Northern Michigan
REGIONAL HEALTH SYSTEM

Administrative Policy

CATEGORY: INFECTION CONTROL
POLICY NUMBER: IC.113
EFFECTIVE DATE: OCTOBER 13, 2010

PREVENTION & CONTROL OF INFLUENZA

1 PURPOSE

To describe the procedures for prevention and control of influenza at Northern Michigan Regional Health System (NMRHS).

Protect susceptible patients, staff, and visitors from acquiring influenza.

Reduce the risk of influenza for NMRHS Colleagues, thereby reducing absenteeism and increasing productivity.

2 APPLICABILITY

All Colleagues: employees, students, vendors and volunteers of Northern Michigan Regional Health System.

3 POLICY

Prevention/control of influenza is part of the corporate program for surveillance, prevention and control of infections and contains elements of education, clinical care, Colleague health, vaccination, and isolation.

4 PROCEDURE

4.1 Education about the epidemiology, modes of transmission and means of preventing influenza will be presented to NMRHS healthcare workers annually.

4.2 An annual mandatory influenza vaccination program is provided free of charge to all NMRHS Colleagues from September or as vaccine becomes available until the end of Influenza season. Some variations may occur due to vaccine availability. In the event that enough vaccine is not available for all Colleagues, emphasis will be placed on personnel who provide direct patient care.

4.3 Mandatory Vaccination Program:

4.3.1 NMRHS will provide influenza vaccinations at no charge to all Colleagues.

4.3.2. A Vaccine Information Sheet (VIS sheet) will be provided to Colleagues receiving vaccination.

4.3.3 All Colleagues will receive the influenza vaccination ~~annually~~ before the deadline set annually by NMRH, unless they submit a signed deferral form along with specific documentation of an acceptable vaccine contraindication.

4.3.4 When applicable, novel influenza vaccinations will also be mandatory depending on availability and priority groups as determined by public health officials.

4.3.5 Exemptions to immunization may be granted for medical contraindications or religious beliefs.

4.3.5.1 Individuals requesting an exemption must provide proof of medical contraindications by obtaining an Influenza Vaccination Deferral Form attached to this policy or from the Colleague Health Department to take to their physician. Their physician must complete and sign the form to document the specific medical contraindication. This documentation will be placed in the Colleague health medical record. The Deferral Committee reserves the right to request further details if necessary.

4.3.5.2 Religious exemptions will be considered if the following documentation is provided.

4.3.5.2.1 A note or letter attached to the Influenza Vaccination Deferral Form from the leader of the religious faith of the individual ~~indicating that the practice of influenza vaccination is inconsistent with the religion~~ which includes publicly cited recognized tenants of the religion that prohibit vaccination.

4.3.5.2.2 Reasons for deferral request are explained on the deferral form including the religious nature of the belief or practice at issue. Any related documents to support reasons for deferral that the Colleague would like reviewed may also be attached if applicable.

4.3.6 Standard criteria for medical exemption will be established based upon recommendations from the Centers for Disease Control and Prevention. An adverse reaction is defined per the Vaccine Information Sheet (VIS sheet). Currently published Medical contraindications include: Allergy to eggs or other vaccine component, adverse reaction to a previous influenza vaccine, history of Guillain-Barre' Syndrome if associated with vaccine administration.

4.3.6.1 The Deferral Committee may require allergy testing if documentation provided by Colleague is not adequate.

4.3.6.2 Allergy testing will be performed by an allergist at the no cost to the Colleague.

4.3.6.3 Allergy testing will be required only one time; subsequent years will not require allergy testing.

4.3.7 Mild symptoms such as soreness, redness, or swelling where the shot was given; hoarseness; sore, red or itchy eyes; cough, low grade fever or aches will not be considered exemptions to vaccination.

4.3.8 The Colleague Health Department will screen all deferral forms to determine if they are acceptable and will notify the colleague if further specific documentation is required within 1 week.

4.3.9 A Vaccine Deferral Committee will review requests for exemption. This committee will be comprised of the Hospital Epidemiologist, Infectious Disease Physician, Infection Prevention Nurse (s), Colleague Health Provider, a Chaplain, and a representative from Human Resources. There may be representation on the deferral team from NMRHS affiliates.

4.3.9.1 The Vaccine Deferral Committee decision will be determined by a majority rule.

4.3.10 The Colleague Health Provider or another representative from the Vaccine Deferral Committee will meet with any colleague who would like to discuss patient safety as well as the efficacy and safety of influenza vaccinations if their deferral form was rejected due to inadequate documentation.

4.3.11 If the exemption is granted, the individual will be notified in writing within five business days of the Vaccine Deferral Committee meeting.

4.3.12 The Colleague must request the exemption each year unless it is related to a permanent medical condition or documentation is accepted for religious exemption. If exemption is granted for a permanent medical condition (e.g. documented allergy or history of Guillain-Barre' after a previous influenza vaccine) the exemption does not need to be requested each year unless vaccine technology changes to eliminate issues regarding allergies.

4.3.13 Senior executives, directors, and managers will be directly accountable for this patient safety issue in their areas of oversight.

4.3.14 Colleagues who do not receive vaccination and do not submit the vaccination deferral form by the date set by NMRHS annually will be referred to Human Resources for review of their work eligibility requirements. Compliance with the mandatory annual influenza vaccination program is a condition of employment.

4.4 Colleague Health Services, in conjunction with the Infection Prevention Department, will monitor compliance rates of NMRHS Colleagues and compile and trend the data on an annual basis and report to the Infection Prevention Committee.

4.5 Communication of the policy, vaccine administration and education of students will be the responsibility of the school. Colleague Health does not provide influenza vaccines to students at this time.

4.6 Communication of this policy for vendors and contractors is the responsibility of the manager of the department responsible for inviting the individual based on the risk of exposure to patients. Vendors that are registered with Reptrax are informed through the Reptrax system. Managers may contact Infection Prevention if assistance with risk of exposure to patients is needed. Colleague Health does not provide influenza vaccines to vendors.

4.5 Patients with suspected or confirmed influenza will be placed in a private room. Droplet Precautions will be utilized in addition to Standard Precautions for at least 5 days from the onset of symptoms. In addition, the patient must be improving clinically before precautions can be discontinued. When the number of patients with influenza exceeds the available private rooms, patients with confirmed influenza may cohort.

4.6 Laboratory samples should be collected within the first 4 days of illness for best results. Appropriate patient samples to collect for laboratory testing can include a nasopharyngeal swab (must use media for viral samples), nasal wash, or nasal aspirates. An order should be written for an Influenza A and B Direct test. Test results are available within one hour **if** the test is ordered Stat.

4.7 The laboratory will report positive influenza tests to the ordering physician, the appropriate department if the patient is hospitalized, and the local health department per the Michigan Department of Community Health reporting rules. The laboratory will also forward results of positive screening tests to the Infection Prevention Department. The laboratory report will indicate that the patient is a candidate for Droplet Precautions per NMRH policy IC.116.

4.8 The Infection Prevention Department will monitor the incidence of reported influenza and influenza-like illness. The Infection Prevention Nurse will investigate whether the infection was acquired in the community or while the patient was hospitalized. Patients who develop influenza-like illness greater than or equal to 72 hours after facility admission will be considered as potential cases of healthcare-acquired influenza-like illness.

4.9 Patient care staff who have fever and symptoms of upper respiratory tract infection will be referred to Colleague Health Services and evaluated for possible removal from duties that involve direct patient contact.

4.10 The Infection Prevention Department will post signs in the hospital lobby and on the entry doors to each unit during the flu season to notify visitors that they should not visit our patients if they have symptoms of flu (fatigue, fever, muscle and joint pain, cough).

4.11 Respiratory Hygiene stations are maintained at key locations throughout the hospital. These stations contain masks, kleenex, and alcohol hand sanitizer to be offered to persons entering the area who report upper respiratory symptoms.

4.12 When multiple influenza cases are being evaluated or admitted:

4.12.1 Consider activation of the Incident Command Center. This will be triggered by the volume, severity of illness, and when it is anticipated that we will be unable to handle the situation with current resources.

4.12.2. Cohort those with influenza or influenza-like illness on a unit designated to accept patients with suspected or confirmed influenza. Influenza-like illness is defined as an elevated temperature (greater than 100.4 degrees F or greater than 38 degrees C) plus upper respiratory symptoms (e.g., cough or sore throat).

4.12.3 Assign vaccinated healthcare personnel to work in the designated influenza cohort unit. The Infection Prevention Department will work in conjunction with the Hospital Epidemiologist and Nursing Management to determine which unit will be designated as the cohort unit. Current census and patient population will guide this decision.

4.12.4 Initiate droplet precautions (mask within 3 feet) for persons with influenza-like illness in addition to those with confirmed influenza infection. <u>Protective eye wear should also be worn when within 3 feet of the patient.</u>

4.12.5 The Infection Prevention Department will re-instruct healthcare workers to be vigilant to avoid touching their eyes, nose, or mouth with contaminated hands (gloved or

ungloved) and to remove PPE (Personal Protective Equipment) properly to avoid self contamination.

4.12.6 Staff must wear gloves for contact with any respiratory secretions (e.g. handling kleenex) and promptly perform hand hygiene after removal. In addition, if there is any risk of splash or spray, they must wear a cover gown and eye protection.

4.12.7 The Infection Prevention Department will post additional signage (see Appendix E) and promote the use of masks by symptomatic persons throughout the facility and in common areas such as waiting rooms. Additional respiratory hygiene stations may also be set up at various entry points if indicated. Locations for additional respiratory hygiene stations when on high alert:

- Main Lobby entrance to hospital
- Heart and Vascular entrance
- Entrance by Administration (HR)
- Emergency Department-they are keeping it stocked
- Main level connection between Burns Professional Building and Hospital
- Level One connection between Burns Professional Building and hospital
- Burns Professional Building main entrance

4.12.8 The Colleague Health Department will continue to offer vaccination to unvaccinated healthcare workers and patients if vaccine is available.

4.12.9 Movement of Colleagues between units will be restricted. The number of staff having contact with infected patients will be minimized by assigning all influenza patients to a single or small group of vaccinated healthcare personnel.

4.12.10 The Infection Prevention Department, in conjunction with the Hospital Epidemiologist, will be in communication with the Northwest Michigan Community Health Agency.

4.12.11 Specimens will be obtained as described in number 4.6 above from individuals who recently had the onset of symptoms suggestive of influenza.

4.12.12 The Healthcare Epidemiologist may wish to order influenza antiviral drugs for prophylaxis. Prophylaxis decisions will be based on the most recent recommendations and sensitivity data. The pharmaceutical drug cache will be accessed if widespread prophylaxis of NMRHS healthcare workers and their family members is indicated. Antiviral agents are not a substitute for vaccination. They are considered an adjunct to influenza vaccine for controlling and preventing influenza.

4.12.13 Personnel will be monitored for influenza-like illness and ill personnel will be restricted from patient care.

4.12.14 Visitors with influenza-like illness will be restricted. Signs will be posted at hospital entrance points. If indicated, formal screening points will be set up. See appendix C for sample screening tool.

4.12.15 The Infection Prevention Department will monitor for healthcare-acquired influenza and for patients being admitted to the facility who have influenza infection. See appendix D for monitoring tool.

4.13 **Avian Influenza or other novel strain of influenza**

4.13.1 The Hospital Epidemiologist and Infection Prevention Department will monitor reports regarding Avian Influenza or other novel influenza strain activity and patterns of movement.

4.13.2 All patients who present to a health-care setting with fever and respiratory symptoms will be questioned regarding their symptoms and recent travel history. They will be managed according to the current Centers for Disease Control (CDC) and Michigan Department of Community Health (MDCH) recommendations. See appendix B for sample screening tool to be used in the Emergency Department and Direct Admit Room if indicated. The Infection Prevention Department will revise this tool as needed based on current guidelines.

4.13.3 Patients with a history of travel within 7-10 days to a country with Avian or other novel Influenza activity and are hospitalized with a severe febrile respiratory illness, or are under evaluation for Avian or other novel influenza will be managed using isolation precautions identical to those recommended for patients with known Severe Acute Respiratory Syndrome (SARS). These precautions are listed below.

4.13.4 Isolation precautions for suspected or confirmed Avian or other novel influenza:

- Contact Precautions - use gloves and gown for all contact with patient and items he/she may have come into contact with. Use dedicated equipment such as stethoscopes, disposable blood pressure cuffs and disposable thermometers.
- Eye protection (goggles or face shield) - wear when within 3 feet of patient.
- Airborne Precautions - place patient in a monitored negative air pressure room. Wear a disposable N95 respirator. Workers must have been fit tested and trained to fit-check for a proper seal before entering the room. PAPRs can be used as an alternative to N-95 Respirators (See PAPR Policy IC.137) for airborne isolation precautions.
- If transport or movement of the patient is necessary, ensure that the patient wears a surgical mask. If a mask cannot be tolerated, use the most practical measure available to contain respiratory secretions.
- Consider assigning a monitor at the room entrance to ensure strict enforcement of special precautions.

4.13.5 Testing patients with suspected or confirmed Avian influenza.

The current CDC and MDCH recommendations will be followed. At the time this policy was revised, the MDCH criteria are as follows:

CLINICAL CRITERIA NECESSARY FOR REQUESTING TESTING
An illness with all of the following:

- Temperature of greater than or equal to 38°C (=100.4° F) in the past 24 hours OR a history of feverishness in the past 24 hours, AND
- Has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND
- Requires hospitalization or is fatal; or non-hospitalized with epidemiological link ***AND***

EPIDEMIOLOGICAL CRITERIA NECESSARY FOR TESTING
The clinician should ask the patient about the following within 7 days of symptom onset:

- History of travel to a country(2) with avian influenza H5N1 documented in poultry, wild birds, and / or humans, AND had at least one of the following potential exposures during travel:
  - Direct contact with (e.g., handling, slaughtering, defeathering, butchering, preparing for consumption) well-appearing, sick or dead domestic poultry or wild birds
  - Direct contact with surfaces contaminated with poultry feces or poultry parts (carcasses, internal organs)
  - Consumption of raw or incompletely cooked poultry or poultry products
  - Close contact (approach within 6 ft) with a confirmed H5N1-infected animal besides poultry or wild birds (e.g. cat or dog)
  - Close contact (approach within 6 ft) of a person hospitalized or dead due to a severe unexplained respiratory illness
  - Visiting a market where live poultry are sold or slaughtered
  - Handling samples (animal or human) suspected of containing H5N1 virus in a laboratory or other setting
- Close contact (approach within 6 ft) of an ill person who was confirmed or suspected to have H5N1.
- Worked with live influenza H5N1 virus in a laboratory.

If the patient has any of the above exposures, then the epidemiological criteria necessary for testing are met.

4.13.6 If both criteria are met, contact your local health department and the MDCH Bureau of Epidemiology (BOE) to request approval for Avian Influenza A (H5N1) testing and specimen collection protocols.

- BOE can be contacted M-F 8am - 5pm at (517) 335-8165 or after hours and weekends at (517) 335-9030.
- If approved, collect and send specimens for novel influenza virus testing to MDCH Laboratory.

4.13.7 Appropriate specimens include: bronchoalveolar lavage, tracheal aspirates, and nasopharyngeal or oropharyngeal aspirates, washes or swabs. **Nasal swabs are not acceptable specimens.**

- Swab specimens must be collected using only Dacron tipped swabs with aluminum or plastic shafts.
- Specimens may be collected and transported in viral transport medium.
- Specimens must be shipped to MDCH for testing using the most rapid means available. **Do not send these specimens to commercial reference laboratories for testing.**
- Recommendations are subject to change. Refer to current guidelines from the CDC as references.

4.13.8 Current CDC and MDCH guidelines will be followed for testing patients with other novel influenza strains. The laboratory in conjunction with the Infection Prevention Department will disseminated this information as it becomes available.

4.13.9 Healthcare workers will be instructed to be vigilant to self monitor for the development of fever, respiratory symptoms, and/or conjunctivitis (eye infections) for 1 week after their last exposure to Avian Influenza-infected patients. The Infection Prevention Department or Hospital Epidemiologist will be in communication with the Colleague Health Department regarding the symptoms to monitor for and need for increased vigilance.

4.13.10 Healthcare workers who become ill should go to the Colleague Health Department for medical evaluation. If seeking medical care elsewhere, they should notify their healthcare provider that they may have been exposed to Avian Influenza prior to arrival at the provider's office. In addition, employees should notify the Infection Prevention Department at 487-4822 or 487-3252.

4.13.11 Healthcare workers who become ill are to stay home until 24 hours after resolution of fever, unless an alternative diagnosis is established or diagnostic tests are negative for influenza A virus.

4.14 Pandemic Influenza

4.14.1 Follow all of the steps listed above.

4.14.2 In the event of Pandemic Influenza, refer to administrative policy IC.119, Biological Emergency Preparedness Plan and the Northern Michigan Emergency Procedures Manual.

4.14.3 NMRH will follow current CDC recommendations regarding the allocation of pandemic influenza vaccine. Front-line healthcare workers who are critical to providing essential services will be prioritized for receiving available influenza vaccine. A direct link to the Guidance on Allocating and Targeting Pandemic Influenza Vaccine is available at www.pandemicflu.gov/vaccine/allocationguidance.pdf.

4.14.4 N-95 masks are to be worn during "Aerosol Generating Procedures" (endotracheal intubation, nebulizer treatments, bronchoscopy). PAPR (Powered Air Purifying Respirators) are available for colleagues that do not fit N95 respirators by calling the House Supervisor (see PAPR Policy IC 137), training is available for their use on the intranet.

5 CONTACTS FOR FURTHER INFORMATION

Infection Prevention Department
Hospital Epidemiologist

6 SUPPORTIVE / EDUCATIONAL MATERIALS

Influenza is easily transmitted from person to person. The virus is spread primarily by the coughing and sneezing of infected persons or sometimes by direct contact, either with infected persons or a contaminated surface.

Infected persons start to develop symptoms 1-4 days after they are exposed. They may be able to spread influenza to other people from the day before getting symptoms through 5-7 days after symptoms start. Children may be contagious for 7 or more days.

Avian influenza: There have been a few reports that avian flu can spread from person to person. Consequently, isolation precautions identical to those recommended for Severe Acute Respiratory Syndrome (SARS) should be implemented for all hospitalized patients diagnosed with or under evaluation for Avian Influenza. See Suspected Avian Influenza section below for specifics.

7 REFERENCES

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