OBJECTIVES

- To support Workplace Health & Safety (WHS) Registered Nurses with prescribing authority prescribe antiviral prophylaxis in response to influenza outbreaks in AHS facilities.
- To facilitate the provision of antiviral prophylaxis to AHS health care workers (HCW), in accordance with AHS outbreak guidelines and/or Medical Officer of Health (MOH) direction.

PRINCIPLES

Alberta Health Services (AHS) supports the practice of Registered Nurses (RN) prescribing medications and ordering diagnostic tests when the RN is authorized by the College and Association of Registered Nurses of Alberta (CARNA) to prescribe medications and authorized by AHS to order diagnostic tests.

The RN must comply with Competencies for RN Prescribing Schedule 1 Drugs and Ordering of Diagnostic Tests (CARNA, 2019) and Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards (CARNA, 2019).

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).
# ELEMENTS

## 1. Conduct an Assessment of Eligibility

### Inclusion Criteria

1.1 Assess whether the HCW meets the following inclusion criteria:
   - a) Confirmed influenza outbreak declared by the MOH  
     AND
   - b) The HCW is scheduled to work on the affected outbreak unit/facility  
     AND
   - c) Any one (1) of the following:
     - (i) The HCW has not received the influenza immunization yet this season.
     - (ii) The HCW has received influenza immunization less than 14 days prior to the declaration of the outbreak.
     - (iii) The HCW has received the influenza immunization but the outbreak influenza strain is not covered in the annual influenza vaccine.

### Exclusion Criteria

1.2 Conduct and document a nursing history, focused on a review of the exclusion criteria below.

   ![Warning]

   IF ANY ONE (1) of the exclusion criteria apply, then continue with the assessment, complete pages 1 and 2 of the AHS Adult Chemoprophylaxis Prescription – Oseltamivir (Tamiflu) Form, and advise the HCW of their options but DO NOT complete the prescription. Escalate to the WHS Medical Consultant.

   - a) History of liver disease
   - b) History of renal disease
   - c) Pregnant OR breastfeeding
### 1.3 Symptoms suggestive of ILI:

- **a)** Acute onset of respiratory illness with fever (ideally this should be objectively measured by the affected HCW and the result provided verbally to the prescribing RN)

  **AND**

- **b)** Cough

  **AND**

- **c)** With one (1) or more of the following:

  - (i) Sore throat
  - (ii) Arthralgia (joint pain)
  - (iii) Myalgia (muscle aches)
  - (iv) Prostration (severe exhaustion)

### 1.4 Document a current medication list per the AHS Adult Chemoprophylaxis Prescription – Oseltamivir (Tamiflu) Form.
2. Confirm Nursing Diagnosis

Confirm the Nursing Diagnosis that Applies

2.1 IF the inclusion criteria apply and there are no applicable exclusions, review the nursing diagnoses below. If the nursing diagnoses apply, proceed to Section 3.

2.2 Primary nursing diagnosis:

   a) Risk for infection related to insufficient knowledge to avoid exposure to pathogens and/or inadequate vaccination (NANDA-I Domain 11, Class 1, Diagnosis Code 00004).

      (i) Intervention Code Linkages:

         • Infection Protection (Code 6550)
         • Infection Control (Code 6540)
         • Surveillance (Code 6650)

2.3 Secondary nursing diagnosis:

   a) Risk for occupational injury related to improper use of personal protective equipment (PPE) (NANDA-I Domain 11, Class 4, Diagnosis Code 00265).

      (i) Intervention Code Linkages:

         • Risk Identification (Code 6610)
         • Environmental Management: Worker Safety (Code 6489)

2.4 See reference section at the end of this Protocol for the NANDA reference.

3. Review Options and Provide Education

Review Benefits and Risks

3.1 Review benefits and risks outlined below with the HCW:

   a) The benefits of oseltamivir (Tamiflu) are:

      (i) To protect patients or residents and prevent the spread of influenza.
(ii) The use of this medication will help to mitigate staffing shortages due to HCWs being restricted from work.

b) Explain to HCW that IF HCWs ARE NOT protected by the influenza vaccine AND are required to continue working on the affected outbreak unit/facility, THEN antiviral prophylaxis using oseltamivir (Tamiflu) is required during an influenza outbreak, in accordance with AHS outbreak guidelines and/or MOH direction.

c) Outline the reason(s) why the HCW is eligible for antiviral prophylaxis, based on the information provided at the time of assessment. Review benefits and risks outlined below with the patient.

Review Options

3.2 Review the three (3) options outlined below with the HCW to determine if they will continue working on the outbreak unit/facility and other next steps. Refer to the AHS Immunization Program Standards Manual (IPSM) for further guidance on the influenza vaccine and contraindications.

a) OPTION 1: The HCW can accept influenza immunization AND take antiviral prophylaxis for 14 days post-immunization or for the duration of the outbreak (whichever period is shorter).

b) OPTION 2: If influenza immunization is contraindicated or refused, the HCW can take antiviral prophylaxis for the duration of the outbreak.

c) OPTION 3: If antiviral prophylaxis is contraindicated or refused, the HCW will be excluded from the workplace for three (3) days and reassigned to a non-outbreak unit/facility. If reassignment is not possible, then the HCW will be excluded from work until the outbreak is declared over by the MOH.

If Option 3 is selected, STOP and follow the AHS Influenza Outbreak Management Resource.
Medication Education and Follow-up

3.3 If Options 1 or 2 above are selected, provide the following education to the HCW:

a) Provide the AHS Oseltamivir Medication Information Resource

AND

b) Review the prescription with the HCW, including:

(i) Medication dosing details.

(ii) Duration of the prescription (based on the immunization history of the HCW).

(iii) Common side effects: Nausea, vomiting, abdominal pain, and headache (incidence of greater than or equal to 1% of individuals taking oseltamivir [Tamiflu]).

(iv) That the HCW should report any adverse reaction to antiviral prophylaxis to their local WHS. If the HCW has a reaction to antiviral prophylaxis that is outside of the expected side effects of the medication, the HCW should follow up with their Physician.

(v) Ask whether the HCW has questions regarding their oseltamivir (Tamiflu) prescription. If the HCW has any questions or concerns that the RN prescriber is unable to adequately address on their own, then the RN prescriber should contact the WHS Medical Consultant for assistance.

(vi) For prolonged outbreaks, HCWs who have completed their initial oseltamivir (Tamiflu) prescription should contact their local WHS for any additional oseltamivir (Tamiflu) prescription.

(vii) Instruct the HCW about how to fill the prescription, as per Zone process.

AND

c) Review the effectiveness of antiviral prophylaxis:
(i) Reinforce with the HCW the importance of strict compliance with their oseltamivir (Tamiflu) prescription for the duration of the outbreak or 14 days post influenza vaccine (whichever is shorter).

(ii) Remind the HCW that antiviral prophylaxis is not meant to replace the preventive measure of annual influenza immunization.

(iii) Antiviral prophylaxis is not 100% effective.

(iv) The HCW can return to work after taking the first dose of oseltamivir (Tamiflu); it is immediately effective.

AND

d) Review the outbreak process and key contacts for follow-up:

(i) Remind the HCW that they may be exposed to influenza in non-outbreak settings in work and non-work environments.

(ii) Particular attention to hand hygiene, PPE, remaining home when ill, and implementation of Infection Prevention outbreak control measures should be included in outbreak management.

(iii) Inform the HCW to be alert to the signs and symptoms of ILI, especially within the first 48 hours after starting antiviral prophylaxis. If the HCW develops ILI symptoms, then the HCW should stay home from work, contact their Manager and WHS, and seek further assistance from their health care provider, as necessary.

(iv) Instruct the HCW on who to contact if they require additional assistance while taking oseltamivir (Tamiflu) (i.e., local WHS contact or Family Physician).
4. Carry Out Interventions

**Prescription**

4.1 Complete the AHS *Adult Chemoprophylaxis Prescription – Oseltamivir (Tamiflu)* Form for the HCW and include the following required information (refer to the AHS *Medication Orders* Policy and Procedure):

<table>
<thead>
<tr>
<th>NOTE</th>
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<tr>
<td>The RN prescriber should contact the WHS Medical Consultant if any questions or uncertainties arise during the prescription process.</td>
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a) **Generic Prescription Requirements**:
   - (i) **Date** prescription written
   - (ii) **Time** prescription written
   - (iii) Patient’s **name** (first and last)
   - (iv) At least one (1) other **patient identifier** as per the AHS *Patient Identification* Policy (e.g., date of birth, unique lifetime identifier, personal health number)
   - (v) Prescriber’s authentication: Prescriber’s name, designation, and original, handwritten signature (an electronically generated signature within an AHS computerized provider order entry system is also acceptable)
   - (vi) Prescriber’s **clinical setting**

b) **Protocol-specific Prescription Requirements**:
   - (i) Medication name: **oseltamivir (Tamiflu)**
   - (ii) Dosage: **75 milligram (mg) capsule**
   - (iii) Administration route: **Oral**
   - (iv) Time interval: **Once daily**
   - (v) Total quantity: **10 capsules**
   - (vi) Duration of the prescription: **10 days**
   - (vii) Number of refills authorized: **0 (zero)**
5. Documentation

| Complete Documentation | 5.1 Document all nursing notes and upload all assessment, intervention, patient outcomes and follow-up documentation into the patient’s health record. |

**DEFINITIONS**

**Health record** means the collection of all records documenting individually identifying health information in relation to a single person.

**Registered Nurses with prescribing authority** means Registered Nurses who have completed the required training to prescribe and order diagnostic tests according to the relevant Clinical Support Tools.

**REFERENCES**

- Alberta Health Services Governance Documents:
  - Medication Orders Policy (#PS-93)
  - Medication Orders Procedure (#PS-93-01)
  - Patient Identification Policy (#PS-06)
- Alberta Health Services Forms:
  - Adult Chemoprophylaxis Prescription – Oseltamivir (Tamiflu) Form (#21872)
- Alberta Health Services Resources:
  - Immunization Program Standards Manual (IPSM)
  - Influenza Outbreak Management (Workplace Health & Safety)
  - Oseltamivir Medication Information
- Non-Alberta Health Services Documents:
  - Competencies for RN Prescribing Schedule 1 Drugs and Ordering of Diagnostic Tests (College and Association of Registered Nurses of Alberta [CARNA])
  - Nursing Diagnoses (Herdman, H., & Kamitsuru, S. 1173)
  - Nursing Interventions Classification (NIC) (7th ed.) (Elsevier Health Sciences)
  - Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards (College and Association of Registered Nurses of Alberta [CARNA])

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