagnosis Influenza/Pnuemonia/Other	Hospitalized (Y/N)	Died (Y/N, if yes, date)
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2.																								
3.																								
4.																								
5.																								
6.																								
7.																								
8.																								
9.																								
10.																								

***Self-reported or Highest Temperature measured oral, under armpit or rectal**

Influenza and Other Respiratory Virus Outbreak Line List for Healthcare Facilities
STAFF

Facility Name: _____ **Contact Person/Phone No.**: _____

Outbreak Number: _____ **Date**: _____ **Total Number of Staff at the time of outbreak**: _____

Staff Information			Staff Duties			Vaccination status	Illness Description								Diagnostics							Outcome		
Staff Name	Date of birth or Age	Sex (M/F)	Unit/Ward Assigned to	Direct Resident Contact? (Y/N), if yes, job title	Work at multiple sites? (Y/N)	Influenza vaccination (Y/N), if yes, date of vaccination	Date of illness onset	Fever (Y/N) or highest temperature (°F)*	Cough (Y/N)	Myalgia/Body Aches (Y/N)	Chills (Y/N)	Sore throat (Y/N)	Shortness of breath (Y/N)	Other (Y/N)	Chest X-ray confirmed pneumonia (Y/N)	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (NP, Sputum, Other)	Diagnosis/Lab Result	Antivirals (Y/N), Date started/Date ended	Antibiotics (Y/N), Date started/Date ended	Final Diagnosis Influenza/Pnuemonia/Other	Hospitalized (Y/N)	Died (Y/N, if yes, date)
1.																								
2.																								
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8.																								
9.																								
10.																								

***Self-reported or Highest Temperature measured oral, under armpit or rectal**

C. Appendix C: Respiratory Disease Outbreak Notification Alert Template

SNF administrative staff may use or modify this template to alert residents, their families, and visitors of a respiratory outbreak (such as influenza) at their facility.

[*Agency Letterhead*]

[*Date*]

Dear Residents, Families, and Visitors:

Our facility is currently working with the Los Angeles County Department of Public Health to investigate a respiratory outbreak of influenza, or an influenza-like-illness, and to put control measures in place.

- Each year during Respiratory Virus Season approximately 5-20% of the population will become infected.
- Influenza virus is spread by droplets when an infected person coughs, sneezes, or talks and the droplets land in the mouths or noses of nearby people.
- Respiratory Virus Disease outbreaks within skilled nursing facilities and other community settings are frequently reported every Respiratory Virus Season.

We are notifying you in the interest of public awareness and safety.

[*Facility Name*] has already taken the appropriate steps to prevent further transmission and get this outbreak under control. Physicians who care for persons at the facility and resident care staff are aware of the situation. Public Health is working closely with the staff of [*Facility Name*] to investigate the cause of these infections and administer the appropriate treatment or prophylaxis, if appropriate. Staff education and strict hand washing for all staff has been implemented. The strengthened infection control measures that [Facility Name] already has in place can reduce the number of new infections.

For any questions regarding this notification alert, please contact [*enter facility contact person/information*].

Sincerely,

[*Name, Title*]

D. Appendix D: General Fact Sheet for Environmental Cleaning and Disinfection for Influenza and Other Respiratory Viruses

In general, influenza viruses can survive on environmental surfaces only for short periods of time for up to several hours, depending on several environmental factors (e.g., temperature, humidity, exposure to sunlight, type of surface.). Human infection can occur through contact with contaminated surfaces and then infecting oneself by touching eyes, nose, or mouth. Therefore, it is important to regularly and routinely disinfect potentially contaminated surfaces that are frequently touched (highly touched) (i.e., light switch, doorknob, call bell, bedside table, etc.). regularly and after being touched to minimize potential spread to others.

Infectious Materials
All body secretions (including saliva, nasal fluid, blood, cerebrospinal fluid, and feces) may potentially contain viruses that can sit on the surfaces in the environment. Environmental surfaces can harbor viruses when contaminated with a body secretion an infectious person.

Cleaning and Disinfection
When surfaces are visibly soiled, the first step is to clean them with soap or detergent and water, enzymatic cleanser, or with cleaning products appropriate for use on the surface. Cleaning will remove dirt and organic material that can make disinfection less effective. Routine cleaning is recommended due to its effectiveness, implemented in a standardized stepwise process (i.e., from clean to dirty and top to bottom). Water can be cold or warm, or as recommended on the label of the cleaning product used (if a specific temperature is listed).
Note: There is no indication for cleaning procedures that differ from what is done routinely in the presence of an influenza outbreak.

Suitable Disinfectants
Influenza ~~A~~ viruses can be effectively killed by many common disinfectants including bleach or ammonia-based cleaning products. The US Environmental Protection Agency (EPA) maintains a list of commercial disinfecting products that are effective against influenza ~~A~~ viruses (List M) on hard non-porous surfaces (http://www.epa.gov/oppad001/influenza-disinfectants.html) or http://www.epa.gov/oppad001/influenza-a-product-list.pdf). Follow the manufacturer's recommendations for use, dilution, and contact time.
If an EPA listed product is not available, an effective disinfecting solution can be made using household bleach (sodium hypochlorite). To use chlorine bleach for general surface area disinfection, use a mixture of ¼ cup of household bleach (5.25 percent concentration) with one gallon of water. Apply to surfaces. Leave wet for 2 minutes, then rinse and air dry.

Additional Guidelines for Using Bleach
- Bleach is not effective if the surface is covered with blood, stool or other body fluids. Surfaces must be cleaned of these types of fluids before disinfection will be effective.
- Household bleach is commonly sold in 5.25 percent concentration.

- Bleach solutions degrade over time and are only effective for 24 hours. Solutions should be kept in a closed container away from sunlight and must be made fresh daily.
- Do not mix bleach with other cleaning products.
- Use in a well-ventilated area.
- Splash-less bleach isn't strong enough to disinfect.

General Disinfection/Cleaning Guidance

- Do not spray (fog) rooms with disinfectant or air sanitizers. This is a potentially dangerous practice that has no proven disease control benefit.
- Do not clean using dry dusting or sweeping methods. This practice may move viruses into the air. Use damp cleaning methods such as presoaked microfiber cloths or presoaked microfiber mop heads.
- Clean floors and other surfaces like windowsills, countertops, and shelves.
- Clean frequently touched items such as doorknobs, telephones, equipment buttons, faucet handles, etc.
- Change mop heads, and disinfectant solutions frequently during the decontamination procedure. Consider using disposable cleaning items. Work from areas of light contamination to areas of heavier contamination (i.e., from clean to dirty and top to bottom)
- Use a double bucket method (one bucket for cleaning solution, one for rinsing).
- Clean, disinfect, and dry equipment used for cleaning after each use.

Specific Disinfection/Cleaning Guidance

- **Commonly Touched Surfaces** – Frequent cleaning of surfaces that are commonly touched by many people is important in reducing the risk of spreading influenza ~~A~~ viruses. Sanitizing wipes can be used to clean things like computer keyboards and handheld electronics.

  Commonly touched surfaces include but are not limited to:
  - Doorknobs, handles, light switches
  - Handrails
  - Telephones
  - Faucet handles
  - Remote controls and handheld electronics
  - Shared computer keyboards and mice
  - Shared counters or desks
  - Bed controls, bedrails, and over-the-bed tables

- **Dishes and Eating Utensils** – Effective decontamination of non-disposable items is achieved by washing in a properly functioning dishwasher at recommended temperatures and quantities of detergent or in the sink with hot water and dish soap and allowing to air dry (do not wipe dry with towels). Disposable items can be discarded as ordinary refuse.

- **Linens and Laundry** – Clothing, bedding and towels should not be shaken or otherwise handled in a manner that may generate aerosols. Laundry may be washed in a standard washing machine using warm water and detergent. Bleach may be added. Wash hands after handling potentially contaminated laundry or consider wearing disposable gloves.

- **Carpeting and Cloth Furnishings** – Carpeting that is soiled with bodily secretions or fluids should be cleaned using the manufacturer's instructions or vacuum using a HEPA filter followed by carpet cleaning using a wet vacuuming method. Consider covering any mattresses or cloth furnishings used by ill persons with plastic or rubber sheets.

Frequency
Visibly soiled areas should be cleaned immediately. Commonly touched surfaces should be cleaned between uses. Areas and items known or likely to be contaminated should be disinfected at least daily. In the presence of an outbreak, the frequency of cleaning and disinfection should be increased.

Adapted from Iowa Department of Public Health.

E. Appendix E: LAC DPH Influenza/COVID-19/Other NON-COVID Respiratory Virus Health Educational Materials for SNFs

- ACDC Health Education Materials
- ACDC Influenza Health Education Materials

V. DPH Contact Information

- ACDC Program Contact Information:
  Phone: (213) 240-7941
  Fax: (213) 482-4856
  E-Mail: acdc2@ph.lacounty.gov

- ACDC Program Healthcare Outreach Unit/Long-Term Care Facilities Team
  E-Mail: LACSNF@ph.lacounty.gov.