

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

| Case Definition: | |
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| New or Worsening Cough <u>or</u> Fever 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 |
| <ul style="list-style-type: none"> • Loss of Taste or Smell • Body Aches/headache • Severe Weakness or Fatigue | |
| Single Case: One Client identified with new symptoms consistent with VRI (COVID-19, RSV, Influenza). | |
| VRI Cluster: Two or more healthcare-associated VRI (<u>excluding influenza – see page 4</u>) cases identified on a single unit in a 7-day period | |
| 1. Notification and Line List | <ul style="list-style-type: none"> • Frontline staff: initiate a paper line list to keep track of symptomatic clients. • Site leadership: initiate an electronic line list to keep track of symptomatic clients. • Follow the directions on the instructions tab of the electronic line list to password protect your file. • Email the Ambulatory and Community team to notify that you have identified symptomatic client(s). The Ambulatory and Community team works Monday to Friday – they will respond by the following business day: <ul style="list-style-type: none"> ○ ICP-ambulatorycommunity@vch.ca ○ Include MHOandCDNurseoncall@vch.ca for + Influenza case. <ul style="list-style-type: none"> ▪ ICP's will follow up with the site until 10 days from last onset of symptoms to ensure site supported during period of further new cases • Have clients' influenza vaccine status available. • Email questions to: ICP-ambulatorycommunity@vch.ca • Site leadership to review Community VRI Communication Algorithm. • If you believe you have met outbreak definition (lab confirmed Influenza only), please follow the Community VRI Communication Algorithm to determine whom to contact and follow directions on page 4 of this toolkit. |
| 2. Additional Precautions | <ul style="list-style-type: none"> • Place symptomatic clients on Droplet and Contact Precautions. • Maintain precautions for: <ul style="list-style-type: none"> ○ INFLUENZA/COVID 19: 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. ○ 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. • Place Droplet and Contact Precautions and donning sign at entrance to client's |

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| | <p>room in a visible location.</p> <ul style="list-style-type: none"> • Place doffing sign in the doffing zone inside the client’s room. • 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-suspected or confirmed and Performing AGMP place client on Airborne and Contact Precautions 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 only for clients that meet case definition unless otherwise directed by ICP. • Collect PCR nasopharyngeal swab or swish and gargle. • 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 for 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: <ul style="list-style-type: none"> ○ SOP – Transportation of Dangerous Goods – Coronavirus (COVID-19) Specimen Learning Hub – Transportation of Dangerous Goods – Specimens by Ground • 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>Vancouver General Hospital Medical Microbiology Lab Receiving 855 West 12th Avenue Jim Pattison Pavilion Vancouver BC V5Z 1M9</p> • Samples are received Monday-Sunday (including Statutory Holidays) between 0700-2200. • Alert site leadership when specimens sent to the lab – method of delivery and the date and time the specimens were picked up should be noted in the line list in the comments section. • Order flocked nasopharyngeal swabs from VCH supply chain (ePro #00090607). |

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| 4. Communication and Coordination | <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). |
| 5. Admissions and Transfers | <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 ICP. • 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. |
| 6. Clients | <ul style="list-style-type: none"> • Restrict movement of symptomatic clients outside of their rooms as much as possible. • 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. • Set up in room garbage and linen/laundry hampers. • Ensure meals and beverages are covered in transport. • Ensure overbed tables are available for clients to dine in their room where needed. • No shared food. |
| 7. Staff Cases | <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 VCH Absence Call Line (1-866-924-4297). • Staff return to work when: <ul style="list-style-type: none"> ○ Resolution of fever for 24 hours without the use of fever reducing medication and • Symptoms improve and feel well enough to work. |
| 8. Additional Cleaning | <ul style="list-style-type: none"> • Consult with the Infection Prevention and Control Practitioner to determine if there is a need for enhanced cleaning |
| 9. Masking | <ul style="list-style-type: none"> • Follow current Provincial Mask Policies for Healthcare Facilities. |
| 10. PPE | <ul style="list-style-type: none"> • Follow Donning and Doffing procedures for PPE use. • Reinforce staff to use point of care risk assessment for PPE use and follow additional precautions where applicable. • Use N95 respirator for confirmed or suspected cases when performing an aerosol generating medical procedure (e.g. CPAP/BIPAP/ Nebulizer therapy). |
| 11. 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). |

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| 12. 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. |
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Case Definition:

New or Worsening Cough or Fever **PLUS** one of the following symptoms:

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| <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 | <ul style="list-style-type: none"> • Loss of Taste or Smell • Body Aches/headache • Severe Weakness or Fatigue |
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Influenza Outbreak Definition: Two or more confirmed cases of lab confirmed Influenza on a unit in a 7-day period

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| 1. Notification and Line List | <ul style="list-style-type: none"> • Frontline staff: notify nurse in charge, manager or designate of symptomatic clients. • Frontline staff: initiate a paper line list (updated daily) to keep track of symptomatic clients. • Site leadership: to email electronic line list of symptomatic clients daily until outbreak declared over to: <ul style="list-style-type: none"> Monday to Friday: <ul style="list-style-type: none"> ○ MHOandCDNurseOnCall@vch.ca ○ ICP-ambulatorycommunity@vch.ca ○ VCHMedMicroIPAC@vch.ca ○ Outbreak Management Team Saturday, Sunday and STATs: <ul style="list-style-type: none"> ○ MHOandCDNurseOnCall@vch.ca ○ ICP-ambulatorycommunity@vch.ca ○ VCHMedMicroIPAC@vch.ca ○ Outbreak Management Team ○ ICP-ChargeRN@vch.ca ○ Call ICP In-Charge: 604-220-5813 • ICP to email or call the MHO when outbreak definition met. • Site leadership to review Community VRI Communication Algorithm |
| 2. Additional Precautions | <ul style="list-style-type: none"> ○ Place symptomatic clients on Droplet and Contact precautions ○ Maintain precautions: <ul style="list-style-type: none"> ○ Influenza Positive: 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. ○ 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. ○ Place Droplet and Contact precautions and donning sign at entrance to client's |

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| | <p>room in a visible location.</p> <ul style="list-style-type: none"> ● Place doffing sign in the doffing zone inside the client's room. ● Do not admit or move asymptomatic clients into rooms on Droplet and Contact precautions unless the client has recently recovered from lab confirmed Influenza. ● Initiate daily screening of all clients on the affected unit. ● Place close contacts on Droplet and Contact precautions for 3 days. ● If Influenza is suspected or confirmed and performing AGMP place on Airborne and Contact precautions 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"> ○ Follow steps on page 2 for VRI testing. |
| <p>4. Outbreak Declaration</p> | <ul style="list-style-type: none"> ● Outbreak declaration is at the discretion of the MHO. ● Outbreak Management Team leader (usually a member of the site leadership team) to communicate details of the outbreak with program staff and ensure implementation of containment measures contained within this toolkit. ● Cohort staff to work only in affected area, <u>where resources permit</u>. ● Exclude volunteers/students/companions unless required for operational purposes. ● If volunteers, students, or companions are operationally required, site leadership to discuss with public health for direction. <ul style="list-style-type: none"> ○ If volunteers, students, or companions are permitted to work, use appropriate PPE, follow routine practices, and minimize contact with isolated clients. |
| <p>5. Group Activities</p> | <ul style="list-style-type: none"> ● Group activities are at the discretion of the MHO. <ul style="list-style-type: none"> ○ The ICP will consult with the MHO and/or delegate for direction on group activities. |
| <p>6. Communication</p> | <ul style="list-style-type: none"> ● Notify Outbreak Management team of the outbreak status. ● Outbreak meetings at the request of the MHO and/or delegate, medical microbiologist, ICP or site leadership. <ul style="list-style-type: none"> ○ ICP to schedule, chair and take minutes for outbreak meetings (based on the Community Teams area of coverage) ● Site leadership to notify non-facility staff, professionals, and other service providers of the Public Health recommendations and to communicate any closures, cancelled services, and/or temporary restrictions. <ul style="list-style-type: none"> ○ This may include volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, food service staff, and others. |
| <p>7. Clients</p> | <ul style="list-style-type: none"> ● Restrict movement of symptomatic clients outside of their rooms as much as possible. ● Provide tray service (in room meals) for clients on Droplet and Contact precautions. <ul style="list-style-type: none"> ○ 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 facility and paramedics of facility outbreak status. ● Set up in room garbage and linen/laundry hampers. ● Ensure meals and beverages are covered in transport. |

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| | <ul style="list-style-type: none"> • Ensure overbed tables are available for clients to dine in their room where needed. • No shared food. |
| 8. Staff | <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 VCH Absence Call Line (1-866-924-4297). • Staff return to work when: • Resolution of fever for 24 hours without the use of fever reducing medication and symptoms improve and feel well enough to work. |
| 9. Masking | <ul style="list-style-type: none"> • Follow current Provincial Mask Policies for Healthcare Facilities. • Follow the Influenza Prevention Policy. |
| 10. Admissions and Transfers | <ul style="list-style-type: none"> • Restriction of admissions, transfers, shared dining, and group activities at the discretion of the MHO. • New admissions and re-admissions/transfers can be considered on a case-by-case basis with the MHO: • Mon-Fri 0800-1600: 604-675-3800 or Weekends/STATS: 604-675-3900 |
| 11. Supplies/PPE | <ul style="list-style-type: none"> • Identify where extra supplies are stored. • Ensure there is an adequate supply of: gowns, gloves, masks, eye protection, disinfectant wipes and ABHR. • Ensure an adequate amount of testing supplies are available (ePro# 00090607). • Assign restocking of supplies of the PPE cart and daily clean of the PPE cart. • Use N95 respirator for confirmed or suspected cases when performing an aerosol generating medical procedure (CPAP/BIPAP/ Nebulizer therapy). |
| 12. Visitors | <ul style="list-style-type: none"> • Any adjustments to visitor protocols are at the discretion of the MHO. • Support visitors with donning and doffing. • Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances. |
| 13. Enhanced Cleaning | <ul style="list-style-type: none"> • Consult the ICP to determine recommendations for enhanced cleaning. • Site leadership to initiate enhanced cleaning in the affected areas of the site at the direction of the ICP. |
| 14. Influenza Treatment | <ul style="list-style-type: none"> • If OSELTAMIVIR (Tamiflu) is advised by the MHO, call Pharmacy to initiate MRP orders: Name: _____ Contact #: _____ <ul style="list-style-type: none"> ○ Have current weights ready to fax to pharmacy. ○ If no recent creatinine level is available, give first dose of Osetamivir (Tamiflu™) and order STAT creatinine for subsequent dosing. ○ Physician Pre-printed Orders for Tamiflu ○ Influenza Immunization Order • Staff Influenza Prophylaxis Letter <ul style="list-style-type: none"> ○ If a facility is in urgent need of OSELTAMIVIR (Tamiflu) and their community pharmacy is unable to supply the antiviral due to supply challenges, please contact Lower Mainland Pharmacy Services (LMPS) at PHAFHAPharmacyPurchasers@fraserhealth.ca. • They are open 7:00 am to 14:45 pm Mondays to Fridays. |

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| <p>15. Discontinuing Droplet and Contact Precautions</p> | <ul style="list-style-type: none"> • When Droplet and Contact precautions can be discontinued, coordinate “additional precautions clean” when the client is not occupying the room. • Offer client a bath/shower and clean clothing when ready to discontinue additional precautions. • Remove additional precaution signage after environmental cleaning is complete. • Identify on the list when Contact Plus/Droplet precautions have been discontinued. |
| <p>16. Calling Outbreak Over</p> | <ul style="list-style-type: none"> • Call the day OB is declared as Day 0. • MHO will call the outbreak over after 2 incubation periods at 6 days and then call it over on day 7. • Discuss discontinuation of antiviral medication with the MRP. • Leadership to complete the “Influenza-Like-Illness Outbreak Report Form” and email to VCHFacilityOutbreakBulletin2@vch.ca and ilioutbreak@bccdc.ca • ICP to coordinate a post-outbreak debrief with affected facility to evaluate the management of the outbreak. |