Public Health
Seattle & King County

Respiratory Virus Outbreak Toolkit for Long Term Care Facilities

This checklist is intended to supplement the respiratory virus guidance outlined in the CDC Viral Respiratory Pathogen Toolkit for Nursing Homes Infection Prevention and Control Strategies for Healthcare Settings. This Public Health - Seattle & King County (PHSKC) guidance is for skilled nursing facilities, however other long term care facilities (LTCF), such as assisted living and adult family homes, can adapt this guidance to meet the needs of their residents. This checklist is intended to guide outbreak response for respiratory virus outbreaks including COVID-19, influenza and respiratory syncytial virus (RSV).

Viral Respiratory Pathogen Preparedness and Response	Complete	Date
ACTION: PREPARE for respiratory viruses [e.g., SARS-CoV-2 (COVID-19), influenza (flu), respiratory syncytial virus (RSV)].		
Vaccinate: Identify a pharmacy partner to support vaccination. Administer recommended vaccines to residents and healthcare personnel (HCP). Provide information to families and visitors encouraging them to get vaccinated.	☐	__/__/__
Test and Treat: Develop plans to provide rapid clinical evaluation and intervention to ensure residents receive timely treatment and/or prophylaxis when indicated. Ensure access to respiratory viral testing and necessary treatments.	☐	__/__/__
Ventilate: In consultation with facility engineers, explore options to improve ventilation delivery and indoor air quality in resident rooms and all shared spaces.	☐	__/__/__
Monitor and Mask: Implement a facility masking policy. PHSKC recommends* masking in all healthcare spaces and during healthcare encounters. • At a minimum, consider masking policies that require masking at all times during periods of high community transmission. **	☐	__/__/__
Educate: Ensure everyone, including residents, visitors, and HCP, are aware of recommended IPC practices in the facility, including when specific IPC actions are implemented in response to new infections in the facility or increases in respiratory virus levels in the community (e.g. poster, mask graphic, mask photo).	☐	__/__/__
Allocate Resources: Ensure adequate supply of alcohol-based hand sanitizer (ABHS) and Personal Protective Equipment (PPE).	☐	__/__/__
ACTION: RESPOND when a resident or HCP develops signs or symptoms of a respiratory viral infection.		
Residents: Apply appropriate Transmission-Based Precautions for symptomatic residents based on the suspected cause of their infection. • When available, residents can be placed in a single-person room to minimize the risk of transmission to roommates. For additional guidance on best practices when a single room is not available see here. • Any HCP who enters the room of a resident with signs or symptoms of an unknown respiratory viral infection that is consistent with SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved® particulate respirator with N95® filters or higher, gown, gloves, and eye protection (PPE can be adjusted once the cause of the infection is identified.)	☐	__/__/__

Healthcare Personnel: Develop sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance to discourage going to work while sick and instead allow HCP with respiratory infections to stay home for the recommended duration of work restriction.	☐	__/__/__
Test anyone with respiratory illness signs or symptoms. At a minimum, testing should include SARS-CoV-2 and influenza with consideration for other causes (e.g., RSV).	☐	__/__/__

Treatment and Prophylaxis: Provide recommended treatment and prophylaxis to infected and exposed residents when indicated.
• For Influenza:
  ○ Provide antiviral treatment immediately for all residents who have laboratory confirmed or suspected influenza.
  ○ Provide prophylaxis to exposed residents on units or wards with influenza cases (currently impacted wards) as soon as an influenza outbreak is determined.
• For SARS-CoV-2 infection:
  ○ Provide COVID-19 treatment for eligible residents with mild-to-moderate COVID-19 and one or more risk factors for severe COVID-19; be aware of potential drug interactions.
  ○ Treatment must be started as soon as possible and within five days of symptom onset to be effective.
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Investigate for potential respiratory virus spread among residents and HCP. Perform active surveillance to identify any additional ill residents or HCP using symptom screening and evaluating potential exposures. • If performing asymptomatic testing, refer to the manufacturer's instructions for use to determine if the test is approved for asymptomatic testing and to identify the recommended testing cadence.	☐	__/__/__
ACTION: CONTROL respiratory virus spread when transmission is identified.		
Report suspected or confirmed outbreaks to PHSKC by completing the Respiratory Illness Intake Survey (iths.org) • Outbreaks are not required to be reported to the Residential Care Services Complaint Resolution Unit (DSHS) unless an outbreak causes or may cause use of a required disaster or emergency plan, an evacuation, or threaten the facility's ability to continue services.	☐	__/__/__
Notify Leadership, staff, residents, and visitors.	☐	__/__/__
Implement initial measures to limit spread. • Offer and reinforce the importance of vaccination in the facility. • Consider supplemental measures to improve air circulation and air cleanliness. • Implement universal masking for source control on affected units or facility-wide, including for residents around others (e.g., out of their room) and for HCP when in the facility. • Continue active surveillance to identify others with respiratory viral illness (e.g., daily or every shift review of symptoms among residents and HCP) and	☐ ☐ ☐ ☐	__/__/__ __/__/__ __/__/__ __/__/__

manage people who were exposed or infected (e.g., use of source control, work restriction for HCP, use of Transmission-based Precautions). • Continue providing recommended treatment and prophylaxis based on identified respiratory virus. • If transmission is limited to specific units, consider limited quarantine of those units (e.g., restricting those units from group activities or communal dining with residents from other units). • Increase environmental cleaning for shared medical equipment and high touch surfaces. Ensure appropriate product is used and manufacturers guidance is followed.	☐ ☐ ☐	__/__/__ __/__/__ __/__/__
Implement additional measures to control spread. • Consider establishing cohort units for residents with confirmed infections. • Limit group activities and communal dining. • Consider modifications to indoor visitation policies. • Avoid new admissions or transfers into and out of units or wards with infected residents or facility-wide if the outbreak is more widespread. • Consult with PHSKC by calling 206-296-4774.	☐ ☐ ☐ ☐ ☐	__/__/__ __/__/__ __/__/__ __/__/__ __/__/__

Additional Resources-

Washington State DOH:

- Influenza Outbreak FAQ and Outbreak Definitions
- Interim COVID-19 Outbreak Definitions
- COVID-19 Infection Prevention in Healthcare Settings

CDC:

- Viral Respiratory Pathogens Toolkit for Nursing Homes
- Viral Respiratory Infections- Infection Control in Healthcare Personnel
- Influenza Infection Control in Healthcare Facilities

* The use of the term recommend is not intended to be a regulatory requirement. Identifying healthcare spaces and encounters is left to the discretion of the LTCF to determine a reasonable use of masking in their setting that protects the health of highly vulnerable patients and staff.

** Many hospitals and outpatient settings in King County have implemented the joint masking guidance outlined by the Northwest Healthcare Response Network Healthcare Masking Consensus Statements & Summary - NWHRN. LTCF could consider following this guidance as part of their masking policy.