

# Hospital 7 East Influenza A Outbreak

## Preliminary Control Measures

### CASE DEFINITION

Any client or staff with at least two symptoms compatible with Influenza A, with or without lab-confirmation;

### SURVEILLANCE

1. Test new clients presenting with any one symptom compatible with Influenza;
2. Initiate daily active surveillance for clients (IPAC) and staff (OHS);

### SIGNAGE AND ADDITIONAL PRECAUTIONS

3. Place active cases on Droplet/Contact Precautions with signage on the doors;
4. Post a printed copy of the Control Measures at the nursing station;
5. Maintain universal use on *procedure masks* for staff/physicians/caregivers/etc. on the affected floors;

### OSELTAMIVIR PROPHYLAXIS

6. Administer Oseltamivir prophylaxis to all consented clients, including new admissions, regardless of their influenza immunization status, within 6-12 hours of declaring the outbreak;
7. Provide Oseltamivir prophylaxis to unvaccinated staff/physicians, as per TPH algorithm;
8. Do not send staff/physicians home, if there are delays with administration of Oseltamivir prophylaxis;
9. Exclude unvaccinated staff/physicians who refuse Oseltamivir prophylaxis from working during the outbreak. OHS to review these on a case-by-case basis, if needed;
10. Do not include essential caregivers/visitors in antiviral prophylaxis initiatives;

### ACCOMMODATION, COHORTING & ROOM RESTRICTIONS

11. Cohort active cases, when necessary/practical/feasible;
12. Restrict active cases to their rooms for the duration of precautions;
13. Use dedicated mobile equipment in the rooms of active cases, when possible;
14. Disinfect mobile equipment that cannot be dedicated, using disinfectant wipes;

## **APPOINTMENTS, LEAVES OF ABSENCE & GROUP ACTIVITIES**

15. Determine whether clients' medical appointments should be kept, at the discretion of the care team;
16. Schedule appointments end of day, if possible. Notify transport personnel and the receiving facility;
17. Reschedule non-urgent medical appointments and absences. Urgent appointments may continue with precautions;
18. Provide all clients who leave the unit with a mask and inform them of the risk of transmission;
19. Cohort clients for recreational group activities and close client gathering spaces (e.g. TV lounge);
20. Restrict clients from the outbreak unit from participating in any group activities taking place outside the unit;
21. Permit therapy / rehabilitation services to continue for clients, at the discretion of the care team;

## **ADMISSIONS, RE-ADMISSIONS, TRANSFERS, DISCHARGES**

22. Permit new admissions to the affected unit only in consultation with IPAC;
23. Coordinate inter-facility transfers with Toronto Public Health. Notify the receiving facility;

## **STAFF AND PHYSICIANS**

24. Restrict active staff/physician cases from the unit until cleared by OHS;
25. Permit healthy staff to work between affected and unaffected units;

## **PRIVATE & ESSENTIAL CAREGIVERS, STUDENTS, VOLUNTEERS, AND VISITORS**

26. Restrict confirmed/suspected caregiver/visitor cases until symptom improvement or 5 days from the onset, whichever is longer;
27. Permit healthy essential caregivers and general visitors on the unit, including for active client cases;
28. Permit students to work on the affected unit and with confirmed/suspected cases if immunized or on Oseltamivir;
29. Restrict volunteers from working on the affected unit;

## **ENVIRONMENTAL SERVICES**

30. Perform daily enhanced cleaning/disinfection in the rooms of active cases;
31. Perform a terminal cleaning upon discontinuation of precautions.