

LTC Viral Respiratory Illness (VRI) Case and Cluster Containment Toolkit Leadership

VRI Case Definition:

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

- Chills
- Shortness of Breath
- Runny or Stuffy Nose
- Sore Throat, Hoarseness
- Difficulty Swallowing
- Swollen or Tender Glands in the Neck
- Loss of Taste or Smell
- Body Aches/Headache
- Severe Weakness or Fatigue

One resident identified with new symptoms consistent with VRI

- When there is one or more resident with VRI symptoms, initiate an <u>electronic line list</u>.
 Update and send Monday to Friday excluding weekends and stats by 1400 to:
 - o ICP-LTC@vch.ca
 - o Covid19@vch.ca

Notification

- Password protect the spreadsheet prior to sending via email (instructions in line list)
- Have resident vaccine status available; please provide date of last COVID and influenza vaccines
- ICP will return the electronic line list with information re: case definition and COVID 19 treatment assessment.
- Email questions to: ICP-LTC@vch.ca
- Review VRI Communication Algorithm

Additional Precautions

- Place symptomatic residents on <u>Droplet and Contact Precautions</u>
- Maintain precautions for:
 - For INFLUENZA/COVID 19 when <u>5 days</u> have passed from onset of symptoms and there is symptom improvement and resolution of fever without the use of fever reducing medication
 - Place close contacts of residents with laboratory confirmed Influenza on Droplet and Contact precautions for <u>3 days</u>
 - For **RSV** when **7-days** post symptom onset and 24-hours after symptoms resolve.
 - For **residents testing negative**, remove from precautions **24 hours** after improvement in symptoms and resolution of fever without the use of fever reducing medication
- Place <u>Droplet and Contact Precautions</u> and <u>donning sign</u> at entrance to door in a visible location. Place <u>doffing sign</u> in the doffing zone inside the room
- Set up room according to Droplet and Contact Precautions in LTC
- Perform a daily wellness check of all residents.
 - If any residents are unwell, they should be clinically assessed and tested if meet VRI threshold
- Identify residents on CPAP or BIPAP for when VRI-suspected or confirmed and <u>performing</u>
 AGMP place on <u>Airborne and Contact precautions</u> for the duration of the AGMP
 - Draw the curtain for the duration of the procedure for residents in multi bed rooms
 - Close door for the duration of the procedure for residents in a single room

February 2024



	 Once the AGMP is completed airborne precautions sign can be removed (no air 		
	clearance settle time is required)		
	Ensure there is a care plan for Manage wandering residents		
Covid 19 +	Ensure COVID-19 lab confirmed cases assessed by MRP for anti-viral treatment (e.g.		
Residents	Paxlovid)		
	Ensure treatment available and offered to cases		
VRI Testing	Collect specimens only for residents that meet case definition unless directed by MHO,		
	Medical Microbiologist or delegate.		
	<u>Viral Respiratory Illness Specimen Collection</u>		
	Collect PCR nasopharyngeal swab or swish and gargle		
	Owned and operated, contracted and private sites to send specimens to Vancouver		
	General Hospital Laboratory		
	Medical Microbiology and Infection Control		
	JPPN Room 1100		
	Vancouver General Hospital		
	910 West 10th Ave		
	Vancouver, BC		
	Established courier:		
	Follow requirements for Transport of Dangerous Goods		
Masking	Follow Public Health guidance on masking		
Group	Group activities to continue on unit.		
Activities	 Symptomatic residents not to participate in group activities. 		
	Asymptomatic residents may go to other units to participate in activities.		
Discontinuing	Coordinate an "additional precautions clean" with the residents having a bath/shower		
Droplet and	when Droplet and Contact precautions are discontinued.		
Contact	Remove Droplet and Contact signage when environmental cleaning is completed.		
Precautions	Identify Droplet and Contact precautions have been discontinued on line list		

VRI Case Definition:		
New or Worsening Cough or Fever PLUS one of the following symptoms:		
ChillsShortness of BreathRunny or Stuffy Nose	 Sore Throat, Hoarseness Difficulty Swallowing Swollen or Tender Glands in the Neck 	 Loss of Taste or Smell Body Aches/Headache Severe Weakness or Fatigue

VRI Cluster: Two or more healthcare-associated VRI (excluding influenza) cases		
identified on a single unit in separate rooms within a 7 day period		
	Send an <u>electronic line list</u> of symptomatic residents' update send daily by 1400	
	(Monday to Friday excluding weekends and stats) to:	
Notification and	ICP-LTC@vch.ca	
Line List	Covid19@vch.ca	
	Password protect the spreadsheet prior to sending via email (instructions in line list)	
	Have resident vaccine status available	



	ICP will return the electronic line list with information re case definition and treatment
	options for COVID 19 residents.
	Email questions to: <u>ICP-LTC@vch.ca</u>
	Review <u>VRI Communication Algorithm</u>
Additional	 Place symptomatic residents on <u>Droplet and Contact Precautions</u>
Precautions	Maintain precautions for:
	 COVID 19 and influenza when <u>5 days</u> have passed from onset of symptoms and there is symptom improvement and resolution of fever without the use of fever reducing medication
	 RSV when <u>7-days</u> post symptom onset and 24-hours after symptoms resolve.
	 Residents testing negative, remove from precautions <u>24 hours</u> after improvement
	in symptoms and resolution of fever without the use of fever reducing medication
	Place <u>Droplet and Contact Precautions</u> and <u>Donning sign</u> at entrance to door in a
	visible location. Place <u>Doffing sign</u> in the doffing zone inside the room
	 Set up room according to <u>Droplet and Contact Precautions in LTC</u>
	Perform a daily wellness check of all residents.
	 If any residents are unwell, they should be clinically assessed and tested if meet VRI threshold
	If VRI-suspected or confirmed and <u>Performing AGMP</u> place on <u>Airborne and Contact</u>
	precautions for the duration of the AGMP
	 Draw the curtain for the duration of the procedure for residents in multi bed
	rooms
	 Close door for the duration of the procedure for residents in a single room
	 Once the AGMP is completed airborne precautions sign can be removed (no air
	clearance settle time is required)
	Ensure there is a care plan for Manage wandering residents
Covid 19 +	Ensure COVID-19 lab confirmed cases assessed by MRP for anti-viral treatment (e.g.
Residents	Paxlovid)
Residents	Ensure treatment available and offered to cases
VRI Testing	Collect specimens only for residents that meet case definition unless directed by
VIVI TESTING	MHO, Medical Microbiologist or delegate.
	Viral Respiratory Illness Specimen Collection Callect BCB passage and saved as switch and gazgle.
	Collect PCR nasopharyngeal swab or swish and gargle Oursel and provided appropriate distribute sites to condensation and training to site of the state of t
	Owned and operated, contracted and private sites to send specimens to
	Vancouver General Hospital Laboratory
	Medical Microbiology and Infection Control
	JPPN Room 1100
	Vancouver General Hospital
	910 West 10th Ave
	Vancouver, BC
	V5Z 4E3
	• If sending more than 20 samples, notify the lab by phone (1-800-992-8801 or 604-875-
	4577)
	Established courier:
	Follow requirements for Transport of Dangerous Goods



Communication and Coordination	 Contact ICP if the unit/facility requires an OMT meeting to support when there are 10 or more cases or prior to reaching these thresholds, Example: Calls may be scheduled with 10+ active cases of COVID-19 or at any time that the facility needs support Schedule internal meetings – identify attendees, admin support and meeting space on site Identify means of communication with frontline staff and who is responsible (e.g., huddles, communication binders, communication boards, staff notices or emails, IPC Key messages)
Admissions and	Do not admit or move asymptomatic residents into rooms on Droplet and Contact
Transfers	precautions unless the resident has recently recovered from COVID/RSV (lab confirmed)
Residents	Restrict movement of symptomatic residents outside of their rooms as much as
	possible. Follow care plans for wandering residents on precautions. Cohorting cases as per Key Messages
	Provide tray service (in room meals) for residents on Droplet and Contact precautions
	Invite symptomatic residents to mask in common areas and when they must leave their room
	 Encourage diligence in hand washing and use of alcohol-based hand rub (ABHR)
	For residents who are asymptomatic, review immunizations and offer vaccine to those not yet immunized when vaccine is available
	 For residents transfers to emergency/acute care, notify paramedics of VRI in the facility.
	 Set up in room garbage, laundry and linen laundry hampers
	 Ensure meals and beverages are covered in transport
	Ensure over bed tables available for residents to dine in their room where needed
	Consider the need for extra kitchen staff for meal plating for locations with serveries
	For sites using the new model of care for breakfast (self serve) develop a plan for tray service for breakfast as needed
Staff Cases	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 to notify any other employers about cluster and advise them the activity in the home.
	Non-VCH staff report to:
	Symptomatic HCWs should remain at home until they feel well enough to return to
	work (e.g. symptoms resolving and fever (if present) improved without the use of
	fever reducing medication).
	• Staff should only be tested if they meet the provincial 'test to treat' criteria and are eligible for treatment.
	Contracted/Private sites to coordinate enhanced cleaning of frequently touched
Enhanced	surfaces to twice daily on affected units with Housekeeping staff.
Cleaning	 Second cleaning/disinfection preferably 6-8 hours following the initial clean
	ICP to request enhanced cleaning for Owned and Operated sites
PPE	Follow <u>Donning</u> and <u>Doffing</u> procedures for PPE use. Reinforce staff to their use point
	of care risk assessment for PPE use.



	Use N95 respirator for confirmed or suspected cases when performing an <u>aerosol</u>	
	generating medical procedure (CPAP/BIPAP/ Nebulizer therapy)	
Masking	Follow Public Health guidance on masking	
Supplies	Identify where extra supplies are kept:	
	Set-up PPE carts as per document.	
	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 twice daily clean of the PPE cart	
Visitors	Follow current guidance for visitors to LTC	
	Support visitors with donning and doffing.	
	Symptomatic visitors should not enter the facility unless for compassionate or	
	exceptional circumstances.	
	Notify families/friends of residents of the respiratory illness cluster and potential risk	
	Any adjustments to visitor protocols are at the discretion of the MHO	
Staff Break	Ensure there are disinfectant wipes and ABHR for staff to use	
Rooms	Consider dedicated unit dining for staff	
Group Activities	Residents on Droplet and Contact precautions not to attend group activities	
	Asymptomatic resident may participate in other unit activities unless alternate	
	recommendations provided by MHO.	
	Close contacts should not attend other units activities	
	Consider discontinuing or decreasing the size of group activities	
	 Have residents perform hand hygiene at the beginning and end of activities 	
	 Clean and disinfect equipment used during the activity (avoid using shared items) 	
	Further restriction of group activities at the discretion of the MHO or IPAC	
Discontinuing	Coordinate an "additional precautions clean" with the residents having a bath/shower	
Droplet and	when Droplet and Contact precautions are discontinued	
Contact	Remove Droplet and Contact signage when environmental cleaning is completed	
Precautions	Identify Droplet and Contact precautions have been discontinued on line list	
Supplies	Order replacement viral specimen kits by emailing the updated Sample	
	container order form to kitorders@hssbc.ca or by faxing a request to BCCDC at	
	604-707-2606	
	Owned and Operated sites through E Pro: Order # 00090607	

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Influenza Outbreak Definition:

Two or more confirmed cases of influenza on a unit in a 7-day period



Notification and	Manager or designate to email <u>electronic line list</u> of residents and staff, 7 days per	
Line List	week by 1400 to:	
	Outbreak Management Team Email Distribution List	
	o Covid19@vch.ca	
	100 170 0 1	
	o LTCEOC@vch.ca	
	VCHMedMicroIPAC@vch.ca	
	ICP to email MHO when outbreak definition met.	
A 1 12.1	Review <u>VRI Communication Algorithm</u>	
Additional	Place symptomatic residents on <u>Droplet and Contact precautions</u>	
Precautions	Maintain precautions: Maintain precautions:	
	• For Influenza +, until <u>5 days</u> have passed from onset of symptoms and there is	
	symptom improvement and resolution of fever without the use of fever reducing	
	medication.	
	 Place close contacts on Droplet and Contact precautions for <u>3 days</u> 	
	• For residents testing negative , remove from precautions 24 hours after	
	improvement in symptoms and resolution of fever without the use of fever	
	reducing medication	
	Place <u>Droplet and Contact precautions</u> and <u>donning sign</u> at entrance to door in a visible	
	location. Place <u>doffing sign</u> in the doffing zone inside the room	
	Set up room according to <u>Droplet and Contact Precautions in LTC</u>	
	Do not admit or move asymptomatic residents into rooms on Droplet and Contact	
	precautions unless the resident has recently recovered from lab confirmed Influenza	
	Perform a daily wellness check of all residents.	
	If any residents are unwell, they should be clinically assessed and tested if meet	
	VRI threshold	
	Place <u>close contacts</u> on Droplet and Contact precautions for <u>3 days</u> Management of the property of	
	If Influenza suspected or confirmed and <u>performing AGMP</u> place on <u>Airborne and</u> Contact process for the dynamic and the ACMP.	
	Contact precautions for the duration of the AGMP	
	 Draw the curtain for the duration of the procedure for residents in multi bed 	
	rooms	
	Close door for the duration of the procedure for residents in a single room Chapter the ACMB is completed airborne proceduring sign can be removed (no air	
	Once the AGMP is completed airborne precautions sign can be removed (no air	
	clearance settle time is required)	
VDI Taratina	Review care plan for Manage wandering residents Call of the providence of the	
VRI Testing	Collect specimens only for residents that meet case definition unless directed by MHO, Madical Microbial science and closests.	
	Medical Microbiologist or delegate.	
	Viral Respiratory Illness Specimen Collection Collect BCB passaphary regard surply and gargle	
	Collect PCR nasopharyngeal swab or swish and gargle Owned and energeted Contracted and private sites to send specimens to	
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	Medical Microbiology and Infection Control	
	JPPN Room 1100	
	Vancouver General Hospital	
	910 West 10th Ave	



	Vancouver, BC
	V5Z 4E3 • If sending more than 20 samples, notify the lab by phone (1-800-992-8801 or 604-875-4577)
	Established courier:
	Follow requirements for Transport of Dangerous Goods
Outbreak	Two or more cases of influenza in a <u>seven-day</u> period is the threshold for influenza
Declaration	 outbreak declaration. The outbreak declaration remains at the discretion of the MHO Director of care or delegate outbreak management team leader to schedule regular meetings of the OMT Cohort staff to work only on affected area, where resources permit. If cohorting not possible, staff are encouraged to attend to asymptomatic individuals first, before moving on to symptomatic individuals Exclude volunteers/students/companions unless required for operational purposes. Discuss with public health. If allowed to work, use appropriate PPE, follow routine practices, and minimize contact with isolated residents
Group Activities	No group activities on affected unit
Group Activities	 Asymptomatic resident may not leave the affected unit to participate in off unit activities
Communication	 Notify Outbreak Management team of the outbreak status Outbreak meetings to be called if MHO, site or ICP determines the need for a meeting ICP to schedule, chair and take minutes for outbreak meetings 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 These may include volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, food service staff, and others Identify means of communication with frontline staff and who is responsible (e.g., huddles, communication binders, communication boards, staff notices or emails, IPC
Residents	 Key messages) Restrict movement of symptomatic residents outside of their rooms as much as possible. Follow care plans for wandering residents on precautions. Cohorting cases as per Key Messages Provide tray service (in room meals) for residents on Droplet and Contact precautions Invite symptomatic residents to mask in common areas and when they must leave their room
	 Encourage diligence in hand washing and use of alcohol-based hand rub (ABHR) For residents who are asymptomatic, review immunizations and offer vaccine to those not yet immunized when vaccine is available For residents transfers to emergency/acute care, notify paramedics of VRI in the facility. Set up in room garbage, laundry and linen laundry hampers
	 Ensure meals and beverages are covered in transport Ensure over bed tables available for residents to dine in their room where needed Consider the need for extra kitchen staff for meal plating for locations with serveries



	For sites using the new model of care for breakfast (self serve) develop a plan for tray
	service for breakfast as needed
Staff	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 to notify any other employers about outbreak in the home.
	For the duration of the outbreak, staff are advised to not take adjacent, same day,
	shifts between and an outbreak facility and a non-outbreak facility. Shifts at other
	facilities may be taken once staff have had a chance to go home, wash and change.
	Staff should continue to monitor for symptoms and stay home if unwell.
	Non-VCH staff report to:
	Symptomatic HCWs should remain at home until they feel well enough to return to
	work (e.g. symptoms resolving and fever (if present) improved without the use of fever
	reducing medication).
	Staff with underlying chronic health conditions are recommended to seek Rx for
	antiviral prophylaxis from their primary care physician.
Macking	
Masking Admissions and	Follow Public Health guidance on masking Postvict admissions transfers divising reasons and group activities at the discretion.
Transfers	Restrict admissions, transfers, dining room meals and group activities at the discretion ALIO
Transfers	of the MHO
	New admissions and re-admissions/transfers can be considered on a case by case basis with the ANIO
	with the MHO
	Do not admit or move asymptomatic residents into rooms on Droplet and Contact
	precautions unless the resident has recently recovered from lab confirmed Influenza
Supplies/PPE	Extra supplies kept here:
	Set-up PPE carts as per document. Set-up PPE carts as per document. Set-up PPE carts as per document.
	Ensure there is an adequate supply of: gowns, gloves, masks, eye protection, disinfectors with a good ARLIB.
	disinfectant wipes and ABHR Assign restacking of symplics of the DDE cost and twice doily clean of the DDE cost
	Assign restocking of supplies of the PPE cart and twice daily clean of the PPE cart,
	Use N95 respirator for confirmed or suspected cases when performing an <u>aerosol</u> (CDAD (C)))))))))))))))))))))))))))))
	generating medical procedure (CPAP/BIPAP/ Nebulizer therapy)
Visitors	Follow current guidance for visitors to LTC Support visitors with deposits and define.
	Support visitors with donning and doffing.
	Symptomatic visitors should not enter the facility unless for compassionate or
	exceptional circumstances.
	Notify families/friends of residents of the respiratory illness cluster and potential risk
	Any adjustments to visitor protocols are at the discretion of the MHO
Enhanced	Contracted/Private sites to coordinate enhanced cleaning of frequently touched
Cleaning	surfaces to twice daily on affected units with Housekeeping staff.
	Second cleaning/disinfection preferably 6-8 hours following the initial clean
Staff Break	Ensure there are disinfectant wipes and ABHR for staff to use
Rooms	Dedicate unit specific break rooms where possible
Influenza	If OSELTAMIVIR (Tamiflu) is advised by the MHO, call Pharmacy/Director of Care to
Prophylaxis and	initiate MRP orders:
Treatment	Name:
	Contact #:
	 Have current weights ready to fax to them



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	 Creatinine levels should have already been sent to pharmacy (if not, give first dose of Tamiflu and order STAT creatinine for subsequent dosing) Physician Pre-printed Orders for Vaccines & Tamiflu If a LTCF 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 2:45 pm Mondays to Fridays. 	
Discontinuing	Coordinate an "additional precautions clean" with the residents having a bath/shower	
Droplet and	when Droplet and Contact precautions are discontinued	
Contact	Remove Droplet and Contact signage when environmental cleaning is completed	
Precautions	Identify Droplet and Contact precautions have been discontinued on line list	
Calling Outbreak Over	 MHO will consider calling the outbreak over for Influenza outbreaks when <u>6 days</u> have passed since onset of symptoms in the last case Discontinue antiviral medication Order replacement viral specimen kits by emailing the updated Sample container order form to kitorders@hssbc.ca or by faxing a request to BCCDC at 604-707-2606 Owned and Operated sites through E Pro: Order # 00090607 Participate in the debrief with your facility to evaluate the management of the outbreak 	

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