

LTC *Frontline Staff Viral Respiratory Illness (VRI) Toolkit

* Assisted Living Sites Attached to LTC

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"> • Place symptomatic residents on Droplet and Contact Precautions • Maintain precautions for: <ul style="list-style-type: none"> ▪ Influenza/COVID 19: 5 days from onset of symptoms and until symptom improvement and resolution of fever without using fever-reducing medication. <ul style="list-style-type: none"> ▪ Identify close contacts (roommates or tablemates). <ul style="list-style-type: none"> • Consult ICP for management of close contacts for COVID/RSV. ▪ Place close contacts of residents with lab confirmed Influenza on Droplet and Contact precautions for 3 days. ▪ RSV: 7-days post symptom onset and 24-hours after symptoms resolve. ▪ For residents testing negative, remove from precautions 24 hours after improving symptoms and resolution of fever without using 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. • Identify residents on CPAP, BIPAP or Nebulizer therapy 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"> ▪ Multi-bedrooms: Draw the curtain for the duration of the AGMP. ▪ Single bedrooms: Close door for the duration of the AGMP. ▪ Once the AGMP is completed airborne precautions sign can be removed • Follow care plan for Manage wandering residents.

COVID 19 + Residents	<ul style="list-style-type: none"> ● Refer to (Paxlovid™) 5-Day Treatment Pack Prescription <ul style="list-style-type: none"> ● Paxlovid is recommended for LTC residents who test positive for COVID-19 who are moderately to severely immunosuppressed OR patient is aged 60 years or older with at least one chronic high-risk conditions listed in the MOH 5-Day Treatment Pack Prescription form. ● Clinical Practice Guide for the Use of Therapeutics in Mild-Moderate COVID-19
VRI Testing	<ul style="list-style-type: none"> ● Collect specimens for residents that meet case definition unless directed by ICP. ● Use the STANDARD OUT-PATIENT LABORATORY REQUISITION <ul style="list-style-type: none"> ○ See example on how to complete the requisition here: STANDARD OUT-PATIENT LABORATORY REQUISITION infographic. ● Collect PCR nasopharyngeal swab OR oral pharyngeal swab OR nasal swab OR swish and gargle, follow BPG Viral Respiratory testing. <ul style="list-style-type: none"> ○ Consider PCR using nasal or oropharyngeal swab for residents who are challenging or cognitively impaired. ● All Vancouver/Richmond sites to send specimens to Vancouver General Hospital laboratory. <p style="margin-left: 20px;">Medical Microbiology and Infection Control JPPN Room 1100 Vancouver General Hospital 910 West 10th Ave Vancouver, BC</p> ● Coastal Sites: <ul style="list-style-type: none"> ○ Squamish sites to send to Squamish General Hospital laboratory. <ul style="list-style-type: none"> ▪ Address: 38140 Behrner Drive Squamish, BC V8B 0J3 ○ Sechelt sites to send to Sechelt/shíshálh Hospital laboratory (main floor) by 1600. <ul style="list-style-type: none"> ▪ Address: 5544 Sunshine Coast Highway Sechelt, BC V0N 3A0 ○ Powell River <ul style="list-style-type: none"> ▪ Owned and operated sites to send to Qathet General Hospital laboratory by 1430. <ul style="list-style-type: none"> ▪ Address: 5000 Joyce Avenue Powell River, BC V8A 5R3 ▪ Contracted/Private sites to the lab outpatient (0730-1600). ● Established courier: _____ ● Follow requirements for Transportation of dangerous goods (vch.ca).
Masking	<ul style="list-style-type: none"> ● Follow Public Health guidance on masking.
Group Activities	<ul style="list-style-type: none"> ● Group activities to continue on the unit. <ul style="list-style-type: none"> ○ Symptomatic residents are not to participate in group activities. ○ Close contacts cannot participate in off unit activities. ● Asymptomatic residents may go to other units to participate in 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 the line list.

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 • 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	
Notification Line list	Care staff to notify nurse in charge, manager, designate or DOC Site Leader: _____ Contact: _____ <ul style="list-style-type: none"> • Initiate the paper line list of symptomatic residents and update daily Email questions to: ICP-LTC@vch.ca Review VRI Communication Algorithm
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: 5 days from onset of symptoms and until symptom improvement and resolution of fever without using fever-reducing medication. ▪ RSV: for 7-days post symptom onset and 24-hours after symptoms resolve. • Residents testing negative: remove from precautions 24 hours after improving symptoms and resolution of fever without using 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 . • Continue to 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 (CPAP, BIPAP or Nebulizer therapy) place on Airborne and Contact precautions for the duration of the AGMP. <ul style="list-style-type: none"> ▪ Multi-bedrooms: Draw the curtain for the duration of the AGMP. ▪ Single bedrooms: Close door for the duration of the AGMP. ▪ Once the AGMP is completed airborne precautions sign can be removed • Follow care plan for Manage wandering residents.
COVID 19 + Residents	<ul style="list-style-type: none"> • Refer to (PaxlovidTM) 5-Day Treatment Pack Prescription • Paxlovid is recommended for LTC residents who test positive for COVID-19 who are moderately to severely immunosuppressed OR patient is aged 60 years or older with at least one chronic high-risk conditions listed in the MOH 5-Day Treatment Pack Prescription form. • Clinical Practice Guide for the Use of Therapeutics in Mild-Moderate COVID-19

<p>VRI Testing</p>	<ul style="list-style-type: none"> ● Collect specimens for residents that meet case definition unless directed by ICP, ● Use the STANDARD OUT-PATIENT LABORATORY REQUISITION. <ul style="list-style-type: none"> ○ See example on how to complete the requisition here: STANDARD OUT-PATIENT LABORATORY REQUISITION infographic. ● Collect PCR nasopharyngeal swab, oral pharyngeal swab, nasal swab, swish and gargle, follow BPG Viral Respiratory testing. <ul style="list-style-type: none"> ○ Consider PCR using nasal or oropharyngeal swab for residents who are challenging or cognitively impaired. ● All Vancouver/Richmond sites to send specimens to Vancouver General Hospital laboratory, <ul style="list-style-type: none"> Medical Microbiology and Infection Control JPPN Room 1100 Vancouver General Hospital 910 West 10th Ave Vancouver, BC ● Coastal Sites: <ul style="list-style-type: none"> ○ Squamish sites to send to Squamish General Hospital laboratory. <ul style="list-style-type: none"> ▪ Address: 38140 Behrner Drive Squamish, BC V8B 0J3 ○ Sechelt sites to send to Sechelt/shíshálh Hospital laboratory (main floor) by 1600. <ul style="list-style-type: none"> ▪ Address: 5544 Sunshine Coast Highway Sechelt, BC V0N 3A0 ○ Powell River <ul style="list-style-type: none"> ▪ Owned and operated sites to send to Qathet General Hospital laboratory by 1430. ▪ Address: 5000 Joyce Avenue Powell River, BC V8A 5R3 ▪ Contracted/Private sites to the lab outpatient (0730-1600). ● Established courier: _____ ● Follow requirements for Transportation of dangerous goods (vch.ca).
<p>Group Activities</p>	<ul style="list-style-type: none"> ● Residents on Droplet and Contact precautions not to attend group activities. <ul style="list-style-type: none"> ○ Lab confirmed/clinical cases or symptomatic cases may not participate in group activities. ○ Close contacts of lab confirmed/clinical case may not participate in group activities. ● Unaffected asymptomatic residents may continue to participate in group activities. ● For any other situation beyond these recommendations, please consult with your ICP. ● Consider discontinuing or 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).
<p>Communication</p>	<ul style="list-style-type: none"> ● Participate in huddles, review communication binders, communication boards, staff notices or emails. ● See Key Messages from your ICP.

Admissions and Transfers	<ul style="list-style-type: none"> Do not admit or move asymptomatic residents into rooms on Droplet and Contact precautions. Transferring and admission of residents who have recently recovered from COVID-19/RSV require consultation with the ICP.
Residents	<ul style="list-style-type: none"> Restrict movement of symptomatic residents outside of their rooms as much as possible. 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 stay at home until they feel well enough to return to work (e.g., symptoms resolving, and fever (if present) improved without using fever-reducing medication). Staff should be tested and provided possible treatment at the discretion of their healthcare provider.
Enhanced Cleaning	<ul style="list-style-type: none"> ICP to request enhanced cleaning for Owned and Operated sites. 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"> Reinforce staff to their use point of care risk assessment for PPE use. Follow Donning and Doffing procedures for PPE use. Use N95 respirator for confirmed or suspected cases when performing an aerosol generating medical procedure (CPAP, BIPAP or 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. Selection Placement Cleaning and Disinfection of PPE Carts LTC AL.pdf (vch.ca)
Visitors	<ul style="list-style-type: none"> 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.
Staff Break Rooms	<ul style="list-style-type: none"> • Use disinfectant wipes and ABHR and replace when needed.
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 the line list.

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 	
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
	Manager or designate to notify ICP
Additional Precautions	<ul style="list-style-type: none"> • Place symptomatic residents on Droplet and Contact precautions • Maintain precautions: <ul style="list-style-type: none"> ▪ 5 days from onset of symptoms and until symptom improvement and resolution of fever without using fever-reducing medication. <ul style="list-style-type: none"> ▪ Place close contacts on Droplet and Contact precautions for 3 days. ▪ 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 • Continue to 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

	<ul style="list-style-type: none"> ● If Influenza suspected or confirmed and Performing AGMP (CPAP, BIPAP or Nebulizer therapy) place on Airborne and Contact precautions for the duration of the AGMP. <ul style="list-style-type: none"> ▪ Multi-bedrooms: Draw the curtain for the duration of the AGMP. ▪ Single bedrooms: Close door for the duration of the AGMP. ▪ Once the AGMP is completed airborne precautions sign can be removed ● Follow care plan for Manage wandering residents.
VRI Testing	<ul style="list-style-type: none"> ● Collect specimens for residents that meet case definition unless directed by MHO, Medical Microbiologist or delegate. ● Use the STANDARD OUT-PATIENT LABORATORY REQUISITION <ul style="list-style-type: none"> ○ See example on how to complete the requisition here: STANDARD OUT-PATIENT LABORATORY REQUISITION infographic. ● Collect PCR nasopharyngeal swab, oral pharyngeal swab, nasal swab, swish and gargle follow BPG Viral Respiratory testing. <ul style="list-style-type: none"> ○ Consider PCR using nasal or oropharyngeal swab for residents who are challenging or cognitively impaired. ● All Vancouver/Richmond sites to send specimens to Vancouver General Hospital laboratory: <ul style="list-style-type: none"> Medical Microbiology and Infection Control JPPN Room 1100 Vancouver General Hospital 910 West 10th Ave Vancouver, BC ● Coastal Sites: <ul style="list-style-type: none"> ○ Squamish sites to send to Squamish General Hospital laboratory. <ul style="list-style-type: none"> ▪ Address: 38140 Behrner Drive Squamish, BC V8B 0J3 ○ Sechelt sites to send to Sechelt/shishálh Hospital laboratory (main floor) by 1600. <ul style="list-style-type: none"> ▪ Address: 5544 Sunshine Coast Highway Sechelt, BC V0N 3A0 ○ Powell River <ul style="list-style-type: none"> ▪ Owned and operated sites to send to Qathet General Hospital laboratory by 1430. ▪ Address: 5000 Joyce Avenue Powell River, BC V8A 5R3 ▪ Contracted/Private sites to the lab outpatient (730-1600). ● Follow requirements for Transportation of dangerous goods (vch.ca).
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. 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. ● Use appropriate PPE, follow routine practices, and minimize contact with isolated residents. ● Hold companion visits for the duration of the outbreak.
Group Activities	<ul style="list-style-type: none"> ● Suspend group activities on affected unit. ● Asymptomatic residents may not leave the affected unit to participate in other unit activities.
Communication	<ul style="list-style-type: none"> ● Post VRI outbreak signage on the unit.

	<ul style="list-style-type: none"> ● Participate in huddles, review ICP Case and Cluster binder, communication binders, communication boards, staff notices or emails. ● Review 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. ● 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.
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. ● 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). ● For the outbreak, staff are advised not to take adjacent, same day, shifts between an outbreak facility and a non-outbreak facility.
Admissions and Transfers	<ul style="list-style-type: none"> ● Suspend admissions and transfers. <ul style="list-style-type: none"> ○ New admissions and re-admissions/transfers can be considered on a case-by-case basis with the MHO. ● Do not admit or move asymptomatic residents into rooms on Droplet and Contact. ● Consult MHO for transfers and admissions of residents who have recently recovered from influenza.
PPE	<ul style="list-style-type: none"> ● Reinforce with staff to use their use point of care risk assessment for PPE use. ● Follow Donning and Doffing procedures for PPE use. ● Use N95 respirator for confirmed or suspected cases when performing an aerosol generating medical procedure (CPAP, BIPAP or Nebulizer therapy).
Supplies	<ul style="list-style-type: none"> ● Extra supplies kept here: _____ ● Selection Placement Cleaning and Disinfection of PPE Carts LTC AL.pdf (vch.ca) ● 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,
Masking	<ul style="list-style-type: none"> ● Follow Public Health guidance on masking. ● Follow the Influenza Prevention Policy.
Visitors	<ul style="list-style-type: none"> ● 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. ● Any adjustments to visitor protocols are at the discretion of the MHO.
Enhanced Cleaning	<ul style="list-style-type: none"> ● Enhanced cleaning will continue until outbreak is declared over.
Staff Break Rooms	<ul style="list-style-type: none"> ● Use disinfectant wipes and ABHR and replace when needed.
Influenza Treatment and Prophylaxis	<ul style="list-style-type: none"> ● If OSELTAMIVIR (Tamiflu) is advised by the MHO, call Pharmacy/Director of Care to initiate MRP preprinted 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) ▪ If a home 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"> ● 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. ● Discontinue antiviral medication when outbreak declared over by MHO. ● Restock PPE, ABHR and disinfectant wipes. ● Participate in the debrief with your facility to evaluate the management of the outbreak