

## PRE-RESPIRATORY VIRUS SEASON PREPAREDNESS – ACUTE CARE

Objectives for pre-respiratory virus management and prevention and control in Acute Care Facilities:

1. To prevent the spread of influenza among acute care patients and staff
2. To reduce the morbidity and mortality from influenza and other respiratory viruses among patients
3. To decrease the number of outbreaks of influenza
4. To aim for 100% influenza immunization coverage for patients and staff

### Key Interventions Pre-Respiratory Virus Season to Prevent an Outbreak:

Educate! Vaccinate! Initiate!

- Educate staff and patients on the effectiveness, benefits and risks of influenza immunization
- Annual influenza vaccination (unless contraindicated) for both patients and staff with informed consent
- Educate staff/patients/ visitors on the importance of hand hygiene and respiratory hygiene
- Ensure eye protection, procedure/surgical masks and alcohol-based hand rub (ABHR) are available
- Post visual alerts (e.g., signs, posters) at entrances and in strategic places to instruct staff/patients/visitors on respiratory hygiene
- Prompt recognition of cases and suspects and the initiation of infection control measures and Additional Precautions can help prevent respiratory viruses from spreading
- Site-specific procedures developed and in place to ensure quick access to antiviral medications (e.g., Oseltamivir) in the event of an influenza outbreak. Refer to the [Outbreak Management Protocol](#).

**Get immunized!** Herd Immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing patients alone.

*“HCWs involved in direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination. In the absence of contraindications, refusal of HCWs who have direct patient contact to be immunized against influenza implies failure in their duty of care to their patients.”<sup>1</sup>*

### All HCW should use Routine Practices with a Point of Care Risk Assessment (PCRA).

Prior to every patient interaction, all HCWs have a responsibility to always assess the infectious risk posed to themselves and to other patients, visitors, and HCWs by a patient, situation or procedure.

| <b>PRE- RESPIRATORY VIRUS SEASON: PROCESS and ROLES/RESPONSIBILITIES OF HEALTH CARE WORKERS</b>                        |  |
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| <b>For further information on OUTBREAK MANAGEMENT- see the Acute Care <a href="#">Outbreak Management Protocol</a></b> |  |
| <b>Unit Health Care Aide/ Unit Clerk</b>   | <p>Order appropriate supply of viral transport media (VTM) is in stock/on hand to transport nasopharyngeal swabs for the culture of viruses.</p> <p>Order appropriate supply of nasopharyngeal flocced swabs for respiratory virus detection.</p> <p>Report patient signs and symptoms of respiratory viral illness to nursing staff immediately upon recognition</p>  |
| <b>Unit Nurse</b>  | <p><i>Administer influenza and pneumococcal immunizations to all eligible patients.</i> See the <a href="#">Canadian Immunization Guide</a> and SDO Immunization Manual. Additional details regarding vaccine eligibility criteria can be found at Manitoba Health, Seniors and Active Living website</p> <p>Review the <a href="#">Canadian Immunization Guide: Early vaccine Reactions including anaphylaxis</a>.</p> <p>Adverse effects following immunization are reportable to Manitoba Health. Healthcare workers must complete the <i>Manitoba Health Adverse Effects Following Immunization</i> form</p> <p>Ensure <b><u>informed, verbal and/or written consent</u></b> for <b>influenza vaccine</b> has been obtained from the patient prior to immunization. As per site process, consent must be documented via a consent form, medical chart/Integrated Progress Note or in the Electronic Patient Record. (EPR)</p> <p>At minimum, the following elements must be documented for consent:</p> <ol style="list-style-type: none"> <li>a) client identification (name and date of birth)</li> <li>b) statement of consent or refusal</li> <li>c) name of vaccine series</li> <li>d) date of consent</li> <li>e) name of person consenting or refusing</li> <li>f) relationship of person consenting to client being immunized</li> <li>g) name of person obtaining informed consent.</li> </ol> <p>Where applicable, ensure <b><u>informed, verbal and/or written consent</u></b> for the <b>pneumococcal vaccine</b> is also obtained.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Manitoba Health- Seasonal influenza vaccine fact sheet</i></li> <li>• <i>Manitoba Health Pneumococcal vaccine fact sheet</i></li> </ul> <p>Where possible, verify serum creatinine levels are current within the year for those with normal renal function and within the last 6 months for those with impaired renal function (e.g., dialysis, chronic care).</p> <p>Continuously monitor patients for signs and symptoms of an influenza-like illness (ILI) throughout the season and document assessment findings in the Integrated Progress Notes (IPNs) or in EPR.</p> <p><b>Immediately initiate Droplet/Contact Precautions when ILI is suspected.</b></p> |

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|   | <p>Encourage family members and visitors to receive an influenza vaccine and educate each on their role in the transmission of influenza to patients.</p> <p>Encourage family members, visitors and all staff to practice respiratory hygiene to prevent the transmission of respiratory illnesses</p> <p>Provide educational materials on respiratory hygiene as needed</p> <p>Promote frequent hand hygiene</p>                                     |
| <b>Unit Manager</b>   | <p>Ensure the preparatory work preceding immunizations is complete</p> <p>Coordinate, implement and promote the patient and staff influenza immunization campaign</p> <p>Contact site ICP with questions regarding the patient immunization campaign</p> <p>Contact site Occupational Health Nurse with questions regarding the staff immunization campaign</p> <p>The site ICP/designate will communicate the process and deadline for reporting</p> |
| <b>Housekeeping/<br/>Nutrition and<br/>Food Services/<br/>Recreation</b>                          | <p><b>Get immunized!</b> <a href="#">Herd immunity</a> is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone</p>   |
| <b>Pharmacy</b>   | <p>Confirm the availability of a box of Oseltamivir 75 mg (10 capsules) and a box of Oseltamivir 30 mg (10 capsules) in each site for after-hours initiation of treatment</p> <p>Promote influenza immunizations to staff, pharmacists, patients, volunteers and visitors/families</p>  |
| <b>Attending<br/>Physicians</b>   | <p>Order influenza immunization for patients before the influenza season</p> <p>Promote influenza immunizations to staff, patients, volunteers and families</p>   |
| <b>Chief Medical<br/>Officer/<br/>designate<br/>and Senior<br/>Management/<br/>Administration</b> | <p>Ensure all site physicians are aware of the need to order antivirals (e.g., Oseltamivir) for treatment. Treat patients who meet the ILI definition without delay; treatment is not contingent on having an outbreak declared</p> <p>Promote influenza immunizations to physicians, staff, patients, volunteers, visitors and families</p>  |
| <b>Medical<br/>Officer(s) of<br/>Health (MOH)</b>   | <p>Refer to <a href="#">Outbreak Management Protocol</a></p>  |
| <b>Communicable<br/>Disease<br/>Coordinators</b>  | <p>Collaborate with IP&amp;C to educate and update site ICPs regarding annual influenza immunization</p>  |
| <b>Occupational<br/>Health/<br/>designate</b>   | <p>Coordinate, implement and promote the staff annual influenza immunization campaign</p> <p>Report the numbers of staff immunizations to Population and Public Health</p>  |
| <b>Infection<br/>Control</b>  | <p>Facilitate the annual influenza immunization campaign (including pneumococcal immunizations)</p> <p>Communicate to site:</p>   |

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| <p><b>Professional/ designate</b></p> | <ul style="list-style-type: none"> <li>• Start date of annual immunization season</li> <li>• Forms: Immunization Inputting Form for Health Care Providers, Adverse Reaction form Resources: SDO Immunization Manual/Policy, MB Health Fact Sheets (Seasonal Influenza, Pneumococcal), MB Health Informed Consent Guidelines</li> <li>• Be a resource to the site</li> <li>• Report patient immunizations as required</li> </ul> <p>Coordinate the collection of the patient immunization numbers, communicate the plan for data collection (method and frequency) to the appropriate individuals.</p> <p>Investigate reports of ILI to confirm an ILI outbreak is occurring.</p> <p>Ensure there is a mechanism to order antivirals for chemoprophylaxis (e.g., Oseltamivir) in the event of an outbreak.</p> <p>For influenza outbreaks, refer to the Acute Care <a href="#">Outbreak Management Protocol</a></p> |
| <p><b>Site IP&amp;C Lead</b></p>      | <p>Review and update the Acute Care Influenza Management Protocol and supporting documents in collaboration with the Regional IP&amp;C committee (or sub-committees), as required</p> <p>Provide educational resources and information to ICPs to facilitate the launch of the annual influenza immunization campaign and seasonal outbreak response preparedness each year</p>  |