

# Fort Thompson Health Center

## Influenza Plan 2015-2016

### Purpose

The purpose of this plan is to address the issues related to the 2015-2016 influenza season, including but not limited to immunization coverage, surveillance, personal protective equipment, training/education, and environmental controls.

### Program Components

- Program Administration
- Influenza Immunization Coverage
- Minimize Potential Exposures
- Monitor and Manage Ill Healthcare Personnel
- Standard and Droplet Precautions
- Tracking and Reporting Influenza Activity
- Environmental Infection Control
- Training and Education
- Antiviral Treatment

### I. Program Administration

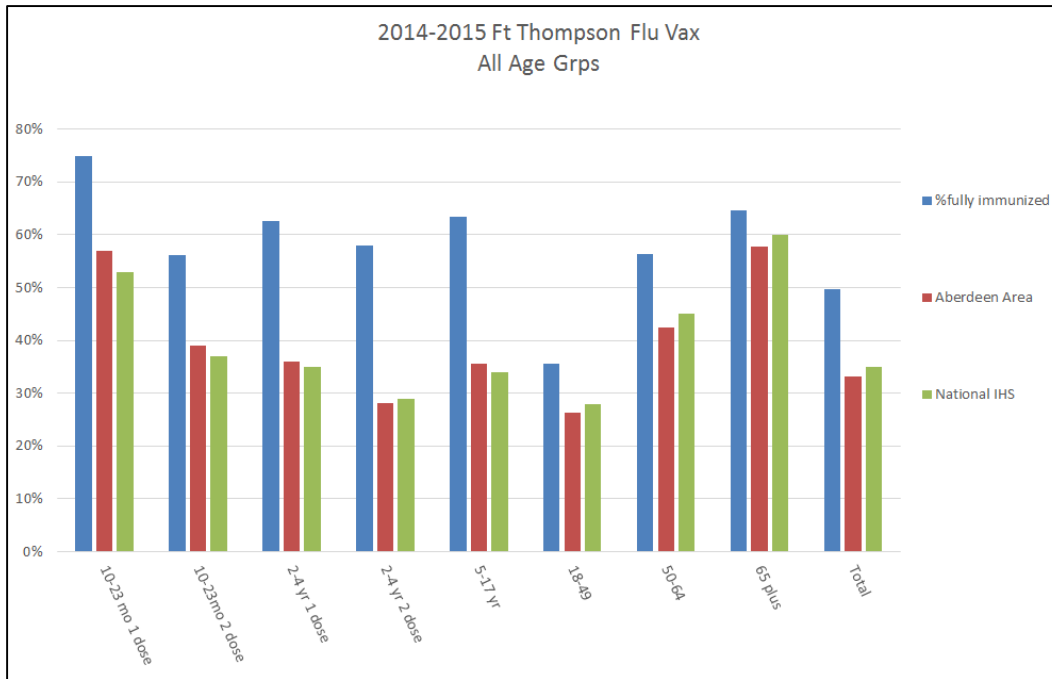
- Immunization Program Coordinator/Infection Prevention Officer will be responsible for the administration of the 2015-2016 Influenza Plan, as well as responsible for monitoring the ongoing and changing needs for this program

### II. Influenza Immunization Coverage

- Outpatient Vaccination
  - Healthcare providers will encourage all patients 6 months and older to receive the Influenza Vaccine at the earliest availability and promote complete coverage
- Healthcare Provider Vaccination Program
  - Implement GPA/National policies related to vaccination compliance, as required
  - Continue to utilize declination forms for medical declination
  - Educate HCP about risks and benefits of vaccination
  - Monitor compliance and report quarterly
- Community Outreach programs
  - Immunization Nurse will administer community vaccination programs to the Crow Creek School and Headstart programs. As well, evaluate the need for other outreach in the community with the assistance of the Public Health Nurses and perform as needed.
- 2015-2016 Goals:
  - Employee/Contractor/Volunteer: >90% (2014-2015 final: 91%)
  - 6 months to 18 years: >75% (2014-2015 final: 63%)
  - 65 years and older: >70% (2014-2015 final: 65%)
  - All persons 2020 goal: 70% (2014-2015 final: 50%)

See graph on next page for more details on all ages for 2014-2015 Influenza Coverage

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### III. Minimize Potential Exposures

- Before Arrival to a Healthcare Setting
  - When scheduling appointments, instruct patients and persons who accompany them to inform HCP upon arrival if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever) and to take appropriate preventive actions (e.g., wear a facemask upon entry, triage and room as soon as possible).
- Upon Entry and During Visit to a Healthcare Setting
  - Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., registration, lobbies) to provide patients information about respiratory hygiene and cough etiquette, especially during periods when influenza virus is circulating in the community.
  - Provide facemasks to patients with signs and symptoms of respiratory infection at registration.
  - Provide supplies to perform hand hygiene to all patients upon arrival to facility (e.g., at entrances of facility, waiting rooms, at patient check-in) and throughout the entire duration of the visit to the healthcare setting.

### IV. Monitor and Manage Ill Healthcare Personnel

- HCP who develop fever and respiratory symptoms should be:
  - Instructed not to report to work, or if at work, to stop patient-care activities, don a facemask, and promptly notify their supervisor for further instruction.
  - Reminded that adherence to respiratory hygiene and cough etiquette after returning to work is always important. If symptoms such as cough and sneezing are still present, HCP

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should wear a facemask during patient-care activities. The importance of performing frequent hand hygiene (especially before and after each patient contact and contact with respiratory secretions) should be reinforced.

- Excluded from work until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines such as acetaminophen). Any employee with ongoing respiratory symptoms with or without fever should be considered for evaluation by their healthcare provider to determine appropriateness of contact with patients.

### V. Adhere to Standard and Droplet Precautions, as indicated

- Droplet precautions should be implemented for patients with suspected or confirmed influenza until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility.
- HCP should don a facemask when entering the room of a patient with suspected or confirmed influenza. Remove the facemask when leaving the patient's room, dispose of the facemask in a waste container, and perform hand hygiene.
- If a patient under droplet precautions requires movement or transport outside of the room:
  - Have the patient wear a facemask, if possible, and follow respiratory hygiene and cough etiquette and hand hygiene.
  - Communicate information about patients with suspected, probable, or confirmed influenza to appropriate personnel before transferring them to other departments in the facility (e.g., radiology, laboratory) or to other facilities.

### VI. Tracking and Reporting Influenza Activity

- Influenza activity will be monitored regularly by Infection Control Officer via iCare, laboratory data, and RPMS as needed.
- Communicable Disease Report will be issued to Medical staff, leadership, and all staff as needed
- Continue National Immunization reporting System reporting as required

### VII. Environmental Infection Control

- Detailed information on environmental cleaning in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \[section IV.F. Care of the environment\]](#).

### VIII. Training and education related to Influenza

- Key aspects of influenza and its prevention that should be emphasized to all HCP include:
  - Influenza signs, symptoms, complications, and risk factors for complications. HCP should be made aware that, if they have conditions that place them at higher risk of

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- complications, they should inform their healthcare provider immediately if they become ill with an influenza-like illness so they can receive early treatment, if indicated.
- Central role of administrative controls such as vaccination, respiratory hygiene and cough etiquette, and precautions during aerosol-generating procedures.
  - Appropriate use of personal protective equipment for respiratory protection
  - The FTHC Health Educator will conduct community outreach education related to influenza activity

### IX. Antiviral Treatment

- Administer Antiviral Treatment to Patients and Healthcare Personnel when Appropriate
- Refer to the CDC web site for the most current recommendations on the use of [antiviral agents for treatment and chemoprophylaxis \(http://www.cdc.gov/flu/professionals/antivirals/\)](http://www.cdc.gov/flu/professionals/antivirals/). Both HCP and patients should be reminded that persons treated with influenza antiviral medications continue to shed influenza virus while on treatment. Thus, hand hygiene, respiratory hygiene and cough etiquette practices should continue while on treatment.

### Resources

CDC, 2015. Prevention Strategies for Seasonal Influenza in Healthcare Settings. Retrieved on August 18, 2015 at <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

[Guidelines for Environmental Infection Control in Health-Care Facilities](#)

[Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \[section IV.F. Care of the environment](#)

[antiviral agents for treatment and chemoprophylaxis \(http://www.cdc.gov/flu/professionals/antivirals/\)](http://www.cdc.gov/flu/professionals/antivirals/).