Influenza Presentation for Health Care Workers Outbreak Control Measures 2023-2024 Season



LEARNING OBJECTIVES

To gain a better understanding of:

- Influenza Illness and Outbreaks
- Infection Prevention and Control Measures in Outbreak situations
 - Hand Hygiene
 - Signage
 - PPE use
 - Room Placement
 - Equipment
 - Cleaning & Disinfection
 - Occupational Health

INFLUENZA ILLNESS AND OUTBREAKS



DISEASE FACTS

Influenza, commonly known as 'the flu'

- Respiratory illness caused by influenza A or B viruses that can be mild or serious
- Influenza is very contagious:
 - Symptoms typically appear 1 to 4 days after you've been exposed to the virus, but you're still contagious even if you don't show symptoms yet.
- Symptoms usually last 7-10 days, sometimes longer in the elderly

MODES OF TRANSMISSION

Droplet Transmission

- Generated when a sick person coughs or sneezes
- Can travel up to two meters in distance
- Need to be inhaled by nearby individuals or land on their mouth, eyes or nose to transmit the virus

Contact Transmission

- Respiratory droplets can contaminate surfaces or objects
- Flu virus can survive up to 48 hours on hard, non-porous surfaces
- If an individual touches a surface or object contaminated with the flu virus and then touches their mouth, nose or eyes, the virus can be transmitted if hand hygiene is not performed

WHO IS MOST VULNERABLE TO THE FLU?

- Adults 65 and older
- Children younger than 5
- People who are pregnant
- Anyone with the following chronic health conditions:
 - cardiac or pulmonary disorders
 - diabetes
 - cancer
 - renal disease
 - anemia or hemoglobinopathy
 - neurologic or neurodevelopmental conditions
 - morbid obesity (BMI of 40 and over)
 - children up to 18 years of age undergoing treatment for long periods with acetylsalicylic acid (ASA)
- Residents of nursing homes and other chronic care facilities
- Indigenous peoples

INFLUENZA OUTBREAKS

- Respiratory infection outbreaks in institutions are reportable as a disease of public health significance in Ontario
- Ongoing surveillance allows for recognition of respiratory symptoms in staff, residents and volunteers
- Prompt identification of any symptomatic individuals allows the home to apply appropriate infection prevention and control measures to prevent further spread of illness to others.
- York Region Public Health Unit works with facilities such as long-term care homes, retirement homes and congregate living settings, in managing their outbreaks, and provides guidance on infection prevention and control measures

INFLUENZA OUTBREAK REPORTING

- Notify public health when there is any case(s) or cluster(s) of respiratory infection in residents and/or staff
 - Should staff develop any symptoms of respiratory infection, they must report their condition to their Supervisor
- Confirmed respiratory outbreak
 - Two cases of Acute Respiratory Infection (ARI) within 48 hours, at least one of which must be laboratory confirmed, or
 - Three cases of ARI (laboratory confirmation not necessary) occurring within 48 hours in a geographic area (e.g., unit, floor), or
 - More than two units having a case of ARI within 48 hours

INFECTION PREVENTION AND CONTROL MEASURES DURING OUTBREAKS York Region

HAND HYGIENE

- Hand hygiene plays a very important role in limiting the spread of influenza
- In LTCHs, adherence to hand hygiene recommendations is the <u>single most important</u> <u>practice</u> for preventing the transmission of pathogens
- You can also reduce the spread of illnesses by using proper respiratory etiquette
 - Instead of covering your mouth with your hands when coughing or sneezing, use your sleeve or a tissue
 - Ensure to clean your hands afterwards

Clean Your Hands!!!

HAND HYGIENE — WASH WITH SOAP AND WATER



HAND HYGIENE —WITH HAND SANITIZER

HOW TO USE HAND SANITIZER

- Apply enough to cover both hands
- Rub hands and around all fingers
- Rub hands until dry (minimum 15 seconds)







Important Tips:

- To ensure proper hand hygiene, remove hand and wrist jewellery
- Use hand sanitizer if hands are not visibly dirty
- Use an alcohol-based hand sanitizer that has 70-90% alcohol with a Natural Product Number (NPN)
- Do not apply hand sanitizer near an open flame

PUBLIC HEALTH

1-800-361-5653 TTY: 1-866-512-6228 york.ca/InfectionPrevention



4 MOMENTS OF HAND HYGIENE



RESPIRATORY ETIQUETTE

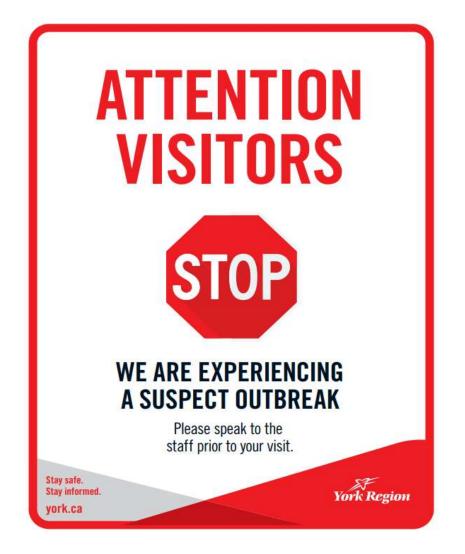
COVER YOUR COUGHS AND SNEEZES



OUTBREAK SIGNAGE



OUTBREAK SIGNAGES





OUTBREAK SIGNAGE

Personal Protective Equipment

Personal Protective Equipment (PPE) should be worn to prevent the spread of disease-causing microorganisms. By protecting your skin and face (mouth, eyes and nose) with PPE you minimize your chance of getting these organisms into your body.

Putting on Personal Protective Equipment



















Removing Personal Protective Equipment



Remove using

glove-to-glove

skin-to-skin metho

and discard







Gown





Use hand sanitize or wash hands with soap and water





Hold eye protection away from face and set aside or discard





Hold mask by straps, remove from face and

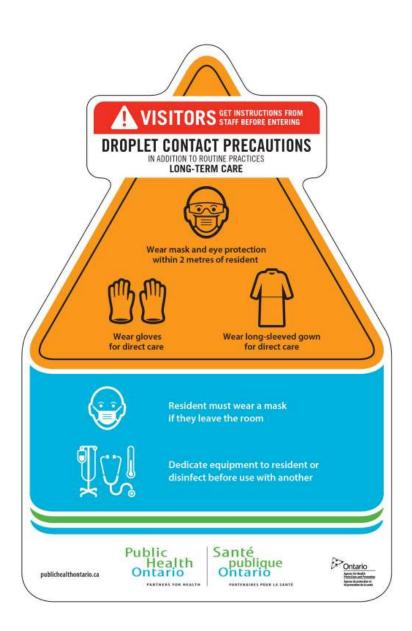




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PERSONAL PROTECTIVE EQUIPMENT (PPE)



PPE FOR INFLUENZA



1. Surgical mask

- To be worn when within 2 meters of a resident with suspected or confirmed influenza
- To be changed when it becomes wet or contaminated by secretions
- Mask to be worn by coughing resident when outside of their room if tolerated, to limit spread of infectious respiratory secretions

PPE FOR INFLUENZA



2. Gloves

- Not required for routine health care activities in which contact is limited to intact skin
 - Hand Hygiene should always be the first consideration
- When it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above

PPE FOR INFLUENZA

3. Gown

 Anticipated that a procedure or care is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions



4. Eye protection

 To be worn when within 2 meters of a resident with suspected or confirmed influenza (personal eyeglasses are **not** an acceptable form of eye protection)



ADDITIONAL POINTS ON PPE

- The facility must stock sufficient PPE for all staff
- Staff must have unrestricted access to PPE
- Inappropriate use of PPE may lead to:
 - Compromised quality of care provided to the resident
 - Increased waste and cost
 - Shortage of PPE → increase of infection rate



ROOM PLACEMENT



ROOM PLACEMENT FOR RESIDENTS WITH INFLUENZA

- Single room preferred
 - If room is shared, cohort with appropriate roommates
 - Ensure privacy curtain is drawn between beds
- Ill residents are to remain in their room and remain on contact/droplet precautions until 5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter)
 - Keep in room if it does not cause undue stress or agitation
 - Alternative IPAC measures can be considered, including the use of a surgical mask and compliance with hand hygiene to optimize the mental health of residents

OCCUPATIONAL HEALTH AND SAFETY



STAFF EXCLUSION POLICY

- Staff, volunteers or contracted service workers with an acute respiratory illness should not enter the facility such as LTCH or RH
- Staff, students, or volunteers with any respiratory infection symptoms should not return to work/placement for 5 days from the onset of symptoms of a respiratory illness or until symptoms have resolved - whichever is shorter
- In the event of an influenza outbreak when the worker has not received the influenza vaccine or is not taking antiviral medication:
 - Enact other practices as contained within the facilities' own policy

ENVIRONMENTAL CLEANING



RESIDENT CARE EQUIPMENT

- Use disposable equipment when possible
- Dedicate equipment to ill resident when possible
- Shared equipment must be cleaned and disinfected between residents
- Follow manufacturer's guidelines on proper cleaning and disinfection procedures for equipment
- Policies should clearly state who is responsible for cleaning equipment and when



CLEANING AND DISINFECTION OF ENVIRONMENTAL SURFACES

- Use higher level disinfectants in outbreak situations (e.g., 5,000ppm bleach solution)
- Always follow a two-step process: clean then disinfect
 - Needs to be used for surfaces that are visibly soiled/dirty
 - If a one-step cleaner/disinfectant product is used, please follow manufacturer's instructions
- Increase frequency of cleaning and disinfection in outbreak affected areas

Pay special attention to frequently touched surfaces such as door handles, bed

rails, and light switches

PROPER CLEANING AND DISINFECTING PRACTICES

PROPER CLEANING AND DISINFECTION PRACTICES

Cleaning

- Cleaning must always be the first step to remove dirt and debris from a surface and is necessary for a disinfectant to be effective
- · Clean with a detergent, water, and friction and clean from least contaminated to most contaminated areas

Disinfectants

- . Disinfectants are applied to a clean surface in order to kill disease-causing germs
- Disinfectants must have a drug identification number (DIN) if approved for use in Canada (common household bleach and isopropyl alcohol are the only exceptions)
- Always follow manufacturer's instructions for use (MIFU). Read label for direction on: dilution and mixing, personal protective equipment (PPE) needed (e.g., gloves, goggles), surfaces appropriate for use, contact time, efficacy on specific organisms, and rinsing requirements
- . There are a variety of disinfectants in the market. Choose a disinfectant that is compatible with your surfaces and with contact times that fit your needs
- Check the expiry date. If a product has expired, do not use. Discard expired product safely or return to manufacturer
- Ensure the concentration of disinfectant is correct before use (i.e. use test strips)
- · Toys that will be mouthed should be rinsed thoroughly with water following disinfection
- . Do not use antiseptic wipes and other products intended for skin (i.e. alcohol-based hand rubs) on surfaces

Cleaning and disinfecting wipes

- Follow manufacturer's recommendations
- . Wipes may become dry (improper storage or during use) due to fast drying properties before contact time is achieved
- Wipes are not recommended as a routine cleaning/ disinfectant tool, especially for heavily soiled surfaces
- . They can be used for items that cannot be soaked and for small items that must be disinfected between uses
- Ensure the surface or item remains wet with the product for the required contact time (additional wipes may be needed)
- Wipes must be kept wet and should be discarded if they become dry

Blood and body fluid spills

- . Wipe spills immediately- use disposable towels to remove most of the organic matter, clean the area and then disinfect the spill area
- . See the chart below for examples of disinfectants to use depending on volume of blood/ body fluid spill

When to Clean and Disinfect	Examples of Active Ingredients/ Disinfectant Products	Contact Time (minutes)	Where to Clean and Disinfect
1. Everyday use (non-outbreak) 2. Minor blood/ body fluid spill (drops of fluid) Effective against: Vegetative bacteria and enveloped viruses Staphylococcus aureus (includes MRSA) Streptococcus	100 ppm bleach solution (Everyday use; non-outbreak)	10	Surfaces: Door knobs Hand rails
	1,000 ppm bleach solution (Minor blood/ body fluid spill)	10	
	Quaternary Ammonium Compounds (QUATS) (i.e. Lysol ®, ED- Everyday Disinfectant, Quato	MIFU	

SUMMARY



IN SUMMARY

- Hand hygiene plays an imperative role in limiting the transmission of influenza
- Follow proper hand hygiene practices and wear PPE (when appropriate) to prevent the spread of influenza and other infections
- By getting your annual flu shot, you are protecting yourself, patients/residents, and others
- Stay off work when ill and seek medical attention if needed



ADDITIONAL INFORMATION

- Visit our websites:
 - www.york.ca/flu
 - www.york.ca/infectionprevention
- Call Public Health:
 - York Region Health Connection: 1-800-361-5653
- Vaccine Related Questions:
 - 1-877-464-9675, ext.73452



ADDITIONAL INFORMATION

- Ontario Respiratory Virus Tool: https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/respiratory-virus-tool
- Canadian Flu Watch: http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/flu-grippe/surveillance/index-eng.php
- National Advisory Committee on Immunization (NACI): <u>Canadian Immunization</u>
 <u>Guide Chapter on influenza and statement on seasonal influenza vaccine for 2023–2024 - Canada.ca</u>
- Hand Hygiene: https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene

THANK YOU

