

HARBOR-UCLA MEDICAL CENTER

SUBJECT: INFLUENZA EXPOSURE CONTROL PLAN

POLICY NO. 442

PURPOSE:

To describe policies and procedures for:

- Placement of all patients presenting with symptoms of Influenza-Like Illness (ILI) into **DROPLET PRECAUTIONS**, and the discontinuation criteria for **DROPLET PRECAUTIONS**.
- Antiviral prophylaxis recommendations for workforce members with unprotected close contact to Harbor-UCLA patients with suspected or confirmed clinical influenza.
- Workforce Members who believe they have symptomatic influenza following an exposure to a patient with influenza in the workplace.
- Workforce Members with symptoms of Influenza-Like Illness, regardless of whether symptoms resulted from a work-related exposure or not.

DEFINITION:

Workforce Members (WFMs): Includes workforce members, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County. WFMs who provide services at Harbor-UCLA Medical Center must adhere to the Influenza Exposure Control Plan.

BACKGROUND:

Influenza virus is an infectious disease transmitted person-to-person primarily via large droplets. Persons with influenza virus are most contagious when they have fever and symptoms such as headache, cough, runny nose, and/or sore throat. The incubation period (time between exposure and the appearance of symptoms) for influenza is typically three to eight days.

POLICY:

Harbor-UCLA Medical Center shall ensure that WFMs with suspected symptomatic influenza infection should seek care with their Primary Care Practitioner for evaluation and treatment.

This policy is not intended for use in family members of patients receiving care in the facility.

EFFECTIVE DATE: 07/09

SUPERSEDES:

REVISED: 07/11, 06/14, 06/17

REVIEWED: 07/11, 06/14, 06/17

REVIEWED COMMITTEE: Infection Prevention and Control/Employee Health Services

APPROVED BY: _____

Kim McKenzie, RN, MSN, CPHQ
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ALL patients presenting to the hospital with symptoms of ILI and any patients who develop ILI symptoms during hospitalization should immediately be placed in **DROPLET PRECAUTIONS**. This policy is appropriate regardless of whether the patient is thought to have seasonal or pandemic influenza virus infection. Identifying patients with Influenza-Like Illness (ILI) is essential to the implementation of this plan. Symptoms of ILI include: temperature $\geq 38^{\circ}\text{C}$ or 100.4°F with new onset cough, sore throat, or runny nose, and lack of another likely diagnosis (e.g., bacterial pneumonia, group A streptococcus infection).

DROPLET PRECAUTIONS may be discontinued only if:

1. All diagnostic tests sent for influenza (if any) are finalized as negative and, after clinical and epidemiologic evaluation, it is determined by the treating clinicians that a diagnosis of influenza is unlikely, OR
2. The patient's ILI symptoms are believed to be explained by another non-influenza infectious process that does not require droplet precautions, OR
3. The patient is discharged and has left the facility.

If the patient has a positive influenza test, continue **DROPLET PRECAUTIONS** and Respiratory Hygiene/Cough Etiquette until the patient has no fever (without use of fever-reducing medication such as acetaminophen or ibuprofen) for at least 24 hours and all upper and lower respiratory symptoms have resolved.

PROCEDURE:**A. Procedure for Defining Whether an Influenza Exposure Has Occurred in a WFM**

A WFM is considered "exposed" if:

1. S/he has had unprotected close contact to a patient with ILI during the patient's infectious period.
 - Unprotected is defined as an unmasked (with an N95 respirator) WFM who came within 3 feet of a patient AND the patient was not wearing a mask,

AND

2. The unprotected close contact occurred during one day before the patient's ILI symptoms began through 24 hours after resolution of fever without the use of fever reducing medicines.
 - Prophylaxis is not recommended if more than 48 hours have lapsed since the last contact with an infectious patient.
 - Prophylaxis is not indicated when contact occurred before or after, but not during, the patient's infectious period.

B. Procedure for a Workforce Member Who Has Had an Exposure to Influenza, and for Employee Health Services When an Exposure Has Occurred

Prophylaxis is not recommended if the WFM was: 1) fully vaccinated for influenza at least two weeks prior to the exposure and 2) the influenza vaccine received by the WFM was a match to the prevailing circulating influenza viruses and/or, 3) the person exposed is not at higher risk for complications of influenza (as defined by current CDC guidelines) and was not in close contact of a person with suspected or confirmed influenza during the person's infectious period.

If the WFM believes that s/he has been exposed to influenza:

1. S/he should notify their supervisor or their designee.
2. The supervisor will notify Infection Prevention and Control (IP&C) at 222-3838 to report a potential exposure.
3. Infection Prevention and Control will:

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- Evaluate if a true exposure occurred.
 - Identify all services that may also have had personnel exposed.
 - Provide the list of exposed services to Employee Health Services (EHS).
4. EHS will notify the service directors of departments identified as having a possible exposure.
 5. The Service Director or designee:
 - Identifies staff that have been exposed to influenza and gives a list of the potentially exposed WFM to EHS.
 - Provides an Industrial Accident (IA) form to the WFM.
 - Refers those WFMs to EHS.
 6. EHS will provide WFM counseling and evaluate the need for prophylaxis. EHS (222-2360, PCDC basement) is open during business hours Monday through Friday, excluding holidays. If it is outside business hours, the workforce member should report to EHS at the earliest opportunity.

C. Procedure for Employee Health Services for Documentation of Exposures

EHS will document the following items regarding an exposure:

1. Patient name
2. Harbor-UCLA medical record number of the patient to whom WFM(s) was exposed
3. Location of the patient at the time of exposure
4. Names of WFMs exposed and date/time of exposure
5. Signs and symptoms (if any) of WFMs at time of presentation
6. The need for prophylaxis is determined (yes or no). If yes, medication prescription will be written by EHS and medication will be distributed by the Harbor-UCLA Inpatient Pharmacy. If prescribers at EHS are not available, a prescription will be written by Infection Prevention and Control or an Infectious Diseases division member or their designee. Of note:
 - Prophylaxis for asymptomatic WFMs is based on local patterns of susceptibility among circulating influenza strains and epidemiological trends. Single agents or a combination of agents may be offered from among the following: oseltamivir, zanamivir or rimantidine. Of note, this list may not be inclusive as newer treatments may be developed in the future. EHS will consult the Infectious Disease service if the exposed WFMs are pregnant, immunocompromised, or have other co-morbidities.
 - WFMs given post-exposure prophylaxis will be counseled that the medication lowers, but does not eliminate, the risk of influenza. Persons receiving prophylaxis should be encouraged to seek medical evaluation if they develop ILI.

D. Procedure for Workforce Members Who Cannot Return to Campus for Evaluation at Employee Health Services within 72 hours

In the unusual circumstance that the WFM is exposed to influenza and will not be on campus for at least 72 hours, the WFM's supervisor should contact the Infectious Disease physician (fellow) on call (310-501-7804) who will evaluate the need for prophylaxis. If needed, Infectious Diseases, under the supervision of Infection Prevention and Control Department, will call in prescriptions to the Inpatient Pharmacy. The Infectious Diseases physician will inform EHS of all prophylaxis prescriptions provided. Infectious Diseases will sign a hard copy prescription on the next business day at the Inpatient Pharmacy.

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E. Procedure for Health Care Workers with Symptoms of Influenza-Like Illness (ILI)

1. Non-work-related Exposures:

- If the WFM is unable to identify a work-related exposure or believes the exposure occurred outside of the hospital, the WFM will be directed to seek evaluation with their own Primary Care Practitioner (PCP)/urgent care.
- The WFM should not report to work until s/he has no fever (without use of fever-reducing medication such as acetaminophen or ibuprofen) for at least 24 hours and all respiratory symptoms have resolved or significantly improved.

2. Work-related Exposures:

- EHS will not do rapid influenza virus testing and will not prescribe medication for therapeutic purposes.
- If the WFM identifies a work-related exposure and is symptomatic with an ILI requiring medical attention, the WFM should attempt to seek evaluation with their PCP/urgent care or worker's compensation provider. If the WFM has no health insurance, EHS will provide a list of county clinics, local urgent care and other such facilities to the WFM.
- The WFM will be excluded from work and should seek medical evaluation with their health care provider.
- The WFM should not report to work until s/he has no fever (without use of fever-reducing medication such as acetaminophen or ibuprofen) for at least 24 hours and all respiratory symptoms have resolved or significantly improved. If the WFM returns to work before fever or respiratory symptoms have abated, it is the supervisor's responsibility to interact with the WFM in consultation with EHS.

REFERENCES:

Centers for Disease Control and Prevention: Rapid Diagnostic Testing for Influenza.

<http://www.cdc.gov/flu/professionals/diagnosis/rapidlab.htm>

Centers for Disease Control and Prevention: Influenza Symptoms and Laboratory Diagnostic Procedures

<http://www.cdc.gov/flu/professionals/diagnosis/labprocedures.htm>

Influenza Antiviral Medications: Summary for Clinicians

<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Seasonal Influenza Vaccination Resources for Health Professionals

<http://www.cdc.gov/flu/professionals/vaccination/index.htm>

Dweyer DE et al. Laboratory diagnosis of human seasonal and pandemic influenza virus infection. *MJA* 2006; 185: S48-S53.