



# Coughs and Sniffles Challenges in Respiratory (ILI) Outbreaks

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# Outline of Presentation

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- Respiratory Outbreak Definition
- Challenges in recent respiratory outbreaks:
  - Reporting delays
  - Precautions
  - Creatinine clearance levels & immunization records
  - NP swab availability & collection
  - Labelling of specimen and requisitions
  - Specimen packaging
  - Outbreak notification on weekends/holidays
  - Staffing issues.





# Respiratory Outbreak Definition

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- The nurse in charge notifies Infection Control/MHO if two (2) or more residents/staff exhibit any of the following signs and symptoms of influenza-like illness within a 72 hour period:

Cough	Coryza (runny nose)
Fever	Chills
Chest congestion	Myalgia
Nasal congestion	Sore throat
Malaise	Arthralgia (sore joints)
Headache	



# Challenges in Recent Outbreaks

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- Reporting delays in notifying Infection Control have been noted in numerous recent outbreaks.
- If you suspect an outbreak, notify Infection Control sooner than later at 739-5212 or 842-8212 during the week.
- After hours and weekends - notify the Medical Health Officer on call (766-7773). It is generally not necessary to call the MHO after midnight.
  - It is particularly important to call if you suspect an outbreak on Friday before the weekend starts and less staff are available to assist.

# Additional Precautions

**SunCountry HEALTH REGION** **Droplet and Contact Precautions**

**Hand Hygiene**

- ✓ Before applying PPE and after removing PPE;
- ✓ During the 4 Moments of patient/resident care;
- ✓ Using alcohol gel or soap and water.

**Private Room**

- ✓ Door may remain open;
- ✓ Own toileting facilities or dedicate commode;
- ✓ Maintain a distance of at least 2 meters (6 feet) between patients if sharing a room.

**Patient Care Equipment And Environment**

- ✓ Dedicate necessary equipment;
- ✓ Clean and disinfect all equipment removed from room;
- ✓ All HTS must be cleaned at least daily;
- ✓ Do not take patient chart into room.

**Mask and Eye Protection**

- ✓ Wear surgical mask and eye protection when working within 2 meters (6 feet) of patient.

**Patient Transport**

- ✓ Only when essential;
- ✓ Patient must wear surgical mask;
- ✓ Continue Droplet & Contact Precautions;
- ✓ Inform receiving department.

**Gown and Gloves**

- ✓ Wear long-sleeved gown if in contact with patient or environment;
- ✓ Remove gown and gloves before leaving room.

**Education Provided by staff:**

<b>Isolation</b>	- To Patient	<i>Date &amp; Sign</i>	<b>Hand Hygiene</b>	- To Patient	<i>Date &amp; Sign</i>
	- To Family			- To Family	

**When Isolation is Discontinued – Place this form in the chart**

- Additional precautions must be used even if there is only one case present as the infectious person is capable of spreading illness to others thus resulting in an outbreak.

# Resident Creatinine Clearance Spreadsheet

## Sun Country Health Region Influenza Program for Residents of Long Term Care Facilities

2012 Recording Sheet for Calculation of Creatinine Clearance, Administration of Influenza Vaccine and Pneumococcal Vaccine Status (Outbreak Management)

Facility Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Creatinine Clearances are ONLY required prior to an outbreak for residents where there is reason to suspect significant renal impairment (renal failure, kidney disease, previous Cr Cl < 35, etc.) but may be collected on all residents for convenience.

#	Resident's First and Last Name (Your resident list should be updated when new admissions and discharges occur) (1)	Health Services Number (HSN) (2)	Comments (e.g. Critical renal failure, new admission, death of resident, transfer) (3)	Document if individual is in Palliative or Respite Bed (4)	For the Calculation of Creatinine Clearance (You MUST enter information in all the green columns to automatically calculate a correct Cr Cl in the blue column)				2012 Annual Influenza Immunization		Pneumococcal 23 Vaccine Status	
					2012 Serum Creatinine Level (umol/L) (5)	Age (as of October 1, 2012) (6)	Weight (in Kg) (7)	Gender (8)	Calculated Creatinine Clearance (mL/min) (9)	Date Immunized with Influenza Vaccine (dd,mo,yyyy) (10)	Receipt Document all the following (11)	Indicate Year Immunized or if Not Immunized (12)
1									NA			
2									NA			
3									NA			
4									NA			
5									NA			
6									NA			
7									NA			
8									NA			
9									NA			
10									NA			
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39									NA			
40									NA			



# Resident Creatinine Clearance and Immunization Spreadsheet

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- It is important to have plans for in-charge nurses to have access to the resident creatinine clearance level spreadsheet (electronic and paper records).
- The records need to be updated with new/discharged residents ASAP after a respiratory outbreak declared.
- Managers update and send these records regularly to the MHO, but most staff don't know where to find these when the manager/supervisor is not available.





## Resident Creatinine Clearance and Immunization Spreadsheet

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- If an Influenza outbreak is declared these records are used to assist the MHO in recommending dosages for Tamiflu.



# Respiratory Viruses

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- Every winter other respiratory viruses are circulating at the same time as the influenza virus.
- To distinguish between influenza and other common viral respiratory infections nasopharyngeal specimens are required.
- Each year many respiratory viruses circulate including Parainfluenza Types 1, 3, and 4, RSV, adenoviruses, hMPV, and enteroviruses.

# Nasopharyngeal (NP) Specimen Availability

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- NP swabs and viral transport media have not been available at some of the facilities so when the MHO requests that specimens be sent to SDCL during an outbreak/surveillance, the facility has to go to the local lab for the UTM kits.
- As a part of pre-season planning, the facility should have NP swabs and transport media available.



# NP Collection

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- Refer to NP lab collection guidelines in the outbreak manual (E-05-10-60-15).
- Rotate the swab gently in each nostril for 10-15 seconds to ensure maximum absorbency.
- Plan now for what your facility will do for transporting specimens during weekends and holidays. This is not the on-call MHO's responsibility.
- Refer to Lab transport section in the outbreak manual for options you can use.



# Lab Requisitions

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- Requisitions

- In addition to other pertinent information, the outbreak number **(SCHR-2013-\*\*\*)** must be labelled on the specimen and also on the requisitions when they are sent to SDCL.
  - If this is not listed, the specimen is not tested as a priority and testing may be delayed for several days.

# Specimen Packaging/Transportation



- When specimens are sent to SDCL, they are to be packaged in between two wrapped ice packs and placed into this green tote along with a yellow tag to identify that stat testing is required. If the specimens are not packaged in this manner, testing may be delayed for several days as compared to same day testing.
- If your facility does not send the specimens to the lab for packaging prior to sending to SDCL, a lab tote can be requested from the lab to keep at your facility so it is available.



## Outbreak Notification to Central Scheduling

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- On weekends, holidays or after hours, the in-charge nurse/manager needs to notify the senior manager on call of the newly declared outbreak.
- It is important Central Scheduling is notified to prevent staff movement among facilities/programs.
  - Either the manager, senior manager on call, or the in-charge nurse must notify Central Scheduling department.



# Staffing Issues

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- No staff movement is recommended by Infection Control for the duration of the outbreak.
- If there are patient/staff safety concerns the manager should notify Infection Control to discuss these individual cases.





## Compassionate/Palliative Visiting:

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- During outbreaks visiting by the general public is suspended unless on compassionate grounds.
- For instances where compassionate or palliative visiting is required these cases should be discussed with Infection Control/MHO.



# Staffing Issues

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- Unimmunized staff are only excluded once “Influenza” is lab confirmed.
- When Influenza is identified, the Employee Health Nurse will be involved to determine which staff should be excluded. Provisions should be made for when Influenza is identified on weekends / holidays for in-charge nursing staff to have access to this list.



# Staffing Issues

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- During other types of respiratory outbreaks, unimmunized staff can continue to work.



*Get Your Flu Vaccine!*



## Thinking about getting your flu shot?

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- Its not too late!
  - Talk to your manager about how you can get your flu shot or call Employee Health.



## Bouquets !!

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- Some facilities continue to notify Infection Control/MHO in a timely manner.
- Facilities are placing more patients/residents on precautions before they identify there may be a problem. Well done!
- Facilities are using the proper precaution techniques.
- Some facilities are faxing hand hygiene audits during outbreaks and are able to self identify where they need to improve.

# Questions?

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