



### Throughout the Influenza Season

- Offer Influenza vaccine to all residents and staff from beginning of October to the end of May.
- Maintain a record of vaccination status of all residents and staff.
- Initiate daily monitoring for flu symptoms among residents, staff, and visitors. Continue monitoring until the end of flu season.
- Ensure alcohol based hand rub (ABHR) stations are located throughout facility at all common areas, elevators, front door entrances & nursing stations.
- Post signs at building entrances discouraging visitation and exclude anyone with ILI from visiting the facility.
- Avoid new admissions or transfers to areas with symptomatic residents.
- Designate staff to care for ill residents and limit movement between affected and non-affected areas.
- Perform enhanced cleaning with bleach wipes of all hand rails, dining room chairs, condiment containers, room door knobs, and any objects frequently touched by multiple people.

### Before an Outbreak

- Ensure staff have received training regarding infection control policies and procedures with focus on Influenza and can demonstrate competence.
- Review and update work-exclusion policies avoiding contact with residents when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.
- Review and update your facility exposure plan; consider implementing a masking policy for staff members that decline vaccination.
- Review and update standing orders for rapid initiation of influenza prophylaxis for all non-ill residents in the event of an outbreak.
- Provide a letter to families and independent living residents about the facility's flu protocols, flu symptoms, and who should be notified in the event of illness.
- Test any resident with signs and symptoms of influenza-like-illness, regardless of whether it is influenza season or not. This is especially important when 2 or more residents develop respiratory illness within 72 hours of each other.

### During an Outbreak

- Notify CCPH of a confirmed or suspected influenza outbreak and conduct daily surveillance until the outbreak is declared over.
- Utilize [WA State DOH Recommendations for Prevention and Control of Influenza for LTC](#) to guide your facility's response.
- Implement standard and droplet precautions for all residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
- Symptomatic residents should be treated regardless of testing; Treatment should not be delayed for laboratory confirmation.
- Limit large group activities and consider serving all meals to residents in their rooms if the outbreak is widespread.
- Restrict staff movement between areas of the facility with and without illness.
- Limit visitors during the outbreak.
- Consider and prepare for chemoprophylaxis for all non-ill residents.
- Consider offering antiviral chemoprophylaxis to unvaccinated staff members who provide care to persons at high risk of complications from influenza.

### After an Outbreak

- Evaluate your facilities response and readiness.
- Develop action plans to address any identified areas of concern regarding facility readiness and response.
- Promote staff member vaccination.
- Review and update staff training regarding infection control policies and procedures with focus on Influenza.
- Evaluate staff competency related to foundation infection control practices (hand hygiene, knowledge of isolation precautions).