

LTC Viral Respiratory Illness (VRI) Toolkit Frontline Staff

VRI Case Definition:		
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

One resident identified with new symptoms consistent with VRIs	
Notification Line list	<ul style="list-style-type: none"> • Care staff to notify nurse in charge, manager, designate or DOC Site Leader: _____ Contact: _____ • Initiate a paper line list of symptomatic residents update daily • Email questions to: ICP-LTC@vch.ca • Review VRI Communication Algorithm
Additional Precautions	<ul style="list-style-type: none"> • Manager or designate to notify ICP ICP-LTC@vch.ca • Place symptomatic residents on Droplet and Contact Precautions • Maintain precautions for: <ul style="list-style-type: none"> ▪ For Influenza/COVID 19 when 5 days have passed from onset of symptoms and there is symptom improvement and resolution of fever without the use of fever reducing medication ▪ 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 Droplet and Contact Precautions and donning sign at entrance to door in a visible location. Place doffing sign 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. <ul style="list-style-type: none"> ▪ 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 performing AGMP place on Airborne and Contact precautions for the duration of the AGMP <ul style="list-style-type: none"> ▪ Draw the curtain for the duration of the procedure for residents in multi bed rooms • Ensure there is a care plan for Manage wandering residents
VRI Testing	<ul style="list-style-type: none"> • Collect specimens only for residents that meet case definition unless directed by MHO, Medical Microbiologist or delegate • Collect PCR nasopharyngeal swab or swish and gargle

	<p>Owned and operated and contracted and private sites to send specimens to <u>Vancouver General Hospital Laboratory</u></p> <p>Medical Microbiology and Infection Control JPPN Room 1100 Vancouver General Hospital 910 West 10th Ave Vancouver, BC V5Z 4E3</p> <ul style="list-style-type: none"> Established courier: _____ Follow requirements for Transport of Dangerous Goods
Masking	<ul style="list-style-type: none"> Follow Public Health guidance on masking
Group Activities	<ul style="list-style-type: none"> Group activities may continue with asymptomatic residents Asymptomatic residents can attend activities off the affected unit Close contacts cannot participate in off unit activities
Discontinuing Droplet and Contact Precautions	<ul style="list-style-type: none"> Coordinate an “additional precautions clean” with the residents having a bath/shower when Droplet and Contact precautions are discontinued Remove Droplet and Contact signage when environmental cleaning is completed Identify Droplet and Contact precautions have been discontinued on line list

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VRI Cluster: Two or more healthcare-associated VRI (excluding influenza) cases identified on a single unit in separate rooms within a 7 day period	
Notification Line list	<p>Care staff to notify nurse in charge, manager, designate or DOC</p> <p>Site Leader: _____</p> <p>Contact: _____</p> <ul style="list-style-type: none"> Initiate the paper line list of symptomatic residents and update daily <p>Email questions to: ICP-LTC@vch.ca</p> <p>Review VRI Communication Algorithm</p> <hr/> <p>Manager or designate to notify ICP</p> <p>ICP-LTC@vch.ca</p>
Additional Precautions	<ul style="list-style-type: none"> Place symptomatic residents on Droplet and Contact Precautions Maintain precautions for:

	<ul style="list-style-type: none"> ▪ COVID 19 when 5 days have passed from onset of symptoms and there is symptom improvement and resolution of fever without the use of fever reducing medication ▪ RSV when 7-days post symptom onset and 24-hours after symptoms resolve. ▪ Residents testing negative, remove from precautions 24 hours after improvement in symptoms and resolution of fever without the use of fever reducing medication ● Place Droplet and Contact Precautions and Donning sign at entrance to door in a visible location. Place Doffing sign 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. <ul style="list-style-type: none"> ▪ If any residents are unwell, they should be clinically assessed and tested if meet VRI case definition ● If VRI-suspected or confirmed and Performing AGMP place on Airborne and Contact precautions for the duration of the AGMP <ul style="list-style-type: none"> ▪ Draw the curtain for the duration of the procedure for residents in multi bed rooms ● Ensure there is a care plan for Manage wandering residents
VRI Testing	<ul style="list-style-type: none"> ● Collect specimens only for residents that meet case definition unless directed by MHO, Medical Microbiologist or delegate ● Collect PCR nasopharyngeal swab or swish and gargle Owned and operated and 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
Group Activities	<ul style="list-style-type: none"> ● 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 decreasing the size of group activities <ul style="list-style-type: none"> ▪ 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
Communication	<ul style="list-style-type: none"> ● Participate in huddles, review communication binders, communication boards, staff notices or emails, Key Messages from ICP
Admissions and Transfers	<ul style="list-style-type: none"> ● Do not admit or move asymptomatic residents into rooms on Droplet and Contact precautions unless the resident has recently recovered from COVID/RSV (lab confirmed)

Residents	<ul style="list-style-type: none"> ● 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	<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 to notify any other employers about cluster activity. ● 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.
Enhanced Cleaning	<ul style="list-style-type: none"> ● Contracted/Private sites to coordinate enhanced cleaning of frequently touched surfaces to twice daily on affected units with Housekeeping staff. ● Second cleaning/disinfection preferably 6-8 hours following the initial clean
Masking	<ul style="list-style-type: none"> ● Follow Public Health guidance on masking
PPE	<ul style="list-style-type: none"> ● Follow Donning and Doffing 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 aerosol generating medical procedure (CPAP/BIPAP/ Nebulizer therapy)
Supplies	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● Support visitors with donning and doffing when required ● 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 Rooms	<ul style="list-style-type: none"> • Ensure there are disinfectant wipes and ABHR for staff to use • Consider dedicated unit dining for staff
Discontinuing Droplet and Contact Precautions	<ul style="list-style-type: none"> • Coordinate an “additional precautions clean” with the residents having a bath/shower when Droplet and Contact precautions are discontinued • Remove Droplet and Contact signage when environmental cleaning is completed • 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:

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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 |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

Influenza Outbreak Definition :

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

Notification Line list	<ul style="list-style-type: none"> • Care staff to notify nurse in charge, manager, designate or DOC Site Leader: _____ Contact: _____ • Initiate the paper line list of symptomatic residents and update daily Email questions to: ICP-LTC@vch.ca Review VRI Communication Algorithm
	<p>Manager or designate to notify ICP ICP-LTC@vch.ca</p>
Additional Precautions	<ul style="list-style-type: none"> • Place symptomatic residents on Droplet and Contact precautions • Maintain precautions: <ul style="list-style-type: none"> ▪ Until 5 days have passed from onset of symptoms and there is symptom improvement and resolution of fever without the use of fever reducing medication ▪ 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 Droplet and Contact precautions and donning sign at entrance to door in a visible location. Place doffing sign in the doffing zone inside the room • Set up room according to Droplet and Contact Precautions in LTC • Place close contacts on Droplet and Contact precautions for 3 days • Perform a daily wellness check of all residents. <ul style="list-style-type: none"> ▪ If any residents are unwell, they should be clinically assessed and tested if meet VRI case definition • If Influenza suspected or confirmed and performing AGMP place on Airborne and Contact precautions for the duration of the AGMP <ul style="list-style-type: none"> ▪ Draw the curtain for the duration of the procedure for residents in multi bed rooms • Review care plan for Manage wandering residents

VRI Testing	<ul style="list-style-type: none"> ● Collect specimens only for residents that meet case definition unless directed by MHO, Medical Microbiologist or delegate ● Collect PCR nasopharyngeal swab or swish and gargle Owned and operated and contracted and private sites to send specimens to <u>Vancouver General Hospital Laboratory</u> 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 Declaration	<ul style="list-style-type: none"> ● Two or more cases of influenza in a seven-day period is the threshold for influenza outbreak declaration. <ul style="list-style-type: none"> ▪ 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 ● Restrict admissions, transfers, dining room meals 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 ● 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	<ul style="list-style-type: none"> ● Residents on Droplet and Contact precautions not to attend group activities ● Asymptomatic resident are to remain on their unit for activities ● Consider discontinuing or decreasing the size of group activities as per MHO <ul style="list-style-type: none"> ▪ 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
Communication	<ul style="list-style-type: none"> ● Post VRI outbreak signage on the unit to inform all of outbreak <ul style="list-style-type: none"> ▪ These may include volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, food service staff, and others ▪ 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 ● Participate in huddles, review communication binders, communication boards, staff notices or emails, Key Messages from ICP ● Assist visitors with donning and doffing for those residents on precautions

Residents	<ul style="list-style-type: none"> ● 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 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	<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 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, 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.
Admissions and Transfers	<ul style="list-style-type: none"> ● Unit closed to admissions and transfers <ul style="list-style-type: none"> ▪ Consult MHO for admissions during outbreak ● 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	<ul style="list-style-type: none"> ● Extra supplies kept here: _____ ● 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, ● Use N95 respirator for confirmed or suspected cases when performing an aerosol generating medical procedure (CPAP/BIPAP/ Nebulizer therapy)
Masking	<ul style="list-style-type: none"> ● Follow Public Health guidance on masking
Visitors	<ul style="list-style-type: none"> ● Follow current guidance for visitors to LTC ● Support visitors with donning and doffing when required

	<ul style="list-style-type: none"> ● 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 Cleaning	<ul style="list-style-type: none"> ● Contracted/Private sites to coordinate enhanced cleaning of frequently touched surfaces to twice daily on affected units with Housekeeping staff. ● Second cleaning/disinfection preferably 6-8 hours following the initial clean
Staff Break Rooms	<ul style="list-style-type: none"> ● Ensure there are disinfectant wipes and ABHR for staff to use ● Dedicate unit specific break rooms where possible
Influenza Treatment and Chemoprophylaxis	<ul style="list-style-type: none"> ● If OSELTAMIVIR (Tamiflu) is advised by the MHO, call Pharmacy/Director of Care to initiate MRP orders: Name: _____ Contact #: _____ <ul style="list-style-type: none"> ▪ Have current weights ready to fax to them ▪ 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. <ul style="list-style-type: none"> ▪ They are open 7:00 am to 2:45 pm Mondays to Fridays.
Discontinuing Droplet and Contact Precautions	<ul style="list-style-type: none"> ● Coordinate an “additional precautions clean” with the residents having a bath/shower when Droplet and Contact precautions are discontinued ● Remove Droplet and Contact signage when environmental cleaning is completed ● Identify Droplet and Contact precautions have been discontinued on line list
Calling Outbreak Over	<ul style="list-style-type: none"> ● MHO will consider calling the outbreak over for Influenza outbreaks when 6 days 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 <ul style="list-style-type: none"> ▪ Owned and Operated sites through E Pro: Order # 00090607 ● Participate in the debrief with your facility to evaluate the management of the outbreak