



State of Louisiana
Department of Health and Hospitals
Office of Public Health
Center for Community Preparedness
In conjunction with
Louisiana Nursing Home Association



GUIDANCE FOR NURSING HOMES: Pandemic Influenza Preparedness & Response



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presented by

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Center for Community Preparedness

in conjunction with

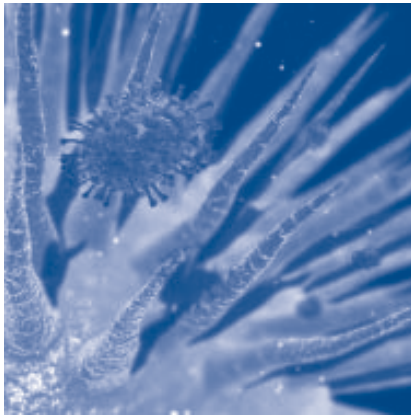
Louisiana Nursing Home Association



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Guidance for Nursing Homes: Pandemic Influenza Preparedness & Response (Draft Version May 2008) is published by the Louisiana Office of Public Health Center for Community Preparedness and Louisiana Nursing Home Association. The printing of this publication is made possible through a grant from the Louisiana Office of Public Health.



Background

Influenza, commonly called “the flu,” is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). The flu usually spreads from person to person when an infected person coughs, sneezes, or talks and the virus is sent into the air. The flu can cause illness in all ages, and it is more likely than other viral respiratory infections, such as the common cold, to cause severe illness and life-threatening complications.

“Influenza” represents a family of viruses which infects many species, including humans. Avian influenza, also known as “avian flu” or “bird flu,” is caused by one of many viruses that exist naturally in wild birds. Wild birds usually do not become sick, but they can carry the virus and pass it on to non-wild birds, such as chickens, turkeys, and ducks (fowl), which can become very sick and die. Bird flu viruses do not generally infect people. However, since 1997, there have been over 160 reported cases of human infection from avian influenza A H5N1 (the scientific name for a strain of bird flu currently circulating) in Asia and parts of Eastern Europe.

Humans can become infected with bird flu through contact with infected poultry or contaminated fluids, such as the birds’ saliva, nasal secretions, and feces. However, this virus does not have the ability to spread from human to human. Because all influenza viruses have the ability to change, scientists are concerned that viruses like the H5N1 virus could change so that it could easily spread from sick people to otherwise healthy people. If this happens, and the influenza spreads around the world, it would be called a pandemic.

Pandemic influenza is a unique public health emergency. Outbreaks would be expected to occur simultaneously throughout much of the country and in the State, preventing shifts in human and material resources that normally occur in most other natural disasters. For this reason, the State of Louisiana Department of Health and Hospitals (LDHH) /Office of Public Health (LOPH) recommends that institutions, such as nursing homes, plan now for their response to pandemic influenza.



Purpose

The purpose of this document is to assist nursing homes in their development of their own institution-specific pandemic influenza preparedness and response plans. This document outlines a plan for responding to various levels of threat that may be posed by pandemic influenza, and an approach to stepping up prevention and control activities as the threat increases. The intent is that this document will be used in the context of advisory documents and guidance provided by the Louisiana Nursing Home Association (LNHA), Louisiana Office of Public Health Center for Community Preparedness (LOPH) and the Centers for Disease Control and Prevention (CDC). This guidance is a fluid document subject to change as new information becomes available.

Assumptions

The development of this document is based on the following assumptions:

- In the event of an influenza pandemic the State will have minimal resources available for on-site local assistance, and therefore local authorities and institutions will be responsible for community-specific pandemic response plans, including the modification of this document so that it is institution-specific.
- Local communities may have emergency preparedness plans or influenza pandemic plans in place. Local community leaders and institutions should communicate so that each is aware of the others' plans.
- The federal government has assumed the responsibility for developing materials and guidelines, including basic communication materials for the general public on influenza, influenza vaccine, antiviral agents, and other relevant topics in various languages; information and guidelines for health care providers; and training modules. These resources are available at www.pandemicflu.gov.
- A novel influenza virus strain will likely emerge in a country other than the United States, but could emerge first in the United States and possibly in Louisiana.
- It is highly likely that moderate or severe shortages of vaccine will exist early in the course of the pandemic and also possible that no vaccine will be available.
- The supply of antiviral medications used for treatment of influenza will be extremely limited. Antiviral medicines will probably be “restricted use” during a pandemic. They should be used according to strict guidance outlined by the State Health Officer. There may be penalties for misuse of ANY antiviral medication during a pandemic.



World Health Organization (WHO) Phases

The pandemic phases described in this document are those that have been established by the World Health Organization. The most recent publication of the phases is summarized in Table 1 below. The State's response to a pandemic will be guided by the WHO phase declaration [see *State of Louisiana Influenza Pandemic Public Health Preparedness & Response Plan* (currently in draft form)]; current phase status can be found at http://www.who.int/csr/disease/avian_influenza/phase/en/index.html. This response will include specific considerations during each phase of the pandemic regarding surveillance, vaccine delivery, administration of anti-viral medications and communications. In addition, there must be actions taken on the local level in each phase, particularly with respect to community-based containment measures. This plan for nursing homes provides recommendations for activities in response to WHO phases. Also included is an Epidemic Respiratory Infection matrix (Table 2) that will assist facilities with their activation level based on WHO phases.

It should be noted that at the time of writing this document (May 2008), we are in WHO Phase 3.

Table 1. WHO Pandemic Phases	
GREEN	INTERPANDEMIC PERIOD Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low. Phase 2. No new influenza virus subtypes have been detected in humans; however, a circulating animal influenza virus subtype poses a substantial risk of human disease.
	PANDEMIC ALERT PERIOD Phase 3. Human infection(s) with a new subtype has been detected, but no human-to-human spread or at most rare instances of spread to a close contact. Phase 4. Small cluster(s) with limited human-to-human transmission has been detected, but spread is highly localized, suggesting that the virus is not well adapted to humans.
ORANGE	Phase 5. Larger cluster(s) has been detected, but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).
RED	PANDEMIC PERIOD Phase 6. Pandemic phase: increased and sustained transmission in the general population
	POST PANDEMIC PERIOD Return to the Interpandemic Period (Phase 1)

Based on WHO/CDS/CSR/GIP/2005.5: WHO global influenza preparedness plan. World Health Organization, Department of Communicable Disease Surveillance and Response. Global Influenza Programme. 2005.

Table 2. Nursing Facility Epidemic Respiratory Infection (ERI) Alert Matrix			
Five levels of alert corresponding to the type of transmission and the location of the cases.			
What type of transmission is confirmed?	Where are the cases?	Are there cases at the facility?	Alert Level
None or sporadic cases only	Anywhere in the world	No	Ready
Efficient person-to-person transmission	Anywhere outside the US and bordering countries (Canada, Mexico)	No	Green
Efficient person-to-person transmission	In the US, Canada, or Mexico	No	Yellow
Efficient person-to-person transmission	In LA or bordering states; at nursing home	Does not matter; efficient transmission from known sources	Orange
Efficient person-to-person transmission	At nursing home	Yes, with efficient transmission, sources not clear	Red



Process

The first Louisiana Influenza Pandemic Preparedness Plan was completed in 2000 and was modeled on the CDC guidance, *Pandemic Influenza: Planning Guide for State and Local Officials*. As the State’s plan changed and progressed, it became clear that nursing homes require specific attention to issues such as surveillance, infection control, and case management. Therefore, this guidance for nursing homes was adapted from the *State of Louisiana Influenza Pandemic Public Health Preparedness & Response Plan* available at www.dhh.la.gov .

This guidance has been developed in partnership by the Center for Community Preparedness (CCP), Office of Public Health and the Louisiana Nursing Home Association.



Authority/Legal Preparedness

The State of Louisiana has designated LOPH to oversee the influenza pandemic planning process in cooperation with other State agencies and essential community partners. During a pandemic, LOPH will have primary responsibility for:

- Making recommendations to local offices of emergency management, health care providers and facilities, and the general public to aid in controlling the spread of influenza;
- Maintaining surveillance systems to monitor the spread of disease; and
- Keeping the public informed.

While no provision of law addresses pandemic influenza specifically, numerous statutory provisions authorize relevant actions. For institutions to effectively plan and respond to an influenza pandemic, they should be knowledgeable of the following legal issues:

- Louisiana's laws and procedures on quarantine, isolation, closing premises, and suspending public meetings, which can be implemented to help control an epidemic;
- Statutes for mandatory vaccination during an infectious disease emergency;
- Medical volunteer licensure, liability, and compensation laws for in-state, out-of-state, and returning retired and non-medical volunteers; and
- Workers' compensation laws as they apply to health care workers and other essential workers.



Influenza Self-care

As with seasonal influenza, most cases of the new pandemic strain can be cared for and treated within the nursing home environment. The following is a guide to help determine if a resident has influenza, a guide to assist in the care of the resident within the nursing home, guidance for use of antiviral medications, and signs and symptoms that a resident may need to seek medical evaluation.

Is it the FLU or the common COLD?

Symptom	FLU (Influenza)	Cold (rhinoviruses)
Fever	USUAL, sudden onset 100° F-104° F Lasts 3-4 days	Rare
Headache	USUAL, and can be severe	Rare
Aches and Pains	USUAL and can be severe	Rare
Fatigue and Weakness	USUAL, and can last a week or more	Usually mild
Extreme Fatigue	USUAL, early onset can be severe	Rare
Nausea, Vomiting	in Children < 5 years	Rare
Runny, Stuffy Nose	Rare	USUAL
Sneezing	Rare	USUAL
Sore Throat	Rare	USUAL
Chest Discomfort	USUAL, and can be severe	Sometimes, mild to moderate
Complications	Respiratory failure; can worsen a current chronic condition; can be life-threatening	congestion; ear ache
Prevention	frequent hand washing; cover your cough; influenza vaccine (if available)	Frequent hand washing; cover your cough



Caring for Someone with Influenza

During a severe influenza outbreak or pandemic, the media and healthcare providers will notify residents of Louisiana with instructions for obtaining medical advice and receiving medical care. The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider.

Monitoring and Comforting

- It is suggested that you keep a care log which may include information about the ill person at least once each day or more often as symptoms change, along with the date and time.
 - ✓ Check the patient's temperature.
 - ✓ Check the patient's skin for color (pink, pale, bluish?) and rash.
 - ✓ Record the quantity of fluids consumed each day and through the night.
 - ✓ Record how many times the ill person urinates each day and the color of the urine (clear to light yellow, dark yellow, brown, or red).
 - ✓ Record all medications, dosages and times given.
- Keep the ill person as comfortable as possible. Rest is important.
- Keep tissues and a trash bag for their disposal within reach of the patient.
- Keep in mind that low-grade fever is a sign that the patient is fighting the infection. It will go away as the patient is getting better. Sponging with lukewarm (wrist temperature) water may lower the patient's temperature, but only during the period of sponging. **Do not sponge with alcohol.**
- Watch for complications of influenza. Complications may be more common in individuals with health conditions such as diabetes, heart and lung problems, but may occur with anyone who has the flu.

Call the primary care physician or healthcare provider if the ill person:

- Has difficulty breathing, fast breathing, or bluish color to the skin or lips
- Begins coughing up blood
- Shows signs of dehydration and cannot take enough fluids
- Does not respond or communicate appropriately or appears confused
- Complains of pain or pressure in the chest
- Has convulsions (seizures)
- Is getting worse again after appearing to improve

Medications

Use ibuprofen (Motrin®) or acetaminophen (Tylenol®) or other measures, as recommended by your healthcare provider for fever, sore throat and general discomfort.

Fluids and Nutrition

If the patient is **not** vomiting, offer small amounts of fluids frequently to prevent dehydration, even if he or she does not feel thirsty. If the ill person is not eating solid foods, include fluids that contain sugars and salts, such as broth or soups, sports drinks (diluted with half water), ginger ale and other sodas, but **not** diet drinks. Regular urination is a sign of good hydration.

Recommended minimum daily fluid intake, if not eating solid food:

If the patient is vomiting, do not give any fluid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear fluid every 10 minutes. If the patient vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear fluid. When there is no vomiting, gradually increase the amount of fluid offered and use fluids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saltine crackers, light soups or broth, mashed potatoes or rice. Gradually return to a regular diet.

Watch for signs of dehydration

Make sure the patient avoids drinking alcohol and using tobacco. Smoking should not be allowed in the home.

- Weakness or unresponsiveness
- Decreased saliva/dry mouth and tongue
- Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out to its normal shape right away. If a patient is dehydrated, the skin will “tent” or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
- Decreased output of urine, which becomes dark in color from concentration. Ill persons who are getting enough fluids should urinate at least every 8 hours.

If the ill person is dehydrated, give sips or spoonfuls of fluids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of the urine and improvement in the patient’s overall condition. Persons of any age who have become dehydrated need more fluids than the amounts given above for persons who are not dehydrated. These are signs that that the increased fluids are working.

This guidance is based on current information from the U.S. Department of Health and Human Services Influenza Pandemic Plan, and is subject to change. Up-to-date guidance will be available from your healthcare provider. Guidance/treatment from your personal healthcare provider should always take precedence over the above general information.



Nursing Home Infection Control Guideline

- Cover mouth and nose with a facial tissue when coughing or sneezing.
- Wash hands with soap and water or use an alcohol-based hand rub after contact with influenza patient.
- Patient and/or caregiver should wear a surgical mask if possible during close contact.
- Do not share eating utensils, towels, or bedding.
- Dishes and eating utensils should be washed in dishwasher or by hand with warm water and soap.
- Laundry can be washed in a standard washing machine with warm or cold water with detergent.
- Normal cleaning of environmental surfaces in the home should be followed.

Pandemic Antiviral Medication Distribution and Use

It is expected that nursing homes in Louisiana have access to antiviral medications in their own seasonal stockpile, or from their distributors. Using guidance distributed by the State Health Officer on the use of antiviral medicines during the pandemic, you should use these resources first. Louisiana will be apportioned approximately 669,657 by Dec 2007 within the Strategic National Stockpile cache. Of these, 80% will be Tamiflu®, and 20% will be Relenza®.

The antiviral drug treatment regimen currently is one capsule twice daily for five days. One blister card provides treatment medication for one person. Final dosage and administration guidelines to follow at time of dispersing from SNS. These medications will be received, transported and secured following the state's plan for the Strategic National Stockpile. The Louisiana Strategic National Stockpile Acquisition and Distribution Plan, June 2007 includes strategies to receive, stage and transport medications and supplies to hospitals, nursing homes and other care facilities.

It is initially planned that Louisiana's portion of antiviral medications will be distributed to hospitals and other health care facilities including nursing homes for the treatment of individuals ill with pandemic influenza. The antivirals will be apportioned according to the State of Louisiana draft antiviral plan, which allocates medication amounts according to the estimated number of ill persons the institution can expect. The Office of Public Health will consult with local health care providers to identify persons who meet the national criteria to receive these antiviral medications.

At this writing, the plan is the antiviral medications will be sent from the secure storage site under the direction of the State Pharmacy to an individual pharmacy to dispense the antivirals under specific guidelines. Physicians and/or nurses will administer the correct dosage in the nursing home.

Antiviral medicines will be in limited supply. They must be used for treatment of persons ill with pandemic influenza, as outlined by guidance issued by the State Health Officer. Misuse may result in legal action.



Antiviral Planning Tasks

Pre-Pandemic Antiviral Tasks

OPH

- Review and update the State of Louisiana Emergency Antiviral Plan, August 2007.
 - Modify the plan according to updated interim recommendations on priority groups and antiviral availability.
- Prepare communication information pertaining to the antiviral plan and expected availability, distribution and use of pandemic antiviral medicines.
 - Work with nursing homes to craft messages which will educate the public on the limited use and availability of antiviral medicines, and appropriate use.

Nursing Homes

- Prepare the nursing home for appropriate receipt, distribution and use of antiviral medicines.
- Communicate to nursing home staff the extreme importance of using antiviral medicines as a State asset, and they must be used in accordance with guidance issued by the State Health Officer for treatment of ill persons who fit criteria for pandemic influenza only.
- Work with LOPH on appropriate communication messages about antiviral availability, priorities, distribution.

Early Pandemic Antiviral Tasks

OPH

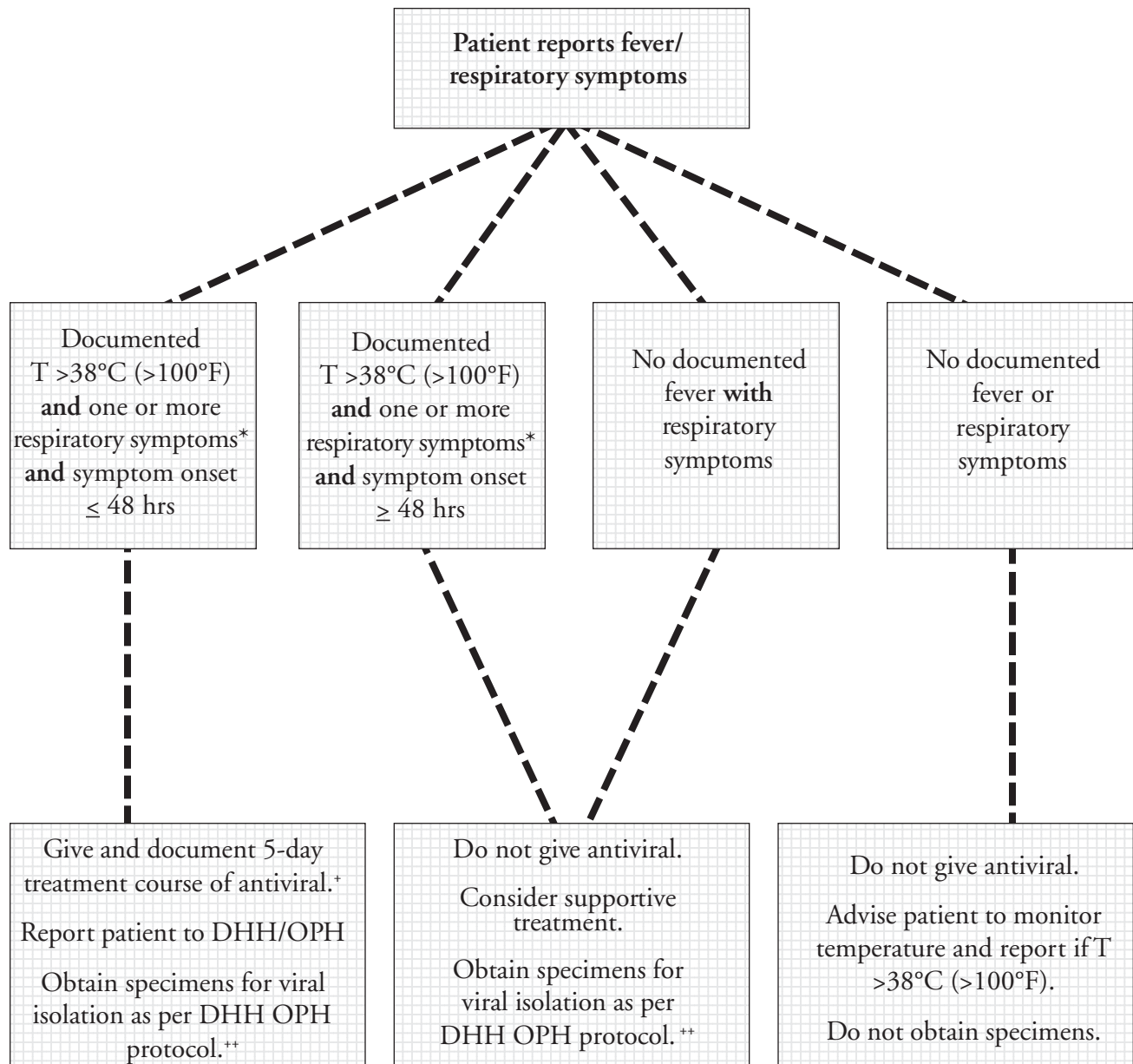
- Distribute antiviral medicines to hospitals and other appropriate health care facilities (nursing homes, prisons) following national guidelines and under the direction of the Louisiana State Health Officer with specific directions for use.
- Distribute guidance to nursing homes and other health care facilities for antiviral use in patients who fit established criteria for pandemic influenza.
- Release updated communication information on priority groups and use of the pandemic antivirals.
- Investigate adverse events.
- Work with community partners to distribute messages about appropriate use of antiviral medicines.

Nursing Homes

- Distribute antiviral medicines to points of patient evaluation, with appropriate use and security guidelines.
- Communicate messages about antiviral availability and use to nursing home staff.
- Using the Vaccine Administered Report (VAR), document who received antivirals.
- Patient outcome information may be requested, as well as additional information related to a specific pandemic.

Antiviral Treatment Algorithm

Algorithm for Pandemic Influenza Treatment Pandemic Virus in Louisiana



* Respiratory symptoms include: cough, sore throat, and/or shortness of breath (dyspnea).

+ See attached Antiviral Information Sheet for Providers to determine dose. Antiviral treatment is not FDA-approved for treatment of children < 1 year and of pregnant women and any use in these patients would be off-label.

++ Please refer to LOPH protocol for specimen collection and submission. Specimens are for surveillance purposes and treatment should be offered based on clinical suspicion.

Whenever possible, collect NP specimen and submit for culture (for surveillance purposes).



Response Activities by Level of Alertness

Level Ready (ERI alert matrix)/ Interpandemic Period (WHO)

When cases of an Epidemic Respiratory Infection (ERI) are occurring in countries other than the U.S., but have yet to be reported domestically or in neighboring countries, your facility should maintain a level of preparedness in the event that the ERI begins to spread globally. This is the level your facility should be maintaining currently. During this level, we recommend your facility take the actions listed below.

If the facility does not already have an existing All Hazard Emergency Preparedness team or one that addresses Emergency Preparedness, one should consider forming such a committee following Incident Command Structure (ICS). If additional training and/or help is needed in creating this team with adherence to ICS, please contact the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) at (225) 925-7500.

One of the duties of this committee as it relates to Pandemic Influenza would be to determine actions that should be taken to prevent the spread of pandemic influenza among residents, staff, volunteers, and visitors. You may consider giving this to the Infection Control Committee or the Quality Assurance Committee.

- Form an All Hazard Emergency Preparedness team, if one does not already exist.
- Have Emergency Preparedness team members perform authority/legal preparedness activities.

You may check-off items as they are completed or
as they are placed into your individualized plan.

Response Activities by Level of Alertness Level Green (ERI alert matrix)/Interpandemic Period (WHO)



- Continue applicable activities from Level Ready.

A. Access Control

The facility's All Hazard Emergency Preparedness team will develop a plan and a timeline for implementing a policy that enables them to maintain control of access to the facility. If possible, consideration should be made to use mandatory ID badges for all staff, family members, vendors, and other people coming to the facility. There should be a plan to outside-lock certain entrances and exits, and to monitor use of others, as applicable.

- Develop a plan and a timeline for implementing a policy that enables controlling access to the institution.
- Develop a plan to close down or curtail facility transportation, including facility buses and shuttles if necessary.

B. Surveillance, Screening and Triage

- The Nursing Home personnel will monitor national, regional, and local data related to the ERI. Information will be posted on the DHH/LOPH website.

C. Infection Control/Precautions

The facility will display hand-washing posters in high-traffic areas. Examples of these posters can be found at <http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7523>.

The facility will maintain adequate supplies at all times of surgical masks, waterless hand sanitizers, waste receptacles, and tissues throughout public areas as well as within Health Services.

- Maintain adequate supplies of surgical masks, waterless hand rub, surface disinfectants, and tissues throughout public areas and meeting rooms.
- Display hand-washing posters in high-traffic areas.

D. Communication/Education

The facility will develop a sustainable and effective plan for communication and promotion of messages relating to the ERI to internal and external audiences.

A sustainable plan should be developed to orient and educate staff regarding basic readiness activities at the facility, and a strategy for activities to provide timely information to physicians in the event of an ERI.

- Develop a plan for communication and promotion of messages relating to ERI to internal and external audiences
- Develop a plan to orient and educate staff regarding basic readiness activities at the institution
- Identify translation services needs within facility population.

E. Additional Preparedness Activities

The All Hazard Emergency Preparedness team will monitor the Health Alert Network and other communications from public health officials to review changes in recommendations about screening criteria and will communicate changes to clinicians via some combination of email, intranet, or radiographic or laboratory reporting.

The following recommendations for vaccination campaigns apply to the regular influenza season. This is separate from vaccination campaigns that may take place during a pandemic. The purpose in the following recommendations for influenza vaccination during the regular influenza season is: to reduce morbidity from seasonal influenza transmission in vital workers if pandemic strain emerges; to reduce diagnostic confusion if a pandemic strain emerges (one may have a higher suspicion for pandemic strain if the patient is known to have been vaccinated against seasonal influenza); and to prepare communities for providing vaccination clinics in the event that vaccination for a pandemic strain is necessary.

Offer all eligible residents and staff the opportunity to receive influenza vaccine on-site.

Utilize educational and promotional materials to promote availability and desirability of influenza vaccine.

The administering provider of influenza vaccine will document administration of influenza vaccine, preferably in a computerized database.

Administrative, educational, and clinical leaders will promote maximum participation of residents and staff in influenza vaccine program.

Facility personnel will provide multiple opportunities for residents and staff to receive influenza vaccine conveniently and efficiently.

- Implement vaccination campaign (offer vaccine on-site or provide references to area clinics, as applicable).
- Utilize educational and promotional materials to promote availability and desirability of influenza vaccine.
- If administering influenza vaccine on-site, document administration of vaccine, preferably in a computerized database.
- Provide at least annual updates to staff and residents.
- Have All Hazard Emergency Preparedness team or one that addresses Emergency Preparedness meet at least annually.
- Monitor the Health Alert Network and other communications from public health officials and communicate changes to clinicians.

Response Activities by Level of Alertness Level Yellow (ERI alert matrix)/Pandemic Period (WHO)



- Continue applicable activities from Level Green.

A. Access Control

At this time, review possible need for future restriction of vendors, visitors, and conferences/group activities. You are probably not going to put this plan into action at this level but you want to have necessary plans made for time of implementation.

Begin to look at possibility of:

- reducing number of entrances to your facility
- setting up screening area(s) at above entrances

- Review possible need for future restriction of vendors, visitors, and conferences/group activities.

- Review possible need to reduce the number of entrances to your facility and have screening area(s) setup at those entrances.

B. Surveillance, Screening and Triage

The nursing home personnel should routinely screen all residents, making sure to wash hands between each resident. Along with regular screening questions for chronic respiratory illnesses, personnel may ask the following question: “Do you have a new cough that has developed over the last 10 days?” and will:

- Provide individuals who have a new cough with a surgical mask and/or tissues.
- Document data at time of screening and review each week for analysis of trends.

Clinical Staff will:

- Evaluate individuals who have a new cough for fever (temperature > 100°F).
- Place all individuals who have fever and a new cough on droplet precautions (see next page for droplet precautions defined), pending further evaluation.

- If private rooms are available, and evaluation requires isolation, individuals with fever and cough will be placed in a private room with droplet precautions.

Facility policy should include that the nursing home staff has the authority to restrict individuals (staff, residents) who have fever and a new cough from any group gathering. Facility policy should indicate that the nursing home staff also has the authority to send any staff member home that they suspect may have a communicable disease that puts others in the institution at risk.

Nursing home staff will screen individuals who report pneumonia or respiratory infection to identify possible clusters, or groups of ill individuals who may be linked.

- If LOPH requires that nursing home report possible clusters, this will be reported to the State's Infectious Disease Epidemiology Section by calling (800) 256-2748 M-F 8AM-4:30 PM. Clusters may be defined as five or more clinically compatible individuals with onset of symptoms ≤ 10 days apart (this may be altered as more information about the pandemic influenza strain becomes available; LOPH will follow CDC recommendations as they are released).

Monitoring surveillance data

- The health services personnel will monitor national, regional, and local data related to the ERI. Information will be posted on the DHH/LOPH website.
- Have the nursing home staff screen all individuals at the time of registration at health services or nurse's office, following LOPH recommended precautions.
 - Provide patients who have a new cough with a surgical mask and/or tissues, and replace frequently if soiled or moist.
 - Document data at time of screening and review each week for analysis of trends.
 - Restrict individuals (staff and residents) who have fever and a new cough from work, class, or any other group gathering.
 - Consider sending any staff member home that is suspected of having a communicable disease that puts others in the institution at risk. Consult with LOPH regarding appropriate isolation of residents with suspected communicable disease.
 - If reporting is required, report possible clusters to the State's Infectious Disease Epidemiology Section by calling (800) 256-2748 M-F 8AM-4:30 PM.
 - Post informative infection control signs at building entrances and common areas.
 - Rotate the infection control signs periodically.
 - Monitor national, regional, and local data related to pandemic influenza.

C. Infection control/Precautions

If possible, the institution will identify key areas throughout the campus which need to maintain core groups of N-95 respirator [or other National Institute of Occupational Safety & Health (NIOSH)-approved filtering facepiece respirator] fit-tested personnel. The facility may elect to purchase N-95 respirators for some staff. Please check with the manufacturer of such equipment for proper use instructions and fit-testing.

- If facility has elected to purchase N-95 respirators, each director is responsible for maintaining the appropriate number of trained and fit-tested staff.
- For a list of other NIOSH-approved respirators, see http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/.

- Identify who should be N-95 (or other NIOSH-approved) respirator fit-tested personnel

D. Communication/Education

The facility will develop a sustainable and effective plan for communication and promotion of messages relating to the ERI to internal and external audiences.

A sustainable plan should be developed to orient and educate staff regarding basic readiness activities at the facility, and a strategy for activities to provide timely information to physicians in the event of an ERI.

- Develop a plan for communication and promotion of messages relating to ERI to internal and external audiences.
- Develop a plan to orient and educate staff regarding basic readiness activities at the institution.
- Identify translation services needs within facility population.

E. Additional Preparedness Activities

The All Hazard Emergency Preparedness team will continue to monitor the Health Alert Network and other communications from public health officials to review changes in recommendations about screening criteria and will communicate changes to clinicians via some combination of email, intranet, or radiographic or laboratory reporting.

The following recommendations for vaccination campaigns apply to the regular influenza season. This is separate from vaccination campaigns that may take place during a pandemic. The purpose in the following recommendations for influenza vaccination during the regular influenza season is: to

reduce morbidity from seasonal influenza transmission in vital workers if pandemic strain emerges; to reduce diagnostic confusion if a pandemic strain emerges (one may have a higher suspicion for pandemic strain if the patient is known to have been vaccinated against seasonal influenza); and to prepare communities for providing vaccination clinics in the event that vaccination for a pandemic strain is necessary.

Offer all eligible residents and staff the opportunity to receive influenza vaccine on-site.

Utilize educational and promotional materials to promote availability and desirability of influenza vaccine.

The administering provider of influenza vaccine will document administration of influenza vaccine, preferably in a computerized database.

Administrative, educational, and clinical leaders will promote maximum participation of residents and staff in influenza vaccine program.

Facility personnel will provide multiple opportunities for residents and staff to receive influenza vaccine conveniently and efficiently.

- Implement vaccination campaign (offer vaccine on-site or provide references to area clinics, as applicable).
- Utilize educational and promotional materials to promote availability and desirability of influenza vaccine.
- If administering influenza vaccine on-site, document administration of vaccine, preferably in a computerized database.
- Have All Hazard Emergency Preparedness team or one that addresses Emergency Preparedness meet at least annually and provide updates to staff and residents.
- Monitor the Health Alert Network and other communications from public health officials and communicate changes to clinicians.

Response Activities by Level of Alertness Level Orange (ERI alert matrix)/Pandemic Alert Period (WHO)



In the event that a case of Epidemic Respiratory Infection (ERI) affects a community member or a close contact of a community member of your institution, activities will be modified to reflect increased risk of exposure and disease spread within your community. The following are recommendations regarding activities of your facility that should be addressed in the event that a case of ERI is suspected or has been confirmed in your facility, but there is no documented community spread from this person to others. For example, this would include a resident who was admitted to the facility with cough and fever after travel to an area known to have the ERI, but has not spread the illness to other residents or staff.

- Continue applicable activities from Level Yellow Period.

A. Access Control

Review possible need to implement your plan to restrict vendors, visitors, and conferences/group activities.

- Review possible need to implement restriction of vendors, visitors, and group activities.
- Reduce the number of entrances to your facility and have screening area(s) setup at those entrances for general public and staff.
- Ask families to bring loved ones home or beware that reduced visitation is inevitable.

B. Surveillance, Screening and Triage

Nursing home staff will screen individuals who report pneumonia or respiratory infection to identify possible clusters, or groups of ill individuals who may be linked.

- If reporting is required by LOPH, possible clusters will be reported to the State's Infectious Disease Epidemiology Section by calling (800) 256-2748 M-F 8AM-4:30 PM. Clusters may be defined as five or more clinically compatible individuals with onset of symptoms ≤ 10 days apart (this may be altered as more information about the pandemic influenza strain becomes available; LOPH will follow CDC recommendations as they are released).

“Ask for a Mask” signs would be placed at all building entrances and common areas to encourage all persons entering to self-screen for signs and symptoms of infection (rotating the posters periodically to maintain impact).

- Ask residents who have a new cough to wear a surgical mask or use tissues to cover their mouth and nose when coughing, and to use good hand hygiene.
- The facility will advise all persons, including staff and visitors, who have fever and cough to defer visiting the institution until their illness has resolved.

“Ask for a mask” signs are posted at all entrances, and in all common areas. Posters should include specific risk factors for the targeted infection, to encourage all persons in the facility to self-screen for signs and symptoms of infection.

- Persons who self-identify as at-risk for the designated infection or during the screening process found to be at-risk are instructed to don surgical mask and should go to the nursing home office set aside for evaluation.

Nursing home personnel who suspect, after initial evaluation, that an individual may have an ERI should immediately consult with LOPH.

Staff traveling to designated high risk areas, or residents who recently traveled in the last 10 days to a high risk area must notify the nursing home and report any symptoms of fever or cough that occur during a specified time period. Nursing home staff will maintain a list of people under surveillance for this reason.

Residents and staff who have had contact with suspected patients must be screened for fever or respiratory symptoms as needed.

- Consult with LOPH when suspect, after initial evaluation, that a patient may have an ERI.
- Staff traveling to, or residents who recently traveled to, designated high risk areas must report any symptoms of fever or cough that occur (monitor LDHH /LOPH website for high risk areas, symptoms, and time period for surveillance).
- Staff and residents who have had contact with suspected patients must be screened, as needed, for fever or respiratory symptoms.
- Only residents not showing any sign/symptoms of ERI may be allowed in designated ‘Well Resident’ area(s) of nursing home.

C. Infection Control/Precautions

All residents, staff, and visitors should use droplet precautions (private room and surgical mask within 3 feet of ill individual) for all contact with any individual who has a new cough and fever, until a diagnosis of a non-contagious respiratory illness, or an infection requiring a higher level of precautions, is made. Droplet precaution guidelines can be found at: http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html.

The nursing home staff will use or provide for use a visible doorway “precautions sign” system to allow persons entering the room to know what type of protective equipment is needed.

The facility will maintain adequate supplies at all times of surgical masks, waterless hand sanitizers, waste receptacles, and tissues throughout public areas as well as within Health Services.

If possible, the institution will identify key areas throughout the campus which need to maintain core groups of N-95 respirator [or other National Institute of Occupational Safety & Health (NIOSH)-approved filtering facepiece respirator] fit-tested personnel. The facility may elect to purchase N-95 respirators for some staff. Please check with the manufacturer of such equipment for proper use instructions and fit-testing.

- If facility has elected to purchase N-95 respirators, each director is responsible for maintaining the appropriate number of trained and fit-tested staff.
- For a list of other NIOSH-approved respirators, see http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/.

The facility will display hand-washing posters in high-traffic areas. Examples of these posters can be found at <http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7523>.

- Follow nursing home recommended precautions for contact with any individual who has a new cough and fever.
- Provide mask and tissues to anyone who present with symptoms while at the facility.
- Maintain adequate supplies of surgical masks, waterless hand rub, surface disinfectants, and tissues throughout public areas and meeting rooms.
- Identify who should be N-95 (or other NIOSH-approved) respirator fit-tested personnel.
- Maintain the appropriate number of trained and N-95 fit-tested staff.
- Display hand-washing posters (can be downloaded from: <http://www.cdc.gov/handhygiene/materials.htm>) in high-traffic areas.

Contact precautions (mask, gloves) are required for all contact with any person who has screened as a possible ERI case, until an alternate diagnosis is made.

Droplet precautions (mask, gloves, isolation from work/groups) are required for any person who has a new cough and fever until a diagnosis of a non-contagious respiratory illness, or an infection requiring a higher level of precautions, is made. The nursing home committee formed for Emergency Preparedness, Quality Assurance Committee, and/or the Infection Control Committee has the authority to exclude any individual with new cough and fever until diagnosis of non-contagious respiratory illness is made.

- Expand precautions to include airborne, droplet, and contact precautions for suspect cases with risk factors.
- Follow droplet precautions for suspect cases with no risk factors.

D. Communication/Education

A knowledgeable staff member may need to be present at high-traffic areas on site to answer questions and direct persons to evaluation at health services as needed.

The facility should use the mode of communication used most by staff and residents to keep the facility's community informed and to provide education about prevention and symptom surveillance.

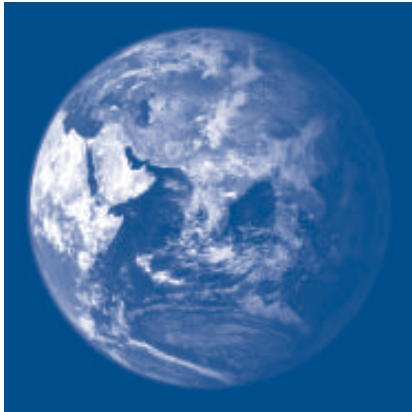
- Designate a point of entrance to the building where staff can be available to answer questions and direct persons to health services as needed.
- Keep the community informed and provide education about prevention and symptom surveillance.

E. Preparedness

At level "Orange" the All Hazard Emergency Preparedness team should meet daily if possible to review situation and strategies.

- All Hazard Emergency Preparedness team should meet daily if possible to review situation and strategies.

Response Activities by Level of Alertness Level Red (ERI alert matrix)/Pandemic Period (WHO)



There is evidence of institutional transmission of the ERI or there is widespread human-to-human transmission in the region of the facility. Red indicates the highest level of alert, with restrictions on access to the institution, more active screening, and a shift away from normal operations of the institution. At this level, the facility will consider implementing each of the additional actions.

- Continue applicable activities from Level Orange.

A. Access Control

All entrances to the institution will be outside-locked except for the designated entrance.

Entry into facility should be restricted to the following:

- Staff with a valid ID
- Family members of residents (optional)

Dining Room Activities should be suspended, to limit group congregation:

- A plan should exist for delivering meals to residents if cafeteria or group-style dining is closed.

There may or should be some degree of suspension of group activities as determined by the All Hazard Emergency Preparedness team in consultation with LOPH.

The decision to close the nursing home to further admissions may also be made as a means to prevent the further spread of an epidemic, either by the All Hazard Emergency Preparedness team or LOPH.

- Restrict access of the nursing home to staff and family members of residents (optional).
- Consider suspension of facility common dining areas, shops, and other group activities, as determined by the All Hazard Emergency Preparedness team in consultation with LOPH.
- Implement plan for delivering meals to residents if dining room is closed.
- Suspend nursing home group transportation for non-emergency events.
- Consider halting all new admissions.

B. Surveillance, Screening and Triage

Residents and staff will be instructed to inform charge nurse or supervisor if they require any medical screening. This is required to screen for new cough developing over the past 10 days. Persons who answer “yes” will be triaged to a nurse who can do further screening for ERI risk factors and determine the need for the individual to be evaluated further.

Those allowed into the facility must be screened for fever or cough, and if cleared, given something to indicate that they have been cleared to enter the facility (e.g. a sticker, a card, a stamp on their hand).

Residents who are identified to have fever and/or cough will be instructed to don a surgical mask, use waterless hand sanitizers, and be placed on isolation status as deemed necessary by charge nurse

The number of persons seen with the suspected ERI by nursing home staff will be recorded and reported to LOPH weekly.

If the person warrants evaluation in a hospital setting, nursing home staff should alert the referral hospital that a suspect or confirmed case needs evaluation so that the referral center can make arrangements for infection control precautions.

- Screen those allowed into the facility for fever or cough and have their temperature taken – implement signage (sticker, card, stamp) system to track status.
- Record the number of all persons seen with suspected ERI and reported to LOPH weekly unless already alerted that need for notification to LOPH has ceased.

C. Infection Control/Precautions

If N-95 masks are available, they should be used by nursing home medical staff having contact with any person who has fever and/or a new cough, until an alternate diagnosis is made (this includes staff who conduct screening at facility entrances). If no N-95 masks are available, or staff is not fit tested, a surgical mask and droplet precautions should be followed when evaluating a person with a new cough.

Adequate supplies of personal protective equipment, waterless hand sanitizers, tissues and lined waste receptacles will be maintained through the facility by a designated group.

If the suspected or confirmed case does not require hospitalization, s/he should be isolated from other residents, including exclusion from events such as group meals, activities, etc. until s/he is proven to not be a case, or s/he has passed the time of infectivity [2 days before illness onset to 5 days after illness onset (this may be modified when more is known about the pandemic strain)]. If the case shares a room with other residents, arrangements should be made for the case to be given a private room or a shared room with other like cases (for example, to remain in health services in a private patient room or with a patient of similar symptoms). Arrangements should be made to provide the residents with necessary daily items, including meals, water, and hygiene.

The facility, with guidance from LOPH, will identify close contacts in the facility to a suspect or confirmed case of the ERI. Contacts are defined as those who spent >15 minutes within 3 feet of the case during his/her infectious period (2 days before illness onset to 5 days after illness onset). In the nursing home setting, where contacts will be less clearly delineated, contacts are defined as those who meet the above definition or those who live in the same wing or floor as the case.

Staff and residents who have had contact with suspected patients must notify charge nurse or supervisor and be screened as needed for fever or respiratory symptoms

With guidance from LOPH, recommendations will be made for quarantine of non-ill contacts. Guidance will be provided regarding details of quarantine, including keeping those with the flu together and separate from those without the flu, sites to use for quarantine, and legal authority. As with a case in isolation, arrangements should be made to provide those quarantined with necessary daily items, including meals, water, and hygiene.

- Continue practice of airborne precautions, including staff who conducts screening at nursing home entrances.
- Implement isolation & quarantine guidelines as they are made available by LOPH.
- Isolate suspect or confirmed cases if they do not require hospitalization until proven to not be a case, or until passed the time of infectivity.
- Assist LOPH with contact investigations.

D. Communication/Education

Daily or more frequent updates to community members will be provided as determined by the All Hazard Emergency Preparedness team.

- Provide daily or more frequent updates to community members, staff, residents and family members.

Listing of Abbreviations

AAR	After Action Report
ACIP	Advisory Committee on Immunization Practices
CCP	Center for Community Preparedness
CDC	Centers for Disease Control and Prevention
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Team
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ERI	Epidemic Respiratory Infection
ESF	Emergency Support Function
HAN	Health Alert Network
IAP	Incident Action Plan
IC	Incident Command
ICD	International Classification of Diseases
ICP	Infection Control Practitioner
ICS	Incident Command System
ICU	Intensive Care Unit
ID	Infectious Disease
IDReSS	Infectious Disease Reportable Surveillance System
ILI	Influenza-like Illness
IRT	Incident Response Team
LINKS	Louisiana Immunization Network for Kids Statewide
LDHH	Department of Health and Hospitals (Louisiana)
LOPH	Louisiana Office of Public Health
MOU	Memorandum of Understanding
MRC	Medical Reserve Corp
NEDSS	National Electronic Data Surveillance System
NIMS	National Incident Management System
NIOSH	National Institute of Safety and Health
PHERC	Public Health Emergency Response Coordinator
PHL	Public Health Laboratory
PHU	Public Health Unit
PI	Pandemic Influenza
PIC	Person-In-Charge
PIO	Public Information Officer
PIPG	Pandemic Influenza Planning Group
PIPP	Pandemic Influenza Preparedness Plan
POD	Point of Distribution
RDD	Reportable Disease Database
RRT	Rapid Response Team
SNS	Strategic National Stockpile
SOP	Standard Operation Procedure
SWLA	Southwest Louisiana
VAERS	Vaccine Adverse Events Reporting System
VIS	Vaccine Information Statement
VMI	Vendor Managed Inventory
WHO	World Health Organization

