



## AV1300 STAFF RESPIRATORY INFECTION OUTBREAK MANAGEMENT POLICY

### 1.0 PURPOSE

To help ensure that those at greatest risk of complications and death from influenza or any other respiratory infection, are optimally protected through the appropriate use of appropriate respiratory infection prevention measures.

### 2.0 DEFINITIONS

TERM	DEFINITION
Antiviral Medication	Medication (drugs) capable of preventing or treating viral infection. Oseltamivir (Tamiflu) is currently recommended as chemoprophylaxis against influenza. Oseltamivir is effective against both influenza A and B. "At this time there is no change to the PHAC recommendation, made in November 2006 that health care providers in Canada not prescribe amantadine for the treatment or prevention of influenza during the current influenza season" (Canada Communicable Disease Report, July 2008, para. 15). Until this profile changes and health authorities are officially notified, Amantadine is no longer recommended for the treatment or prophylaxis of influenza.
Covered Individuals	Includes all employees, physicians, volunteers, third party contractors, students and first responders who, as part of their duties, perform service for Interior Health.
Health Care Facility	Any facility providing ongoing care to groups of individuals, especially frail or elderly persons. This includes acute and long-term care facilities.
Health Care Worker (Direct Care)	Any person carrying out paid or unpaid work in a health care facility within or through one of its auxiliary sites or in a client's home and has direct patient/persons/client contact including persons who undergo training or volunteer for any period of time between October to April. This includes but is not limited to all Interior Health Health Care Workers regardless of their site of employment.
Health Care Worker (Support Staff)	Any person carrying out paid or unpaid work in a health care facility or one of its auxiliary sites (including persons who volunteer or undergo training for any period of time between October to April) and does not have direct contact with patients/ /clients.
Incubation Period	The time interval between the initial contact with an infectious agent and the first appearance of symptoms associated with the infection. The incubation period of influenza is 4 days; duration of virus shedding is usually not more than 5 days after onset of symptoms.
Influenza	Influenza is a viral infection of the respiratory system. Symptoms of influenza include fever, cough, sore throat, muscle ache, extreme fatigue and headache. Unlike the common cold and most other respiratory viruses commonly called "the flu",

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	influenza virus infection can result in severe illness, pneumonia and even death.
Influenza-Like Illness (ILI) or Respiratory Infection (RI) – Case Definition for Respiratory Infection prior to Lab Confirmation:	<p>A case of respiratory infection is defined as:</p> <ul style="list-style-type: none"> <li>• new or worsening cough, AND</li> <li>• a fever greater than 38C or a temperature that is abnormal for that person, <b>AND</b></li> <li>• at least one other symptom. Additional symptoms may include myalgia/arthralgia, extreme fatigue, runny nose, sore throat, and/or headache.</li> </ul>
Respiratory Infection (RI) Outbreak	A respiratory infection (RI) outbreak is considered to be two or more cases of new or worsening cough in a defined area or group of people within a facility within a seven day period <u>or</u> as determined by the Medical Health Officer (Long Term Care)/Medical Microbiologist (Acute Care) in consultation with Infection Prevention and Control. An influenza outbreak is declared when influenza is laboratory confirmed or is highly suspect as the cause of the outbreak.
Influenza Vaccine	Influenza vaccine is prepared in two different forms. One is made from killed influenza virus (inactivated) and one is made from live but weakened (attenuated virus) influenza virus. These vaccines stimulate the formation of immunity (antibodies) against three strains of influenza virus likely to be circulating that season. Once vaccinated, the body requires approximately two weeks (14 days) to build antibodies to combat the influenza virus.
Transmission of Influenza	Influenza is spread from person to person by inhalation of tiny droplets produced when a person infected with influenza coughs, sneezes, laughs or sings. It can also be spread by contact with infected respiratory secretions through articles such as bedrails, facial tissue or utensils. Hands are considered to be a major factor in the transmission of influenza and other respiratory viruses.
Medical Contraindication to Influenza Immunization	Influenza vaccine should not be given to persons who have had an anaphylactic or shock-like reaction to a previous dose of influenza vaccine or any component of the vaccine. Anaphylactic reaction consists of rapid onset of hives, swelling of the mouth and throat, difficulty breathing and shock. It is rare following influenza immunization.

### 3.0 POLICY

Interior Health is committed to protecting patients/clients, and staff from the potentially debilitating and sometimes fatal complications of influenza or any other respiratory infection.

#### **Influenza Immunization**

Influenza vaccine is safe and is the single most effective way to prevent influenza-related complications and death. As part of their duty to care for patients/clients, all workers are strongly encouraged to receive influenza immunization. Non-immunized workers assist in the spread of influenza and pose an unacceptable risk to patients/clients and co-workers.

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All staff members will be given leave without loss of pay to attend an Influenza Immunization Clinic when it is at their worksite.

For the purposes of this policy, covered individuals includes all employees, physicians, volunteers, third party contractors, students and first responders who, as part of their duties, perform service for Interior Health.

### **Medical Health Officer/Medical Microbiologist Respiratory Infection (RI) Outbreak Recommendations**

In both outbreak and non-outbreak settings **symptomatic staff** (see definition of Influenza-Like Illness (ILI) or Respiratory Infection (RI) in Section 2.0) shall be excluded from work until five days after symptom onset and/or the resolution of acute systemic symptoms, whichever is sooner. Longer exclusions may be considered for staff caring for highly immunocompromised patients (e.g. transplant patients).

The **standard** RI outbreak recommendations are:

Until the outbreak is declared over, staff exposed to the outbreak area **should not** work in non-outbreak areas within the facility or in another facility until three days have passed without further exposure. This may mean reassigning staff to accommodate this restriction. If staffing shortages do not permit reassigning employees to unaffected areas, **the facility/department must discuss the situation with the Medical Health Officer/Medical Microbiologist immediately.**

Antivirals may also be recommended for staff prophylaxis or treatment of seasonal influenza but are not a condition of exclusion.

**However, in areas where a RI outbreak has been declared the Medical Health Officer (for long term care facilities)/Medical Microbiologist (for acute care facilities) may make recommendations that differ from the above standard RI outbreak recommendations, based on the specifics of the RI outbreak.**

These recommendations supersede provincial and regional guidelines and policies for the duration of the outbreak and will be communicated to all parties as part of the outbreak declaration.

**All Staff** are required to follow the direction and guidance provided by the Medical Health Officer or Medical Microbiologist if different from the standard procedure.

### **Objective**

#### **Immunization of Health Care Workers**

It is the expectation that health care workers will be immunized against influenza as a measure to prevent the spread of influenza to vulnerable populations and as part of their duty to care. The long-term objective set by the Ministry of Health Services and Interior Health is to have at least 80% of health care workers in long term care and 60% of acute care and community health care staff vaccinated.

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## 4.0 RESPONSIBILITIES

### **Senior Management**

- Support and provide necessary resources to support this Staff Respiratory Infection Outbreak Management policy.

### **Manager /Supervisor**

- Ensure staff are made aware of this Staff Respiratory Infection Outbreak Management policy.
- Model behaviour consistent with responsibility of duty of care.
- Ensure employees who are exhibiting the signs/symptoms of influenza are not attending the workplace. Employees who are unwell will use their sick banks for their absence.
- Review [staff influenza reports](#) regularly and encourage non-immunized staff to be vaccinated.
- Will work with Staffing Services, to ensure exposed staff members (non-symptomatic) are assigned to the outbreak area only and not to other areas of the facility or other facilities.

### **Employees / Physicians**

- Obtain yearly immunization.
- Self-report when they have received an influenza immunization or if they have chosen not be immunized and wear a surgical/procedural mask:
  - Employees self-report at <https://influenzareporting.org/>
  - Physicians self-report at <https://medicalstaffhealth.phsa.ca>
  - Report any Influenza-Like Illness (ILI)/Respiratory Infection to your supervisor and remain off work by accessing your sick bank.

### **Occupational Health Nurse/Influenza Program RN**

- Support and promote this Staff Respiratory Infection Outbreak Management policy.
- Collaborate with other team members (Infection Control Practitioner, Public Health Nursing, Medical Health Officer, Communications, and Operations Management) to deliver the influenza protection program in area of responsibility.
- Publicize the employee influenza immunization program.

### **Infection Control Practitioner**

- Support and promote Interior Health's Respiratory Infection Outbreak Management Policy.
- Coordinate outbreak management response in facilities.
- Ensure infection control guidelines are followed through development and distribution of relevant materials and information.

### **Public Health Nursing**

- Support and promote Interior Health's Staff Respiratory Infection Outbreak Management policy.
- Coordinate ordering and distribution of influenza vaccine.
- Compile and submit influenza immunization data to Ministry of Health for residents, and staff.
- Coordinate and offer immunization clinics in the community that any IH staff may attend.

### **Medical Health Officer/Medical Microbiologist**

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- Consultation to facility management for outbreak management.
- Responsible for declaring an outbreak and responsible for declaring outbreak over.
- Provide outbreak management recommendations for each RI outbreak.

## 5.0 REFERENCES

1. AV1350 Influenza Immunization Prevention Policy April 2016, retrieved on October 11, 2016 from <http://insidenet.interiorhealth.ca/infoResources/policies/Documents/Influenza%20Prevention%20Policy.pdf>
2. BC Communicable Disease and OHSAH "Influenza and the Healthcare Workforce: Identifying Barriers and Facilitators to Vaccine Uptake in BC", May 23, 2006. *Canadian Communicable Disease Report* (July 2008). National Advisory Committee on Immunization (NACI): Statement On Influenza Vaccination for the 2008-2009 Season, Volume 34 • ACS-3July 2008. <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/acs-3/index-eng.php>
3. Community Care & Assisted Living Act: Adult Care Regulations. B.C. Reg 538/80. Retrieved on August 19, 2008 from [http://www.qp.gov.bc.ca/statreg/reg/C/CommuCareAssisted/536\\_80.htm#section6.2](http://www.qp.gov.bc.ca/statreg/reg/C/CommuCareAssisted/536_80.htm#section6.2)
4. HEABC letter to CEOs dates September 22, 2003 Ministry of Health, BC Communicable Disease Policy Committee (September 26, 2006) Potter J, Stott DJ, Roberts MA et al. "Influenza vaccination of health care workers in long term care hospitals reduces the mortality of elderly patients." *J. Infect Dis.* 1997;Jan; 175:1-6. Interior Health (September 2012). Prevention and Control of Respiratory Outbreaks in Residential Care Settings. Provincial Infection Control Network – BC (2007). PICNet Reference For Respiratory Outbreak Prevention & Control Guidelines, June 2007.
5. The Health Act. Health Act Communicable Disease Regulations. B.C. Reg4/83. Retrieved on August 18, 2008 from [http://www.qp.gov.bc.ca/statreg/reg/h/health/4\\_83.htm#part2](http://www.qp.gov.bc.ca/statreg/reg/h/health/4_83.htm#part2)
7. Wilde JA, McMillan JA, Serwint J. "Effectiveness of influenza vaccine in health care professionals - a randomized trial". *JAMA.* 1999; 281(10): 908-913.
8. Workplace Health and Safety Policy AV1300 Staff Influenza Immunization and Exclusion – April 2012.

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## Respiratory Infection Outbreak Staff Management Flow Diagram (including Influenza)

