

Acute Care Viral Respiratory Illness (VRI) Case and Cluster Containment Toolkit

One or more patients identified with new symptoms consistent with VRI	
Case definition for VRI Fever and/or New or Worsening Chronic Cough PLUS one of the following symptoms:	
<ul style="list-style-type: none"> Chills Shortness of Breath Runny or Stuffy Nose 	<ul style="list-style-type: none"> Sore Throat, Hoarseness, Difficulty Swallowing Swollen or Tender Glands in the Neck Loss of Taste or Smell
Notification	Care staff to notify nurse in charge
	Notify MRP
Additional Precautions	<ul style="list-style-type: none"> Place symptomatic patients on Droplet and Contact precautions. <ul style="list-style-type: none"> If viral respiratory infection is laboratory confirmed, refer to IPAC Diseases and Conditions table for isolation guidance specific to the infection identified If negative for VRI, remove precautions when resolution of fever for 24 hours and improvement in symptoms, or consult IPAC Place Droplet and Contact precautions and doffing sign at entrance to door in a visible location. Place doffing sign in the doffing zone inside the room. ICP to perform contact tracing and identify exposed close contacts <ul style="list-style-type: none"> COVID: Place close contacts on Droplet and Contact Precautions for 5 days from last exposure INFLUENZA: Place close contacts on Droplet and Contact precautions for 3 days from last exposure. Other VRI: Monitor close contacts for signs and symptoms If VRI-suspected or confirmed and performing AGMP, place on Airborne and Contact precautions for the duration of the AGMP
VRI Testing	<ul style="list-style-type: none"> Collect specimens as soon as possible on symptomatic patients only unless directed by Medical Microbiologist or delegate PCR testing is indicated in all acute care settings Supporting resources: <ul style="list-style-type: none"> How To Use Guide Nasopharyngeal Flocked Swabs and Universal Transport Medium (UTM)
Line List	<ul style="list-style-type: none"> Unit to initiate line list for patients and staff. Update and share daily with IPAC Patient VLI Outbreak Line List Staff VLI Out Break Line List



	<ul style="list-style-type: none"> • ICP will maintain an electronic line list and distribute to key stakeholders including Public Health
VRI Resources	<ul style="list-style-type: none"> • VCH Respiratory Testing and De-isolation Pathway for COVID-19 • Bed Placement for VRI including COVID-19 • COVID-19 Infection Prevention and Control Guidance for Acute Care Settings
Entrance Screening	<ul style="list-style-type: none"> • Actively screen visitors according to current provincial guidance • Staff to self monitor for symptoms and stay home if they feel sick • VCH Visiting our Hospitals, Clinics and Care Homes
<p>VRI Cluster Threshold: Two or more healthcare-associated VRI cases identified on a single unit in separate rooms within a 7 day period</p>	
Communication and Coordination	<ul style="list-style-type: none"> • When cluster threshold is met, IPAC will notify unit leadership, public health, and initiate regular education huddles with frontline staff. • Unit operations to schedule key stakeholder meeting to coordinate cluster response as needed and in consultation with IPAC.
Admissions and Transfers	<ul style="list-style-type: none"> • Do not admit or move asymptomatic patients into rooms on Droplet and Contact precautions unless the patient has recently recovered from the specific lab confirmed VRI (e.g., COVID-19/influenza). • Refer to Bed Placement Guidance for VRI and IPAC as needed • Only cohort patients with the same lab confirmed organism, or consult IPAC for cohorting guidance
Patients	<ul style="list-style-type: none"> • Patients on Droplet and Contact Precautions are to remain in their room or bed space unless required for diagnostic, therapeutic or ambulation purposes. Support isolated patients to perform hand hygiene, don a mask and clean clothing or a clean gown on leaving their room. • Monitor all patients on the affected unit twice-daily for signs and symptoms of infection. • Refer to VRI bed placement algorithm to support case cohorting decisions. Consult IPAC as needed. • If universal masking in effect, remind/assist patients to mask in common areas and on transfer (if tolerated). • Encourage and support diligence in hand washing and use of alcohol based hand rub (ABHR) • For patient transfers to other units/diagnostic departments /other facilities, notify receiving unit and paramedics of VRI cluster event on the unit, and patients isolation status of applicable. • Liaise with pharmacist or physician for review of immunization status for asymptomatic patients admitted to the unit and offer COVID-19, influenza, and/or pneumococcal vaccine as needed.

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<p>Staff Cases</p>	<ul style="list-style-type: none"> • Staff who develop symptoms at home to follow up with their own healthcare provider. • VCH staff to report work absence to the Provincial Workplace Health Call Centre (1-866-922-9464) • Staff to notify any other employers about cluster and advise them of necessary precautions. Staff will also notify their VCH leadership if they are involved with an outbreak on another unit on which they may be working. • Non VCH staff report to your manager/supervisor • Generally, for most VRIs, symptomatic HCWs should be excluded from work: <ol style="list-style-type: none"> 1. Until fever, if present, has resolved (without the use of fever reducing medication), AND 2. They feel well enough to work (i.e., symptoms have improved or are improving), OR five days after symptom onset, whichever is sooner. Any questions can be referred to the Provincial Workplace Health Call Centre (1-866-922-9464). • The recommended duration of exclusion may change based on the causative agent, patient population, severity of illness, and provincial requirements. Consult with MHO/designate and workplace health and safety teams as needed
<p>Enhanced Cleaning</p>	<ul style="list-style-type: none"> • IPAC to request EVS initiate enhanced cleaning • IPAC to request UVC disinfection with RD as appropriate • Refresh education: <ul style="list-style-type: none"> ○ direct care user cleaning and disinfection responsibilities, techniques and products ○ green means clean equipment tagging system
<p>PPE</p>	<ul style="list-style-type: none"> • Use mask, eye protection, gown and gloves for all patients on Droplet and Contact Precautions. • Change PPE between patients. Consult with ICP regarding extended use of mask and eye protection as needed. • Adhere to universal medical masking requirements in healthcare setting as per provincial direction. If universal masking is in effect, change mask when: <ul style="list-style-type: none"> ○ Wet, soiled, and on entry to break spaces ○ Between positive cases and asymptomatic or VRI-negative patients • Use N95 respirator for confirmed or suspected cases when performing an aerosol generating medical procedure
<p>Supplies</p>	<ul style="list-style-type: none"> • Ensure there is an adequate supply of: gowns, gloves, masks, eye protection, disinfectant wipes and ABHR. • Alert stores that additional supplies may be required. • Ensure frequency and responsibility for stocking, cleaning and disinfection of the PPE cart is clearly established and communicated



Visitors	<ul style="list-style-type: none"> • Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances. • IPAC may temporarily restrict visitor access while a cluster is ongoing. • Notify visitors of the viral respiratory illness cluster and potential risk
Non-Facility Staff & Volunteers Communication	<ul style="list-style-type: none"> • Notify non-facility staff, professionals, and other service providers of the cluster containment recommendations and to communicate any closures, cancelled services, temporary restriction <ul style="list-style-type: none"> ◦ These may include volunteers, oxygen service, BC Ambulance, paid companions, students, food service staff, and others.
Staff Break Rooms	<ul style="list-style-type: none"> • Ensure adequate supplies of masks, disinfectant wipes and ABHR
Group Activities	<ul style="list-style-type: none"> • Patients on Droplet and Contact precautions may not attend group activities • Further restriction of group activities at the discretion of IPAC
Discontinuing Droplet and Contact Precautions	<ul style="list-style-type: none"> • Refer to IPAC Diseases and Conditions Table for when to discontinue Droplet and Contact Precautions. • Request additional precautions clean. Leave isolation sign posted until additional precautions clean is completed. • Ensure patient has a bath/shower when Droplet and Contact precautions are discontinued • Document in the patient chat (Cerner) or isolation flag (PCIS) when Droplet and Contact precautions have been discontinued
Outbreak Declaration	<ul style="list-style-type: none"> • Refer to provincial guidance for current COVID-19 outbreak definition. • Outbreak declaration is at the discretion of the MHO or their delegate • Cohort staff to work only on the affected area, where resources permit. If cohorting not possible, staff are encouraged to attend to unaffected areas before the outbreak area • Restrict admissions and transfers per MHO or IPAC direction • Restrict group activities per MHO or IPAC direction • Restrict visitation to compassionate visitors only per MHO or IPAC direction • Unit operations to coordinate daily outbreak management team meetings. Refer to outbreak management team contact list • Exclude volunteers/students/companions unless required. Discuss with outbreak management team. If allowed to work, use appropriate PPE, follow routine practices, and minimize contact with isolated patients. • Limit traffic flow between affected and non-affected areas where possible • Engage communications to draft key messages for dissemination to staff/facility • Place outbreak signage on doors to unit entry • IPAC to conduct outbreak containment environmental review
Influenza Treatment	<ul style="list-style-type: none"> • If influenza treatment criteria are met as per the Influenza Treatment Orders, the MRP is to initiate oseltamivir. <ul style="list-style-type: none"> ◦ Have current weights available if not in electronic medical record (required for children & adolescents only)



	<ul style="list-style-type: none"> • If no recent creatinine level is available, give first dose of oseltamivir (Tamiflu®) and order STAT creatinine for subsequent dosing if GFR is suspected to be less than 60 mL/min • For paper-based sites, access pre-printed order sets
COVID-19 Treatment	<ul style="list-style-type: none"> • VCH Web link: Therapeutic tools for staff • BCCDC COVID-19 Treatments

