

Influenza and Pandemic Planning in Long Term Care Homes

Recent and ongoing concerns regarding the H1N1 (influenza A or the swine flu) virus serve to highlight the importance of appropriate workplace emergency/disaster planning, including planning for disease outbreaks, epidemics and pandemics. A proactive approach that complies with applicable laws and is appropriately supported by workplace policy and procedures can be of great assistance in preventing, mitigating and managing the effects of outbreaks, epidemics, pandemics and other emergencies in the long term care environment.

Influenza surveillance

Since the consequences of influenza can be so serious, a global influenza surveillance and monitoring system was initiated by the World Health Organization in 1948. Despite this sophisticated program, community health officials are unable to predict which strains will occur, nor can they determine when or where they will arise. In Canada, the term 'flu season' refers to the period between November and April, when influenza usually appears.

Influenza is a communicable and reportable disease. As such, it must be reported to local public health units. In practice, public health units receive reports of laboratory-confirmed cases and of outbreaks that occur in schools, hospitals and long term care homes.

The *Health Protection and Promotion Act* gives a medical officer of health (MOH) broad powers in dealing with communicable diseases. For example, where an MOH believes that an outbreak or the risk of an outbreak exists, he or she may close prem-

ises, require a person to be examined by a physician or order an individual to conduct him or herself in such a manner so as not to expose another person to infection. When an outbreak occurs in a long term care home, public health officials usually assume an advisory role and provide direction on various aspects of outbreak management.

The influenza vaccine

The influenza vaccine is thought to be the best way to prevent influenza and its severe complications. Vaccinations must be given annually because of the evolving nature of influenza viruses and because the protection from the previous year wears

off. Contrary to some common misconceptions, influenza vaccines are safe and side effects are typically minor. These include soreness at the injection site and occasionally some low-grade fever, headache or muscle pain. The most serious side effect is an allergic reaction in people who have a severe allergy to eggs, since the viruses for the vaccine are grown in hens' eggs.

Influenza vaccination is specifically recommended for people who are at high risk for developing serious complications, including the residents of long term care homes. The influenza vaccine does not necessarily prevent illness, but it may reduce the severity of the illness and the risk of

Strategies to manage risk around the H1N1 virus

Specific to the H1N1 virus and subject to applicable collective agreements or employment contracts, long term care homes may consider a number of strategies to manage risk related to pandemic influenza:

- Provide information about the H1N1 virus to employees and outline the symptoms and criteria to watch for, as well as the actions that employees and employers are required to take.
- Understand when the assistance or involvement of a public health agency may be needed and ensure that appropriate communication occurs in a timely manner.
- Ensure that appropriate infection-control policies are in place to minimize the risk of transmission and to identify and manage outbreaks.
- Make appropriate equipment and supplies available. Consider environmental controls, such as enhanced cleaning regimes, disinfection and the proper disposal of contaminated items.
- Consider designating an individual or creating a team to monitor H1N1 infections in the workplace and to coordinate prevention efforts.
- Encourage employees to voluntarily quarantine themselves if they are exhibiting symptoms of H1N1 infection or have been in direct contact with someone who is symptomatic.
- Take disciplinary action if necessary. Disciplinary action—up to and including termination of employment—may be taken by an employer if employees break quarantine or attend work when they know they have been exposed to the H1N1 virus. Furthermore, breaking quarantine may be a violation of provincial health and safety legislation and could result in criminal proceedings.
- Outline employment travel policies with respect to travel to high-risk areas or for health care workers who are employed in various health care facilities.

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severe complications and death. Having a large proportion of a population vaccinated also leads to 'herd immunity.'

Obligations of employers and staff

Long term care homes should take proactive steps to ensure the protection of their workplace by having appropriate plans in place for addressing issues related to pandemic and other emergencies that may affect workers or the workplace environment. These should address the prevention, mitigation and management of influenza outbreaks.

Immunization

The National Advisory Committee on Immunization has suggested that health care workers and their employers have a duty to actively promote, implement and comply with influenza immunization recommendations. The aim of this is to decrease the risk of infection and complications in the vulner-

able populations for whom they provide care. The provision of the influenza vaccine on an annual basis to health care workers involved in direct patient care is considered to be an essential component of the standard of care for influenza prevention.

There have been a number of arbitration decisions that have upheld mandatory influenza vaccination requirements or the use of antivirals for health care workers, particularly in situations of high influenza activity such as a declared outbreak. These types of policies are often triggered by the declaration of an outbreak by the MOH and recommendations related to vaccination. As such, it is important to establish and maintain good working relationships with local public health officials.

Influenza monitoring and outbreak management

The recognition of an outbreak can be challenging and requires a high index of suspicion. A long term care home must

have an ongoing surveillance or tracking program for infection, preferably as a function of a dedicated infection-control practitioner. An outbreak may be recognized by nursing staff, physicians or the infection-control practitioner.

Suspected outbreaks should be reported as soon as possible to the person in charge of the long term care home and to public health officials. Control measures should be immediately initiated and the infection-control practitioner should begin a 'line listing'—an organized record of information about suspected cases in residents and staff. The line listing helps to provide information about patterns of illness that may assist with control measures. Laboratory testing is necessary to identify the causative agent or agents quickly so that control measures can be tailored appropriately.

Outbreaks are usually managed by an outbreak management team. This is comprised of public health officials and staff from the long term care home. **LTC**