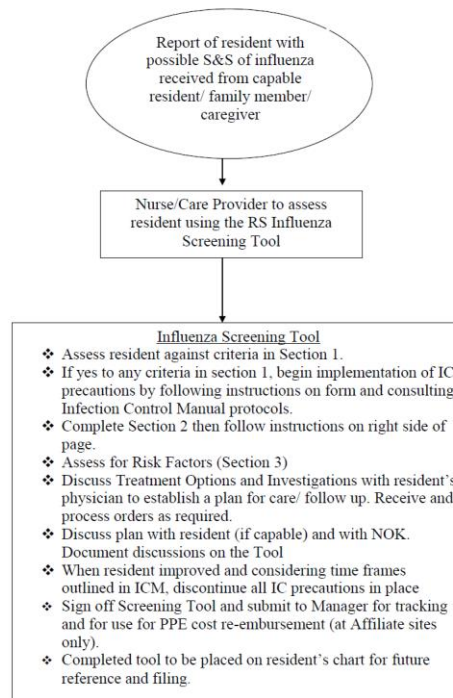




Purpose:	<p>The Residential Services Influenza Screening Tool would be used by healthcare providers in Residential Services facilities:</p> <ul style="list-style-type: none"> • to screen residents presenting with signs and symptoms of influenza like illness against consistent, established clinical criteria; • for considering and deciding on relevant investigations; • for formulating treatment plans for ill residents; • to ensure the timely implementation and discontinuation of infection control processes
Scope:	<ul style="list-style-type: none"> • RN/RPN, LPN, RCA, Allied Health, Physicians • Island Health owned & operated and Island Health Affiliate residential care facilities
Outcomes:	<ul style="list-style-type: none"> • The resident presenting with signs and symptoms of ILI would be screened rapidly and accurately against established criteria promoting diagnosis and then the establishment of a plan for care and health recovery. • There will be a reduction in potential risk to residents, staff and others due to the rapid diagnosis of ill residents and the timely implementation of infection prevention and control measures. • Residents screened and diagnosed as having Influenza would be tracked, promoting more accurate statistical data for future health care planning.

1.0 Protocol



Maintained by:	Residential Services				
Issuing Authority:	Residential Services Quality Council				
Last Revised:	2015-11-26	Last Revised:	YYYY-MM-DD	First issued:	2013-12-05

1.2 Rationale/Key Information

- On receiving a report from a capable resident, staff or family member of a resident with potential signs or symptoms of an ILI, staff would assess the resident using the RS Influenza Screening Tool.
- The staff would complete all sections of the form, implementing infection control requirements as required/indicated, contacting the resident's physician, discussing outcome and care planned with resident and/or family then implementing the care plan.
- Following time lines outlined in the VIHA Infection Control Manual, infection control precautions would be discontinued when the resident is no longer ill/ risk to others.
- The completed form would be submitted to the Manager of the facility for use for outbreak tracking processes.
- At the completion of a declared outbreak, the form would be returned to the resident's chart for filing and future reference by care staff.

2.0 Definitions

- **Influenza:** an acute, contagious viral disease characterized by fever, extreme prostration, pain in the head and back, and generally catarrh of respiratory and gastrointestinal tract. (Taber)

3.0 Related Island Health Standards

- Island Health Infection Prevention and Control Guide
<http://www.viha.ca/NR/rdonlyres/69916870-CF65-4266-A4D6-CBE40AC6FACA/0/IPACReferenceGuideMarch242014.pdf>

4.0 References

- Accreditation Canada- Infection Prevention and Control Guidelines ROP 12.2
- Taber's Cyclopedic Medical Dictionary

Maintained by:	Residential Services					
Issuing Authority:	Residential Services Quality Council					
Last Revised:	2015-11-26	Last Reviewed:	YYYY-MM-DD	First Issued:	2010-09-13	Page 2 of 4

This material has been prepared solely for use at Island Health. Island Health accepts no responsibility for use of this material by any person or organization not associated with Island Health. A printed copy of this document may not reflect the current, electronic version on the Island Health Intranet.

RESIDENTIAL SERVICES INFLUENZA SCREENING TOOL

Place resident identifying label or information at top right.

Date (D/M/Y): ____/____/____

Site: _____

Room Number: _____

1. SYMPTOMS OF INFLUENZA LIKE ILLNESS (ILI)				
	Yes	No		
Fever*and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> If yes to any question: <ul style="list-style-type: none"> - Initiate Droplet precautions - Assessor to put on fluid resistant mask and gloves - Notify Infection Control Practitioner for Island Health Facilities <p>*Fever may not always be present in infected elderly persons. Clinical judgment or subjective report from capable resident/family member/caregiver may be sufficient.</p>	
Cough (new or worsening)	<input type="checkbox"/>	<input type="checkbox"/>		
AND one or more of the following:				
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>		
Body Aches - Myalgia	<input type="checkbox"/>	<input type="checkbox"/>		
Joint Pain - Arthralgia	<input type="checkbox"/>	<input type="checkbox"/>		
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>		
Headache	<input type="checkbox"/>	<input type="checkbox"/>		
Fatigue/Prostration	<input type="checkbox"/>	<input type="checkbox"/>		
2. EXAMINATION				
		Yes	No	
Respiratory Rate more than 22	___	<input type="checkbox"/>	<input type="checkbox"/>	COMPLICATED VS UNCOMPLICATED <input type="checkbox"/> If yes to any complicated influenza symptoms: <ul style="list-style-type: none"> - Isolate to bedside and assess roommates for similar signs of symptoms - provide appropriate infection control precautions (Refer to Infection Control Reference Guide) - Request physician assessment <input type="checkbox"/> If no to all complicated influenza symptoms: <ul style="list-style-type: none"> - Respiratory infections need to be on droplet precautions until signs and symptoms are alleviated. - Continue to monitor through illness and treat symptomatically considering pre-printed orders, fluid intake, etc.
O2 Saturation less than 92%	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Pulse greater than 90	_____	<input type="checkbox"/>	<input type="checkbox"/>	
BP Systolic less than 100	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Dehydration		<input type="checkbox"/>	<input type="checkbox"/>	
Delirium		<input type="checkbox"/>	<input type="checkbox"/>	
3. RISK FACTORS				
		Yes	No	IS INDIVIDUAL AT RISK? <input type="checkbox"/> If yes to any risk factors, physician to consider TREATMENT OPTIONS (see over)
Obesity		<input type="checkbox"/>	<input type="checkbox"/>	
Age greater than 65 years		<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular disease		<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory disease (COPD, Asthma)		<input type="checkbox"/>	<input type="checkbox"/>	
Immunosuppression (Chemotherapy, HIV)		<input type="checkbox"/>	<input type="checkbox"/>	
Chronic renal failure		<input type="checkbox"/>	<input type="checkbox"/>	
Chronic liver disease		<input type="checkbox"/>	<input type="checkbox"/>	

NURSE: Name/Signature _____

Maintained by:	Residential Services		
Issuing Authority:	Residential Services Quality Council		
Last Revised:	2015-11-26	Last Reviewed:	YYYY-MM-DD
First Issued:	2010-09-13	Page 3 of 4	

Resident's MRN: _____

4. TREATMENT OPTIONS & INVESTIGATIONS																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Viral Swab ordered*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Viral Swab obtained*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other Lab work (see orders)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td></td> <td></td> </tr> <tr> <td>O2 Therapy for hypoxia</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hypodermoclysis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Antibiotics (see orders)**</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Tamiflu (see orders)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Viral Swab ordered*	<input type="checkbox"/>	<input type="checkbox"/>	Viral Swab obtained*	<input type="checkbox"/>	<input type="checkbox"/>	Other Lab work (see orders)	<input type="checkbox"/>	<input type="checkbox"/>	 			O2 Therapy for hypoxia	<input type="checkbox"/>	<input type="checkbox"/>	Hypodermoclysis	<input type="checkbox"/>	<input type="checkbox"/>	Antibiotics (see orders)**	<input type="checkbox"/>	<input type="checkbox"/>	Tamiflu (see orders)	<input type="checkbox"/>	<input type="checkbox"/>	<p>*Viral swab may be requested in cases where an outbreak has NOT been declared or in some complicated ILI cases. An order from MRP (VIHA Residential sites) or Medical Health Officer/delegate (Affiliate Residential sites) must be obtained before swab sent to the Lab. - In the event of any cases, notify Infection Control Practitioner for your site. **Antibiotics may be indicated for bacterial infections.</p>	
	Yes	No																											
Viral Swab ordered*	<input type="checkbox"/>	<input type="checkbox"/>																											
Viral Swab obtained*	<input type="checkbox"/>	<input type="checkbox"/>																											
Other Lab work (see orders)	<input type="checkbox"/>	<input type="checkbox"/>																											
O2 Therapy for hypoxia	<input type="checkbox"/>	<input type="checkbox"/>																											
Hypodermoclysis	<input type="checkbox"/>	<input type="checkbox"/>																											
Antibiotics (see orders)**	<input type="checkbox"/>	<input type="checkbox"/>																											
Tamiflu (see orders)	<input type="checkbox"/>	<input type="checkbox"/>																											
5. FOLLOW UP																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Discussed with Resident Date: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td></td> <td></td> </tr> <tr> <td>Discussed with Next of Kin Date: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Discussed with Resident Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	 			Discussed with Next of Kin Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<p>If not discussed with resident, reason: _____ _____</p> <p>If not discussed with Next of Kin, reason: _____ _____</p>																
	Yes	No																											
Discussed with Resident Date: _____	<input type="checkbox"/>	<input type="checkbox"/>																											
Discussed with Next of Kin Date: _____	<input type="checkbox"/>	<input type="checkbox"/>																											
6. OUTCOME																													
Date resident improved/ infection control precautions discontinued: _____ Other: _____																													

FINAL SIGN OFF: Name/Signature _____

Date (D/M/Y) ___/___/___

Maintained by:	Residential Services		
Issuing Authority:	Residential Services Quality Council		
Last Revised:	2015-11-26	Last Reviewed:	YYYY-MM-DD
First Issued:	2010-09-13	Page 4 of 4	

This material has been prepared solely for use at Island Health. Island Health accepts no responsibility for use of this material by any person or organization not associated with Island Health. A printed copy of this document may not reflect the current, electronic version on the Island Health Intranet.