

Community Viral Respiratory Illness (VRI) Case and Cluster Containment Toolkit

A printed version of this guideline may not be the most recent version. The OFFICIAL version is located at [Infection Prevention and Control](#)

Site Applicability	
<ul style="list-style-type: none"> • Vancouver Withdrawal Management/Detox • South Vancouver Withdrawal Management • Richmond Bridge House • Vista House • Venture Crisis Home • Acquired Brain Injury Transitional Housing 	
Case Definition:	
<p>New or Worsening Cough <u>or</u> Fever PLUS one of the following symptoms:</p> <ul style="list-style-type: none"> • Shortness of Breath • Runny or Stuffy Nose • Sore Throat or Hoarseness • Difficulty Swallowing • Body Aches • Headache 	
Single Case: One Client identified with new symptoms consistent with VRI (COVID-19, RSV, Influenza).	
Cluster: Two or more healthcare-associated VRI cases identified on a unit in a 7-day period	
1. Line List	<ul style="list-style-type: none"> • Frontline staff: initiate a paper line list to keep track of symptomatic clients. • Consult IPAC support as needed: <ul style="list-style-type: none"> ➢ Monday to Friday: email ICP-ambulatorycommunity@vch.ca ➢ Saturday/Sunday/Statutory Holidays: Follow the Ambulatory, Community & Long-Term Care On-Call Algorithm
2. Additional Precautions	<ul style="list-style-type: none"> • Reinforce staff to use point of care risk assessment for all client interactions • Place symptomatic clients on Droplet and Contact Precautions • Post donning sign at the entrance to client's room in a visible location. • Post doffing sign in the doffing zone inside the client room. • Maintain precautions for: <ul style="list-style-type: none"> ➢ INFLUENZA: Until 5 days have passed from onset of symptoms and there is symptom improvement and resolution of fever for 24 hours without the use of fever reducing medication. ➢ COVID 19: Remove from precautions 24 hours after improvement in symptoms and resolution of fever for 24 hours without the use of fever reducing medication. ➢ RSV: Until 7-days post symptom onset and 24-hours after symptoms resolve. ➢ Clients testing negative for VRI: Remove from precautions 24 hours after improvement in symptoms and resolution of fever for 24 hours without the use of fever reducing medication. ➢ Please refer to the Diseases and Conditions table for the most recent isolation recommendations • Assess unaffected clients daily for signs and symptoms of VRI. <ul style="list-style-type: none"> ➢ If any clients are unwell, they should be clinically assessed and tested if they meet VRI case definition. • If VRI-presumed or confirmed and performing AGMP (e.g. CPAP/BIPAP/Nebulizer therapy), add Airborne Precautions (i.e. use N95 respirator) for the duration of the AGMP. <ul style="list-style-type: none"> ➢ For clients in multi-bedrooms, create a barrier by drawing curtains or closing the door for the duration of the procedure, if possible.

<p>3. VRI Testing</p>	<ul style="list-style-type: none"> • Collect specimens for clients that meet case definition • Collect PCR nasopharyngeal swab OR oral pharyngeal swab OR nasal swab OR swish and gargle. Follow BPG Viral Respiratory testing. • Required specimen labelling (must have at least 2 patient identifiers): <ul style="list-style-type: none"> ➤ Client’s first and last name, AND PHN or MRN or birthdate ➤ Specimen type (i.e., nasopharyngeal) ➤ Collection date and time • Complete the VCH-Outpatient Requisition each sample sent to VGH lab (see sample completed requisition). • The following fields on the VCH Outpatient Requisition must be completed: <ul style="list-style-type: none"> ➤ Ordering Practitioner Name (MRP), Address, Phone, MSP Billing #, copy to Practitioner/Site Name. ➤ Client: Name AND PHN or Date OR Birth. ➤ Site address where client located. ➤ Date and Time of collection. ➤ Staff signature and date. ➤ In the “Other Tests” section, write: Influenza/COVID testing, AND specimen type (i.e., nasopharyngeal). <p>NOTE: Information on the lab requisition must match the information on the specimen label.</p> • Follow requirements for Transportation of Dangerous Goods: Transportation of Dangerous Goods – Category B Viral Respiratory Infection Specimen. • It is the responsibility of the site to send specimens to Vancouver General Hospital Laboratory using your established courier service, taxi service or by dropping samples off. Samples should be couriered to: <p style="margin-left: 40px;">Vancouver General Hospital Medical Microbiology Lab Receiving 855 West 12th Avenue Jim Pattison Pavilion Vancouver BC V5Z 1M9</p> • Monday-Sunday (including Statutory Holidays) between 0700- 2200. • Order flocked nasopharyngeal swabs from VCH supply chain (ePro #00090607).
<p>4. Communication & Coordination</p>	<ul style="list-style-type: none"> • Site leadership to schedule their own internal meetings – identify attendees, admin support and meeting space on site. • Site leadership to identify means of communication with frontline staff (e.g., huddles, communication binders, communication boards, staff notices or emails).
<p>5. Admissions & Transfers</p>	<ul style="list-style-type: none"> • Do not move asymptomatic clients that have already been exposed to roommates with active symptoms or confirmed VRI unless directed by IPAC. • Do not admit or move asymptomatic clients into rooms on Droplet and Contact precautions unless the client has recently recovered from COVID/RSV (lab confirmed). Consult with IPAC if you are uncertain.
<p>6. Additional IPAC measures</p>	<ul style="list-style-type: none"> • Provide tray service (in-room meals) for clients on Droplet and Contact precautions. • Invite symptomatic clients to mask in common areas and/or when they must leave their room. • Encourage diligence in hand washing and use of alcohol-based hand rub (ABHR). • For clients who are asymptomatic: Review immunizations and offer vaccine to those not yet immunized when vaccine is available. • For client transfers to emergency/acute care: Notify receiving site and paramedics of VRI activity in the facility.

7. Staff Cases	<ul style="list-style-type: none"> ● Staff who develop symptoms: <ul style="list-style-type: none"> ➢ Notify their leader or charge nurse. ➢ Avoid further client contact. ➢ Transfer essential duties and go directly home. ➢ Follow up with own healthcare provider. ● VCH staff to report work absence to VCH Absence Call Line (1-866-924-4297). ● Staff to follow VCH return-to-work policy. Contact People Safety for specific questions or concerns.
8. Enhanced Cleaning	<ul style="list-style-type: none"> ● Consider enhanced cleaning when two or more cases are identified on the unit.
9. Masking	<ul style="list-style-type: none"> ● Follow current Provincial Mask Policies for Healthcare Facilities.
10. Supplies	<ul style="list-style-type: none"> ● Identify where extra supplies are kept. ● Ensure there is an adequate supply of: gowns, gloves, masks, eye protection, disinfectant wipes and ABHR. ● Assign restocking of supplies of the PPE cart and daily clean of the PPE cart. ● Ensure an adequate amount of testing supplies are available (ePro# 00090607).
11. Visitors	<ul style="list-style-type: none"> ● Support visitors with donning and doffing. ● Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances.