

	<p align="center">POLICIES & PROCEDURES</p> <p>Number: 7311-30-017 Title: MANAGEMENT OF EMPLOYEES, PHYSICIANS and OTHER HEALTH CARE WORKERS DURING INFLUENZA OUTBREAKS IN HEALTH CARE FACILITIES</p>
<p>Authorization:</p> <p><input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Vice President</p>	<p>Source: Chief Medical Health Officer, Medical Affairs, Human Resources, OHS Cross Index: 7311-30-016 Date Reaffirmed: Date Revised: Date Effective: October 2007 Scope: SHR and Affiliates</p>

Saskatoon Health Region (SHR) is committed to protecting patients, residents, employees, physicians, volunteers, students and contract workers from the complications related to influenza outbreaks in our health care facilities.

SHR has a comprehensive program to limit the harmful effects of seasonal influenza outbreaks. This program includes the yearly vaccination of employees and physicians residents of long term care facilities and inpatients of acute care facilities as ordered, use of appropriate infection control precautions in all facilities, procedures for the prompt identification and control of influenza outbreaks and the use of antiviral medications when indicated.

1. POLICY

- 1.1 SHR endorses and adopts the position of the National Advisory Committee on Immunization (NACI):

“To protect vulnerable patients in an outbreak situation, it is reasonable to exclude from direct patient contact healthcare workers (HCWs) who develop confirmed or presumed influenza and unvaccinated HCWs who are not taking antiviral prophylaxis. Health care organizations should have policies in place to deal with this issue.”

- 1.2 The *Occupational Health and Safety Act, 1993* requires that SHR “...ensure, insofar as is reasonably practicable, the health, safety and welfare at work of all of the employer’s workers.”

2. PURPOSE

- 2.1 The purpose of this policy is to minimize the transmission of influenza within SHR facilities, and to address annual flu vaccination and management of employees and physicians¹ in the event of an influenza outbreak. This policy addresses the management of employees, students, volunteers, contract workers, and physicians in the event of an influenza outbreak.

3. PROCEDURE

3.1 Pre-Outbreak Planning

- 3.1.1 Recommendations for annual influenza vaccination for employees and physicians are covered in the SHR policy *Annual Influenza Immunization of Health Care Workers*.
- 3.1.2 Every SHR facility should identify an individual(s) to coordinate influenza program activities including influenza immunization.
- 3.1.3 Employees and physicians should be informed of the policies that will apply to unimmunized staff/physicians during a facility influenza outbreak. These policies include work exclusion and the use of anti-viral medication.
- 3.1.4 Informational material on antiviral prophylaxis and treatment should be available for employees and physicians.
- 3.1.5 Occupational Health and Safety (OHS) (or designate) will maintain a list of vaccinated staff and OHS vaccinated physicians, as well as a list of unvaccinated staff who may be excluded from the facility in the event of an influenza outbreak. (See SHR policy *Annual Influenza Immunization of Health Care Workers*).

3.2 Management of Health Care Workers during an Influenza Outbreak

- 3.2.1 SHR has an established protocol for the management of patients, residents, staff, students, volunteers, contract workers and physicians during an influenza outbreak which complies with the recommendations of the National Advisory Committee on Immunization (NACI).
- 3.2.2 Facilities must report suspected influenza outbreaks to the MHO or Infection Control designate(s) as soon as possible.
- 3.2.3 The SHR Medical Health Officer (MHO) or designate is responsible for declaring the influenza outbreak, making the recommendations to initiate antiviral prophylaxis for residents, expanding the infection control measures required to contain the outbreak and minimize the health consequences and determining who would be excluded from the facility or unit.

¹ Physicians credentialed by SHR, with privileges. Other credentialed practitioners with privileges in SHR (E.g. Dentists, chiropractors, midwives) will be treated the same as physicians.

3.2.4 Non-immunized staff and physicians play a role in the transmission of influenza in health care facilities and pose an unacceptable risk to patients and co-workers during outbreaks. In the event of an influenza outbreak in a health care facility the MHO, under Section 38 of *The Public Health Act, 1994*² has the authority to exclude from outbreak sites any persons who present a risk to the health of the residents/patients. SHR is required under Section 3 of *The Occupational Health and Safety Act, 1993* to “ensure, insofar as is reasonably practicable, the health, safety and welfare at work of all of the employer’s workers”.

3.3 Management of **SHR Employees** and Physicians during an Influenza Outbreak

3.3.1 Employees and Physicians who are ill with influenza-like illness³ (ILI)

- Should not work in any health care facility for a period of at least 5 days⁴ after the onset of symptoms or until their acute symptoms have completely resolved, whichever is longer. This applies to both vaccinated and unvaccinated employees/physicians.
- Should be encouraged to consult their physician to discuss testing and treatment for influenza.

3.3.2 Employees and physicians who are NOT ill with influenza-like illness

Vaccinated Employees/Physicians

- Employees/physicians vaccinated 14 days or more before the onset of the outbreak will continue to work unless they develop symptoms. If they develop symptoms they would be excluded from working in any health care facility for a period of at least 5 days after the onset of symptoms or until their acute symptoms have completely resolved, whichever is longer.

Unvaccinated Employees/Physicians

- Employees/physicians who do not have valid medical contraindications to influenza immunization should all be re-offered influenza immunization.
- Employees/physicians who choose to receive influenza vaccination:
 - i) Will be able to return to work⁵ two weeks after being immunized.⁶

² “A MHO may order a person to take or refrain from taking any action specified in the order that the MHO considers necessary to decrease or eliminate a risk to health presented by a communicable disease.”

³ Influenza-like illness is defined as: Acute onset of respiratory illness, with fever (usually > 38C) and cough, and with one or more of the following: sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus (PHAC 2005)

⁴ The infectious period for influenza starts one day before the person experiences symptoms and extends to 5 days after the onset of symptoms in adults.

⁵ For Physicians “return to work” means being able to work within the SHR facility

- ii) Will be able to return to work sooner if they choose to begin prophylaxis with an appropriate antiviral⁷. They will be permitted to return to work, if they are symptom free, after taking their first dose of the antiviral. They must continue the antiviral medication for 14 days after they were vaccinated or until the outbreak is declared over, whichever comes first.

These workers must be alert to the symptoms and signs of influenza, particularly within the first 48 hours after starting antiviral prophylaxis and should be excluded from the patient care environment if signs or symptoms of influenza like illness develop.

- Employees/physicians who decline immunization:
 - i) Will be able to return to work if they choose to begin prophylaxis with an appropriate antiviral. They will be advised to make arrangements with their physician to obtain a prescription for an antiviral medication. They will be permitted to return to work, if they are symptom free, after taking their first dose of the antiviral. They must continue the antiviral until the outbreak is declared over.
 - These workers must be alert to the symptoms and signs of influenza, particularly within the first 48 hours after starting antiviral prophylaxis and should be excluded from the patient care environment if signs or symptoms of influenza like illness develop.
 - ii) Will not be permitted to return to work if they choose to not take a prescribed course of an appropriate antiviral medication. They will remain off work until the outbreak is declared over by the MHO.
- Employees/physicians who have valid medical contraindications to influenza immunization:
 - i) Will be able to return to work if they choose to begin prophylaxis with an appropriate antiviral. They will be advised to make arrangements with their physician to obtain a prescription for an antiviral medication. They will be permitted to return to work, if they are symptom free, after taking their first dose of the antiviral. They must continue the antiviral medication until the outbreak is declared over.
 - These workers must be alert to the symptoms and signs of influenza, particularly within the first 48 hours after starting antiviral prophylaxis and should be excluded from the patient care environment if signs or symptoms of ILI develop.

⁶ It takes 2 weeks for protective immunity to develop post-immunization.

⁷ See SHR Influenza Outbreak protocol for details about the annual recommendations for influenza antiviral prophylaxis.

- Employees/physicians who have valid medical contraindications to antiviral medications:
 - In the rare instance that an employee has a valid contraindication to influenza immunization AND to antiviral medications, they will not be permitted to return to work until the outbreak is declared over by the MHO.

3.4 Management of Other Health Care Staff⁸ during an Influenza Outbreak

- 3.4.1 Vaccinated⁹ Health Care Staff who are ill with influenza-like illness
 - Should not work in any health care facility for a period of at least 5 days after the onset of symptoms or until their acute symptoms have completely resolved, whichever is longer. This applies to both vaccinated and unvaccinated HCW.
 - Should be encouraged to consult their physician to discuss testing and treatment for influenza.
- 3.4.2 Vaccinated Health Care Staff who are NOT ill with influenza-like illness
 - Employees vaccinated 14 days or more before the onset of the outbreak will be permitted to work in the outbreak facility unless they develop symptoms. If they develop symptoms they would be excluded from working in any health care facility as noted above.
- 3.4.3 Unvaccinated Health Care Staff who are NOT ill with influenza-like illness
 - The recommendations for these individuals will be made in consultation with the responsible VP, OHS, any outside employer and the MHO (or designate).

3.5 Management of Students and Volunteers during an Influenza Outbreak

- 3.5.1 Vaccinated⁷ Students and Volunteers who are NOT ill with influenza-like illness
 - The recommendations for these individuals will be made in consultation with the responsible VP, OHS, any outside agency and the MHO (or designate).
- 3.5.2 Unvaccinated Students and Volunteers who are NOT ill with influenza-like illness
 - Will not be permitted to continue placement or volunteer work in the outbreak facility.

⁸ Visiting Professionals and Contract Workers

⁹ Individuals may be requested to provide written documentation of their immunization status in the event of an outbreak.

- 3.6 SHR Employees and Physicians Working in More Than One Work unit/site
- 3.6.1 As soon as an influenza outbreak is identified, employees who have worked in the outbreak work unit/site will not be permitted to work in other units/sites for the duration of the outbreak if alternate arrangements for staffing are possible that would not compromise staffing levels and place residents at risk. Managers are responsible for reassigning shifts so employees are restricted to working in one unit/site during an outbreak.
- 3.6.2 Cohorting staff is an important infection control measure but where staff cohorting and exclusions compromise staffing levels and place residents at risk, the responsible VP may discuss alternative recommendations with OHS and consult the MHO.¹⁰
- 3.6.3 The Vice President of Medical Affairs, in consultation with the MHO, will make decisions regarding the ability of physicians to move from site to site in event of an outbreak.
- 3.7 Termination of the Influenza Outbreak
- 3.7.1 When the outbreak is declared over¹¹ by the MHO or designate, all excluded employees, physicians, volunteers, students and contract workers may return to work/ placement, providing they are not ill and are symptom free.
- 3.8 Valid Medical Contraindications to Influenza Vaccine
- 3.8.1 Employees and physicians who have a medical contraindication to the influenza vaccine or antiviral medications must provide documentation from their physician on the nature of their contraindication. The OHS Occupational Health Nurse, or the VP of Medical Affairs in the case of physicians, will review this information in consultation with the MHO.
- 3.8.2 Valid medical contraindications to influenza vaccine include:
- severe allergic reaction to a previous dose of influenza vaccine (severe allergy means hives, swelling of the mouth and throat, difficulty breathing, hypotension and shock occurring minutes to hours after receiving a previous dose of vaccine)
 - severe allergic reaction to a component of the influenza vaccine
 - known IgE-mediated hypersensitivity to eggs (manifested as hives, swelling of the mouth and throat, difficulty in breathing,

¹⁰ For example, in these types of situations, the solution might involve permitting an immunized employee, who has no symptoms suggestive of ILI and who has not worked in the outbreak facility for over 72 hours to work in another health care facility not affected by the outbreak; or permitting an employee who has not been immunized to work in another facility after 8 days had passed since they had worked in the outbreak facility.

¹¹ An influenza outbreak will be declared over by the MHO when there have been no further cases for at least 8 days since the onset of symptoms in the last case identified.

hypotension or shock) should not be routinely vaccinated with influenza vaccine

- previous diagnosis of Guillain-Barré syndrome (GBS) within 8 weeks after receiving a previous influenza vaccination

Note: Individuals, who have an allergy to substances that are not components of the influenza vaccine, are not at increased risk of allergy to influenza vaccine.

3.9 Compensation of Employees and Physicians during an Influenza Outbreak

3.9.1 SHR will provide influenza vaccine free of charge to all employees and physicians as part of the annual influenza season programming. It will also be provided free of charge to unimmunized employees and physicians when an outbreak is identified.

3.9.2 Tamiflu and Relenza (anti-viral medications) are not covered under the Saskatchewan Health Drug Plan. Amantadine is covered under the Saskatchewan Health Drug Plan but it is not currently being recommended for use in influenza outbreaks.

If the decision to exclude staff is made, employee and physician compensation will be as follows:

- SHR will pay for antiviral medication used as prophylaxis (prevention) if the employee/physician has a valid medical contraindication to receiving influenza vaccine.
- SHR will not pay for antiviral medication used as prophylaxis (prevention) if the employee/physician does not have a medical contraindication to receiving influenza vaccine. (Employees/physicians may be eligible for reimbursement under their respective benefit insurance plans).
- SHR will not pay for antiviral medications for treatment for any employee/physician should the employee/physician become ill with influenza.

REFERENCES

National Advisory Committee on Immunization (NACI). *Statement on Influenza Vaccination for the 2006-2007 Season*. CCDR Volume 32, ACS-7, 15 June 2006.

Health Canada. Prevention and Control of Occupational Infections in Health Care CCDR 2002; 28S1