

40-70 Appendix B – Influenza Management

A comprehensive influenza management program ensures both optimal care for the client and effective protection for other clients and healthcare workers.

Purpose

1. Influenza management delineates administrative, environmental and respiratory protection controls to prevent transmission of influenza within its facilities.
2. To ensure prompt detection, additional precautions and treatment of persons who have influenza-like illness (ILI) or confirmed influenza.
3. To ensure processes are in place to protect healthcare workers and clients from influenza exposure.

Administrative Control Procedures

Nursing Care

- Policies pertaining to Nursing care and management of clients with influenza and ILI as it relates to infection control are found in Infection Prevention and Control Manual policies [40-70 Influenza and Influenza-like Illness \(ILI\)](#), [30-30 Droplet Precautions](#) and [20-95 Respiratory Hygiene and Cough Etiquette](#). Policies are reviewed and updated every three years or whenever new information becomes available and are based on provincial or federal infection control guidelines.

Immunization

- Immunization of healthcare workers and the public, including clients of long term care facilities is guided by the Saskatchewan Ministry of Health Influenza Immunization Program Parameters. The program is promoted using the “*I got one! Influenza vaccine*” brand, through a variety of methods: posters, brochures, pop-up banners, 4flu website, 4flu phone line, Sunday SUN ad and flyers targeted to specific neighborhoods and rural communities. The vaccine order form, along with influenza program information, is sent to physician offices and SHR depts. in early Sept. for vaccine pick up on the first day of the campaign.
- Public immunization clinics are held in a variety of locations throughout the region for a 2 week period. In the 3rd week, nurses visit senior high rises in Saskatoon and small rural communities to immunize residents. Persons who miss the 2 week drop-in clinics can book an appointment commencing the 3rd week of the campaign to the end of March each year.
- In LTC and acute care facilities, clients are immunized under a physician order. For a description of the planning and implementation of the public campaign refer to the *Seasonal Influenza Immunization* policy# 60-b-60 located in PHS-Disease Control Program Manual.
- Health Care Worker immunization clinics which may include mobile clinics to high risk areas and designated areas, are offered in all acute care sites and community facilities such as Idylwyld Centre and Parkridge Centre over a 2 week period. Health Care workers and volunteers in rural communities are immunized by trained immunizers at their facilities or are invited to a public site. In the 3rd week clinics operate out of the Occupational Health & Safety (OH&S) Site Satellite offices. For a detailed description of the implementation of the staff campaigns refer to the [Policy 7311-30-016 Annual Influenza Immunization of Health Care Workers](#) located in the SHR Region-Wide Policy and Procedure Manual.

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- Health Care Workers designated to immunize the public or SHR employees and volunteers are required to attend an initial 4 hour education session. Immunizers, who immunized in the previous year's influenza season, require a 2 hour review annually. Nurses who administer vaccine under a physician's order are not required to attend additional education. Refer to the *Immunization Education and Competency* located in the PHS-Disease Control Program Manual.
- The Department of Pharmaceutical Services maintains a process for identification of urban acute care clients who may be suitable candidates for immunization during an acute care admission. Refer to "[Influenza Vaccine Policy and Procedure](#)" in the Pharmacy department manual.
- Upon their consent, Home Care Nurses will administer vaccine to home-bound clients. Home Care clients who can travel may receive immunization at public sites during the 2 week campaign. The process is embedded within Public Health policy.
- Pneumococcal vaccine is administered to people over 65 years of age according to the provincial Immunization Program Parameters. During the seasonal influenza public campaign vaccine is offered along with seasonal vaccine to persons 65 years or older, including persons turning 65 years before March 31.

Surveillance

- Public Health Services (PHS) oversees influenza and ILI surveillance in the community (schools and sentinel physicians' offices) and in the Emergency Rooms for acute care hospitals. Two SHR physicians participate in the provincial sentinel physician reporting process. In addition, several other physicians participate in local surveillance. For details refer to the surveillance chapter of the SHR Pandemic Influenza plan which describes the seasonal and pandemic surveillance processes. Surveillance findings are reported weekly during influenza season within the region and to the Ministry of Health. <http://infonet.sktshr.ca/emergencypreparedness/Pages/PandemicInfluenzaPlanUpdatedChapters.aspx>
- Infection Prevention and Control (IPC) staff performs surveillance during influenza season by reviewing admission diagnoses of inpatients, searching for diagnoses compatible with ILI or influenza.

Investigations/Specimens

- Laboratory Service Manual virology (Microbiology) section, "Nasopharyngeal Swab" and "Nasopharyngeal Washing" outline the procedures which apply to collection and transportation of specimens. Directions for nasopharyngeal testing are included in this policy in Appendix A. Both Direct Fluorescent Antibody (DFA) and real-time Polymerase Chain Reaction (PCR) testing for influenza is available at RUH Virology Laboratory and at the Saskatchewan Disease Control Laboratory in Regina.
- Bronchoscopy is not the primary diagnostic method for influenza. Bronchoscopy on any person with influenza or ILI is performed in a negative pressure bronchoscopy suite or in an airborne infection isolation room if a bronchoscopy suite is not available.

Outbreak Management

- Policies and procedures pertaining to outbreak management of respiratory illness, including influenza and ILI are found in the Infection Prevention and Control manual,

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Policy [55-60 Influenza-like Illness Outbreak Management](#) and in the Policy [50 -20 Outbreak Management in Long Term Care](#). Provincial guidelines for outbreak management are found in the Communicable Disease manual (Public Health Services) and have been distributed to each long term care and personal care home in the province; these guidelines may be broadly applied to all care environments and discuss preparation for influenza season in addition to aspects of outbreak management and control.

Environmental Control Procedures

- Facilities and Engineering Services (FES) is responsible for maintaining ventilation systems to ensure proper directional airflow, and adequate air change rates for client rooms, including airborne infection isolation and bronchoscopy rooms. FES procedures include HEPA filter changes and cleaning of isolation rooms.
- Endoscopy service is responsible to ensure proper cleaning and disinfection or sterilization processes for contaminated bronchoscopes to prevent transmission via contaminated equipment.
- PHS, Pharmaceutical Services and Nursing staff handling vaccine are responsible to maintain the recommended cold chain, documentation and related procedures for vaccine. These procedures are located in the provincial Immunization Program Parameters manual (the manual is available on the Internet).
- Non-invasive ventilation (NIV) using BiPAP or CPAP is not recommended for support of clients known or suspected of having influenza. Guidelines for the use of NIV are located in the Client Care section of the Regional Administrative Policy and Procedure Manual.

Personal Control Procedures

Healthcare Workers

- Regional policies [7311-30-016 Annual Influenza Immunization of Healthcare Workers](#) and [7311-30-017 Management of Employees, Physicians and other Healthcare Workers during Influenza Outbreaks in Healthcare Facilities](#) give details of responsibilities of various groups and departments regarding immunization and during outbreaks.
- [Immunize or Mask Policy](#) implemented in fall of 2014. All individuals covered by this Policy must either choose to be vaccinated annually against influenza or wear a surgical/procedure mask during influenza season when in a *Patient Care Location* in accordance with this Policy. During an influenza outbreak, this Policy is suspended at the outbreak location and Saskatoon Health Region's outbreak policies will apply.
- OH&S is responsible for healthcare worker immunization and respiratory protection programs. OH&S collaborates with teaching institutions, Medical Affairs and others to ensure physicians, students and volunteers have the opportunity to receive immunization. See "Immunization" and "Personal Protective Equipment- Respiratory Protection" in the [Occupational Health and Safety Policy and Program Manual](#).

Education

- Education regarding prevention, transmission and symptoms of influenza and ILI is provided via the IPC, PHS and OH&S programs.

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- Clinical staff (i.e., nursing, respiratory therapy, etc) provide education to clients on respiratory hygiene, cough etiquette and hand hygiene procedures.
- Training/certification and recertification of staff to immunize clients, peers or the public is coordinated by PHS and OH&S.

References

Saskatchewan Ministry of Health Influenza Immunization Program Parameters 2009-10.