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| --- | --- | --- |
|  Checklist of recommendations for respiratory illness outbreaks *Write the date when each recommendation was made by the local health department and implemented by the facility. Sign the bottom of the form and write the date when it is initially sent and received.*  |  |  |
| Recommendations | Date recom-mended  | Date imple-mented  |
| **Surveillance and communication:** |  |  |
| Notify the local health department of the outbreak. |  |  |
| Conduct daily active surveillance until at least 1 week after the last case occurs.  |  |  |
| Keep track of illnesses using a line list. Update the line list and share it with the local health department (LHD) daily. |  |  |
| **Isolation of ill residents:** |  |  |
| Use droplet precautions 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.  Exception-Droplet precautions can be lifted 48 hours after the start of antibiotics for residents with pneumonia caused by bacterial pathogens.  |  |  |
| Place ill residents in private rooms, if possible. If this is not possible, ill residents can be placed with other ill residents or stay in their own rooms. They should never be moved between units. |  |  |
| Residents with respiratory illness should stay in their rooms and out of common areas. If they need to come out of their rooms, they should wear face masks, if tolerated, and use respiratory etiquette. Notify the receiving department or facility of the resident’s illness in advance so that precautions can be taken. |  |  |
| **Medications and vaccinations:** |  |  |
| Residents with confirmed or suspected influenza should receive antiviral treatment immediately. |  |  |
| All well residents in the entire facility should receive antiviral chemoprophylaxis immediately when at least 2 residents are ill within 72 hours of each other and at least one resident has influenza confirmed by any test. The LHD may recommend antiviral chemoprophylaxis under other circumstances as well.  |  |  |
| Offer antiviral chemophrophylaxis to unvaccinated staff.  |  |  |
| When the strain of influenza circulating is not a good match to the vaccine strain, offer antiviral chemophrophylaxis to all staff. |  |  |
| Administer influenza vaccine to unvaccinated residents and staff. Also offer pneumococcal vaccine to those who refused previously if the outbreak is caused by *S. pneumoniae*. |  |  |
| **Testing:** |  |  |
|  Rapid antigen influenza (collect at least 3 if possible) |  |  |
|  Throat or NP swabs for PCR influenza testing (collect at least 3 if possible, send to DHMH) |  |  |
|  Legionella urine antigen tests (collect 3 to 5 if possible) |  |  |
|  Sputum for bacterial culture (collect 3 to 5 if possible) |  |  |
|  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Ill staff:** |  |  |
| Employees with fever should stay home until they have not had fever for 24 hours without the use of fever-reducing medications. |  |  |
| Employees with respiratory illness and no fever should be evaluated for appropriateness of patient care duties. They may still have influenza, even if laboratory tests are negative.  |  |  |
| Employees with respiratory illness and no fever who remain at work should wear a facemask during resident care activities, perform frequent hand hygiene, and adhere to respiratory hygiene and cough etiquette. |  |  |
| Recommendations | Date recom-mended  | Date imple-mented  |
| **Visitors:** |  |  |
| People visiting an ill resident should limit their visits to only that resident and should be instructed on hand hygiene and the use of PPE. |  |  |
| Post signs to alert visitors that an outbreak is occurring and that they should refrain from visiting if they have respiratory symptoms or are at high risk of complications if they become ill. Discourage visitors from visiting multiple residents or traveling to more than one area of the facility. A ban on visitors is not necessary.  |  |  |
| **Limit opportunities for exposure of well people to ill people:** |  |  |
| Stop new admissions to the entire facility.Readmissions are usually allowed, preferably to an unaffected area of the facility. |  |  |
| Based on the progression of the outbreak and at the discretion of the Health Officer, admissions will be allowed on the following unit(s) that do not have symptomatic residents or staff :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Additional unit(s) where admissions will be allowed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Cohort staff- Staff should not float between units. Personnel should not go back and forth between different areas of the facility. Assign employees to care for the same group of patients each shift, if possible.  |  |  |
| Do not allow movement of residents between units. Residents should not be relocated to other units during an outbreak. They should not travel around the building for activities, dining, etc. |  |  |
| Activities should be limited to the smallest groups possible and be held within units. Ill residents should not participate in group activities. |  |  |
| If transmission is ongoing, cancel group activities. |  |  |
| If transmission is ongoing, serve meals in resident rooms. |  |  |
| **Education: All staff and residents should be made aware of the outbreak.** |  |  |
| Remind staff and residents to use respiratory hygiene and cough etiquette**.**  Visual aids such as a “Cover Your Cough” poster can be used as reminders <http://www.cdc.gov/flu/protect/covercough.htm> In-services may help to remind and educate employees.  |  |  |
| Remind staff and residents to increase hand hygiene during an outbreak. Make sure that supplies for hand washing and hand sanitizer are readily available. In-services may help remind staff to be extra vigilant about hand hygiene. |  |  |
| Remind staff to adhere to standard precautions when caring for all residents. |  |  |
| **Environmental:** |  |  |
| Adhere to routine cleaning procedures, especially thecleaning of surfaces that are frequently touched, such as hand rails, elevator buttons, and door knobs. Environmental staff should be made aware of the outbreak so that they can concentrate on cleaning these surfaces, especially if time or resources are limited.  |  |  |
| **The facility should have supplies of the following readily available for use:** |  |  |
|  Hand sanitizer for staff, residents, and visitors |  |  |
|  Soap and paper towels for hand washing |  |  |
|  Tissues for staff, residents, and visitors |  |  |
|  PPE- Facemasks, gowns, gloves, and eye protection |  |  |

Local health department (LHD) signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date sent by LHD:\_\_\_\_\_\_\_\_\_\_

Facility signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received by facility:\_\_\_\_\_\_\_\_\_\_\_\_\_