

Title: Flu and Masking Policy	Document #: 7018 Version: 2
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Policy/ Purpose:

Influenza (the flu) is a contagious viral respiratory illness caused by influenza viruses. It can cause asymptomatic infection and mild to severe illness, and at times can lead to death. The best way to prevent seasonal flu is by getting a seasonal flu vaccination annually. Each year in the United States on average 5% to 20% of the population gets the flu; on average, more than 200,000 people are hospitalized from flu-related complications, and about 36,000 people die from flu-related causes.

Annual Influenza immunization for St. Charles Health System (SCHS) is an expectation for all healthcare workers including St. Charles employees in all settings-inpatient, outpatient, off-site locations, St. Charles Medical Group (SCMG), both employed and non-employed credentialed providers, contract staff, volunteers, and students.

Based on recommendations from the CDC, influenza control measures at SCHS are based on the following three principles:

1. All SCHS healthcare workers (see above list) will participate in the seasonal influenza prevention program by receiving an influenza immunization or by wearing a mask during influenza season while at work
2. Immunized/masked healthcare workers will help prevent spread of influenza from healthcare workers to patients
3. Immunizing/masking staff at SCHS will promote and contribute to a healthier community

The purpose is to minimize exposure to and transmission of seasonal Influenza and other Influenza-like illness to all health care personnel and patients. Infection Prevention and Control and Caregiver Health will maintain compliance with recommendations from CDC and local health departments

KEYPOINT: Core Prevention strategies include:

1. Annual administration of influenza vaccine to all HCP
2. Appropriate management of ill HCP
3. Compliance with respiratory hygiene and cough etiquette practices
4. Adherence to infection prevention and control precautions for patients with suspected ILI
5. Compliance with environmental and engineering infection control measures

Definitions: *(Definitions of acronyms or specialized terminology)*

Influenza: A viral respiratory illness causing seasonal epidemics and occasional pandemics.

Influenza-Like Illness (ILI): An illness with or without abrupt onset of temperature > 100.0 F/37.8 C plus cough, sore throat, or other respiratory symptoms.

Influenza Season: Usually October 1 through April 30 in the Northern Hemisphere.



Active Influenza Season: Time period within the Oct to April time frame that coincides with community influenza viral activity per the Public Health Department. The St. Charles Infection Prevention/Caregiver Health Medical Director will be responsible for establishing the time periods beginning and ending the active influenza season.

Incubation Period: Usually 1 - 4 days, up to 7 days.

Communicable Period: For adults, one day before symptoms begin through 7 days after the start of symptoms. Children can spread Influenza to others for 10 or more days.

Healthcare Personnel (HCP): Refers to all persons, paid and unpaid, including (but not limited to) physicians and other providers, SCHS employees including SCMG, inpatient, all outpatient, off-site employees, volunteers, students and interns, contractual personnel and vendor representatives.

Locations affected: All St. Charles Healthcare System buildings.

Masks On: The period of influenza season requiring mandatory mask wearing for non-vaccinated HCP will begin by **December 1 and continue through March 31.** It may be continued or reinstated if flu activity persists. Infection Prevention and Control will determine this based on lab-confirmed cases.

Seasonal influenza vaccination sticker: This sticker is placed on the upper left front corner of the SCHS ID badge. It indicates that the wearer had a flu shot in the current season. The logo is updated every flu season so it looks different from year to year.

Transmission: Influenza is easily spread by respiratory droplets from coughs and sneezes of an infected person to a susceptible person who is within 6 feet. Transmission may also occur through direct or indirect contact with respiratory secretions such as touching surfaces contaminated with respiratory secretions and touching the eyes, nose or mouth.

Vaccine Period: Refers to time period in which influenza vaccine is available through Caregiver Health Droplet Isolation Mask (will be referred to throughout policy as Mask unless otherwise specified): a surgical or procedure mask intended to be worn by HCPs and visitors to protect the wearer from the spread of bacteria or viruses through droplet transmission

Instructions:

- A. Administration of Influenza Vaccine
 1. Yearly education will be provided to all healthcare personnel prior to the influenza season and will include the importance of influenza vaccination, non-vaccine control measures, the process for masking during influenza season, and potential impact of influenza infection in the community and in the healthcare setting.
 2. Influenza Vaccine
 - a. SCHS will provide annual Influenza vaccination at no cost at various convenient locations.
 - i. Annually the date for vaccination compliance or documented exemption will be set and communicated by Caregiver Health, Infection Prevention and Control, and the Infection Prevention Caregiver Health Medical Director.
 - b. Vaccine Period will begin at the start of influenza season when sufficient doses of vaccine are available through Caregiver Health and throughout the Influenza season as long as vaccine supplies permit.

- c. In the event sufficient vaccine is not available, vaccine administration will be reviewed, and CDC guidelines followed based on priority.
3. Caregiver Health and Infection Prevention and Control will evaluate the SCHS influenza immunization program annually and recommend measures to improve immunization rates.
4. Vaccination Identifiers
 - a. HCPs who have been vaccinated with influenza vaccine will be given a sticker to wear that provides visual, public verification of their vaccination status.
 - b. HCPs who do not wear an identifier documenting influenza vaccination will be required to wear a mask while on duty during a specified period each influenza season to be determined based on seasonal influenza activity, usually December 1 through March 31.
 - c. HCPs who receive their influenza vaccine at a facility outside of St. Charles facilities, may receive credit for that vaccination if they provide written documentation from the facility where they were vaccinated. They will receive identifiers on submission of documentation.
 - d. Due to the concern for the safety of our patients and caregivers, HCPs not strictly adhering to the St. Charles Flu and Masking Policy will be subject to corrective action up to and including termination of employment. Some examples of non-compliance include not wearing the seasonal influenza identifier sticker when the individual has been vaccinated, not wearing the appropriate influenza mask during the specified period, or caregivers who are observed wearing the seasonal influenza identifier sticker but have not been vaccinated.
5. Masking in the absence of Influenza Vaccination: Any HCP who has not been vaccinated will follow masking requirements (see below) for the duration of the active flu season.

KEYPOINT: Any HCP who has NOT been vaccinated will wear a mask per the masking requirements, for the duration of the active influenza season. The Infection Prevention/Caregiver Health Medical Director will be responsible for establishing the time periods beginning and ending the active influenza season. These time periods will coincide with community influenza viral activity per the Public Health Department.

- a. A mask will be worn at all times regardless of setting with the exception of breaks and meals.
- b. Masks may be removed during meal and break times to allow the staff person to eat and drink without hindrance.
 - i. Meals and breaks must be taken in areas appropriately designated for those purposes
 - ii. **Masks will not be worn around the neck when in these areas.**
- c. Speech therapists and speech pathologists who are unvaccinated must wear a mask. However, personnel providing speech therapy services may remove the mask only during those times when it is necessary to deliver care, such as during modeling of speech.
- d. To be fully functional, the mask must fit snugly, cover the **nose and mouth** and be secured to the face with ties or elastic
 - i. The nasal piece should be molded securely to the nose.
- e. The mask should be discarded, at a minimum, of every four hours, and immediately replaced if it becomes soiled or moist.
- f. Infection Prevention Isolation policies for changing masks when entering and exiting a patient room, when droplet precautions or respiratory airborne precautions are observed, will be followed (all PPE will be disposed of each time after entering an isolation patient room)
 - i. This will prevent the potential for transmission of organisms from patient to patient (refer to Droplet Precaution Policy for details)

B. Management of HCP with Influenza Like Illness (ILI)

1. HCPs should self-assess daily for signs and symptoms of influenza-like-illness (ILI): temperature over 100 degrees F/37.8 C PLUS sore throat or cough.
2. HCPs who develop these symptoms should not report to work, or if at work will immediately notify their supervisor and cease working.
3. All personnel with ILI are to be excluded from work for at least 24 hours after they no longer have a fever without the use of fever-reducing medicine.
4. HCPs returning to work within 7 days of onset of ILI symptoms and are coughing must wear a mask.

C. Implementation of Respiratory Hygiene and Cough Etiquette

1. Signs will be posted at main entrances and other strategic places during times of Influenza activity in the community.
 - a. Tissues, masks and alcohol hand rubs will be made available to visitors and patients in reception and triage areas.

D. Adherence to Infection Prevention and Control Precautions for Patients with suspected ILI

1. Inpatients:
 - a. Place patient in Droplet Precautions for suspected or confirmed cases of Influenza and any illness presenting as an ILI.
 - b. Perform hand hygiene frequently especially before and after patient contact or having contact with potentially infectious material.
 - c. Patients must remain in droplet isolation for 7 days or 24 hours fever-free without the use of fever reducing medications, whichever is longer
 - i. Antiviral therapy (e.g. Tamiflu) does not shorten the period of isolation precautions.
 - d. Young children or severely immunocompromised patients may need to be isolated longer than the above requirements.
 - i. Contact Infection Prevention and Control for guidance.
 - f. Patients should be placed in private rooms.
 - g. Patients with Influenza or ILI may be cohorted during times of severe outbreaks or pandemic outbreak, contact Infection Prevention and Control for guidance.
 - i. A distance of at least 3 feet between patients will be maintained when cohorting is necessary.
 - h. Healthcare workers will:
 - i. Wear gown, gloves, mask, and protective eyewear when entering a patient care area
 - ii. Wash hands before and after patient contact.
 - i. When aerosol-generating procedures, such as intubation, extubation, bronchoscopy, CPR, sputum-inducing procedures, or open suctioning of airways are performed, extra precautions should be taken:
 - i. Perform these procedures on patients with ILI only if they are medically necessary and cannot be postponed.
 - ii. Limit the number of HCPs present during the procedure to only those essential for patient care and support. Perform these procedures in negative air pressure rooms if possible (though not required).
 - a. The door to room should remain closed and all HCP in the room should be wearing appropriate PPE.
 - iii. Appropriate PPE under these conditions includes wearing gloves, a gown, either a face shield or goggles, and a fitted N95 mask or PAPR (powered air purifying respirator).

- iv. Terminal room clean must be performed when patient has left the room. Only during flu season, privacy curtain does not need to be removed. Spray with disinfectant spray.
 - j. Encourage patients to wash their hands whenever they may have touched respiratory secretions or surfaces that may be contaminated.
 - k. Patients must wear a mask if leaving the room
 - i. Patients with ILI may not visit other patient's rooms.
 - l. Obtain Influenza and Pneumococcal vaccine history during Influenza season (October-April) when vaccine is available and document where and when patient received it.
 - i. Evaluate patient's history of vaccination. Offer both Influenza and Pneumococcal vaccine to non-immunized patients who meet criteria.
 - m. Before discharge, communicate the patient's diagnosis and current precautions with post-hospital providers (such as home-health agencies, foster homes, long-term care facilities), as well as transporting personnel.
2. Emergency Department / Outpatient Care
- a. When scheduling appointments, instruct patients and persons who accompany them to inform HCP upon arrival if they have symptoms of ILI and take preventative action by requesting the ill person to wear a facemask upon entry.
 - b. Minimize visits for patients seeking care for mild ILI illness who are not at increased risk for complications (i.e. provide telephone consultation when possible).
 - c. Patients admitted through the Emergency department or outpatient settings should be triaged for signs/symptoms of ILI.
 - i. Provide facemask to patients with signs and symptoms of ILI.
 - d. Initiate Droplet Precautions for patients with Influenza or ILI while in the ED and if admitted to the hospital.
 - e. Patients will be asked to wear a mask whenever out of treatment rooms.
 - f. Healthcare personnel will wear appropriate Droplet Precaution PPE when providing direct patient care.
- E. Environmental and Engineering Infection Control Measures
1. Environmental Services (EVS) should be notified when patient is discharged or removed from isolation for terminal room clean.
 - a. Precautions sign should remain in place until EVS has completed room cleaning.
 2. Space will be provided wherever possible and patients with symptoms of respiratory infections should be encouraged to sit as far away from others as possible.
 - a. A separate waiting area should be established while waiting for care when feasible.
 - b. Emergency room patients with respiratory symptoms should be asked to wear a mask and moved directly into exam room on arrival to Emergency Department
 - c. SCMG clinic patients with respiratory symptoms should be asked to wear a mask, upon checking in, and moved to an exam room as soon as possible
 3. All visitors should follow recommendations in the respiratory hygiene and cough etiquette policy. Further controls include:
 - a. If ill with ILI symptoms DO NOT visit.
 - b. Screening for symptoms of ILI before entering certain units in the hospital including Family Birth Center, Special Care Nursery and NICU, Intensive Care Unit, and the Cardiovascular Intensive Care Unit.
 - c. Minimizing visitation for patients ill with suspected ILI.
 - i. Visitor guidelines should be given to those visiting patients in droplet precautions.
 - d. Visitors should not be present during aerosol-generating procedures.

4. Infection Prevention and Control will monitor and report influenza activity in the community and conduct surveillance of all inpatients that are placed in droplet precautions.

References:

CDC Seasonal Influenza Web Page: <http://www.cdc.gov/flu/>

CDC Prevention Strategies for Seasonal Influenza in Healthcare Settings, Sept., 2015

CDC: Vaccine Information Statement. <http://www.immunize.org/vis/2Influenza.pdf>