

LTC * Leadership Viral Respiratory Illness (VRI) Toolkit

***Includes Assisted Living Attached to a LTC Site**

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 VRI	
Notification	<ul style="list-style-type: none"> • Initiate an electronic line list of symptomatic residents (include pending). • Update and send Monday to Friday excluding weekends and stats by 1400 to: <ul style="list-style-type: none"> ○ ICP-LTC@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. • Password protect the spreadsheet prior to sending via email. <ul style="list-style-type: none"> ○ See instructions in line list tab. • Have residents' influenza vaccine status available, • 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"> ▪ Place close contacts of residents (e.g., roommates; tablemates) with laboratory confirmed Influenza on Droplet and Contact precautions for 3 days. ○ RSV: 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 resident room 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 <ul style="list-style-type: none"> ○ Set up in room garbage, personal laundry hamper, and linen laundry hampers. • Continue to perform a daily wellness check of all residents in the home. <ul style="list-style-type: none"> ○ If any residents are unwell, they should be clinically assessed and tested when VRI case definition met. • Identify residents on CPAP or BIPAP. • 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 curtains 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 ● Ensure there is a care plan for Manage wandering residents.
Covid 19 + Residents	<p>Refer to (PaxlovidTM) 5-Day Treatment Pack Prescription</p> <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. ● Resource link for Paxlovid. <ul style="list-style-type: none"> ○ Memo PaxlovidandTherapeuticUpdate May29 2024.pdf (bccdc.ca) ○ 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>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. ▪ Address: 5000 Joyce Avenue Powell River, BC V8A 5R3 ▪ Contracted/Private sites to the lab outpatient open 0730-1600. ● Established courier: _____ ● Follow requirements 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	<ul style="list-style-type: none"> ● Coordinate an “additional precautions clean” with the residents having a bath/shower. ● Remove Droplet and Contact signage when environmental cleaning is completed.

Contact Precautions	<ul style="list-style-type: none"> Identify Droplet and Contact precautions have been discontinued on the line list.
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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

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 and Line List	<ul style="list-style-type: none"> Send an electronic line list of symptomatic residents, include pending swabs. Update and send Monday to Friday excluding weekends and stats by 1400 to <ul style="list-style-type: none"> ICP-LTC@vch.ca <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. Passwords protect the spreadsheet prior to sending via email. <ul style="list-style-type: none"> See instructions in line list tab. 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 resident room in a visible location. Place Doffing sign in the doffing zone inside the room. Set up room according to Preparing Rooms on Additional Precautions in Long-Term Care (LTC) and Assisted Living (AL). <ul style="list-style-type: none"> Set up in room garbage, personal laundry and linen laundry hampers. Continue to perform a daily wellness check of all residents in the home. <ul style="list-style-type: none"> If any residents are unwell, they should be clinically assessed and tested when VRI case definition met. Identify residents on CPAP or BIPAP. 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"> Multi-bedrooms: Draw the curtains 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 (No air clearance settle time is required).

	<ul style="list-style-type: none"> ● Ensure there is a 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. ● Resource links for Paxlovid: <ul style="list-style-type: none"> ○ Memo PaxlovidandTherapeuticUpdate May29 2024.pdf (bccdc.ca) ○ 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 your 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, <p>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/shísháhlh 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 open 0730-1600. ● Established courier: _____ ● Follow requirements for Transportation of dangerous goods (vch.ca).
Communication and Coordination	<ul style="list-style-type: none"> ● Schedule internal meetings – identify attendees, admin support and meeting space on site. ● Identify means of communication with frontline staff (e.g., Outbreak binders, huddles, communication binders, communication boards, staff notices or emails). ● Refer to IPAC Key messages.
Admissions and Transfers	<ul style="list-style-type: none"> ● Do not admit or move asymptomatic residents into rooms on Droplet and Contact ● Transferring and admission of residents who have recently recovered from COVID-19/RSV require ICP consult.

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. ● 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 resident transfers to emergency/acute care, notify paramedics of VRI activity in the facility. ● Ensure meals and beverages are covered in transport. ● Ensure overbed tables are 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 may wish 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 of the activity in the home. ● 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. ● Continue enhanced cleaning until all residents are off precautions.
PPE	<ul style="list-style-type: none"> ● Reinforce with staff to use their point of care risk assessment for PPE use. ● Follow Donning and Doffing procedures for PPE use.
Masking	<ul style="list-style-type: none"> ● Follow Public Health guidance on masking.
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. ● Contracted & Private sites to 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 order through E Pro: Order # 00090607 ● Assign staff to restock PPE cart and to clean the carts twice daily. ● 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. ● Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances.

	<ul style="list-style-type: none"> • Notify visitors of the respiratory illness cluster and potential risk. • Any adjustments to visitor protocols are at the discretion of the ICP
Staff Break Rooms	<ul style="list-style-type: none"> • Ensure there are disinfectant wipes and ABHR for staff. • Consider dedicated unit dining for staff.
Group Activities	<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).
Discontinuing Droplet and Contact Precautions	<ul style="list-style-type: none"> • Coordinate an “additional precautions clean” with the residents having a bath/shower. • 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 or 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
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Influenza Outbreak Definition:

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

Outbreak Declaration	<ul style="list-style-type: none"> • The outbreak declaration remains at the discretion of the MHO.
Notification and Line List	<ul style="list-style-type: none"> • Send an electronic line list of symptomatic residents, include pending, and staff cases, 7 days per week by 1400 to: <ul style="list-style-type: none"> ○ ICP-LTC@vch.ca ○ MHOandCDNurseOnCall@vch.ca ○ LTCEOC@vch.ca ○ VCHMedMicroIPAC@vch.ca ○ Outbreak Management Team • Monday to Friday: ICP to email MHO when outbreak definition met.

	<ul style="list-style-type: none"> ● Weekends and stats: ICP will call MHO (regular hours 0800-1600) ● Password protect the spreadsheet prior to sending via email. <ul style="list-style-type: none"> ○ See instructions in line list tab. ● 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: 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"> ▪ Close contacts (e.g., roommates; tablemates) on precautions for 3 days. ● 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 Preparing Rooms on Additional Precautions in Long-Term Care (LTC) and Assisted Living (AL) <ul style="list-style-type: none"> ○ Set up in room garbage, personal laundry and linen laundry hampers. ● 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, if they meet case definition then test for VRI illness. ● 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"> ○ 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 (No air clearance settle time is required). ● Review care plan to 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 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 ● 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, open 0730-1600. ● Established courier: _____ ● 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"> ● Director of care or delegate outbreak management team leader to schedule regular meetings of the OMT. ● Notify Outbreak Management team of the outbreak status. ● Post Outbreak Notification Signage at facility entrance and/or floor/unit/ward advising visitors about the outbreak. ● Outbreak meetings to be called if MHO, site or ICP determines the need for a meeting. <ul style="list-style-type: none"> ○ 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. <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. ● Identify means of communication with frontline staff (e.g., Outbreak binders, huddles, communication binders, communication boards, staff notices or emails). ● Share Key Messages with staff.
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. ● 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 resident transfers to emergency/acute care, notify paramedics of Outbreak in the facility. ● Ensure meals and beverages are covered in transport. ● Ensure overbed tables are available for residents to dine in their room where needed. ● Consider the need for extra kitchen staff for meal plating for locations with serveries.

	<ul style="list-style-type: none"> 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"> Cohort staff, volunteer, students to work only in affected areas, where resources permit. If possible, staff to start from unaffected units and move to affected units. If staff performed PCRA, routine practices, and adhered to appropriate PPE that they can continue to work. 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 outbreak, staff are advised not to take adjacent, same day, shifts between an outbreak facility and a non-outbreak facility. Staff should notify non outbreak facility that they worked on an outbreak site. Staff should continue to monitor for symptoms and stay home if unwell. 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 with underlying chronic health conditions are recommended to seek Rx for antiviral prophylaxis from their primary care physician. <ul style="list-style-type: none"> Provide the Staff Influenza prophylaxis letter from the MHO.
Masking	<ul style="list-style-type: none"> Follow Public Health guidance on masking. Follow the Influenza Prevention Policy.
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. Transferring and admission of residents who have recently recovered from influenza require MHO consult.
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.
Supplies	<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. Contracted & Private sites to 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 order through E Pro: Order # 00090607 <p>TDG</p> <ul style="list-style-type: none"> Assign restocking the PPE cart and twice daily clean of the PPE cart.
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. 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"> ● 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. ● Continue enhanced cleaning until the outbreak is declared over.
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 Prophylaxis and Treatment	<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 the pharmacy. ○ 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 <ul style="list-style-type: none"> ○ See Preseason Planning document for preprinted orders. ● 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. ● Remove Droplet and Contact signage when environmental cleaning is completed. ● Identify Droplet and Contact precautions have been discontinued on the 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 treatment and prophylaxis medication. ● Participate in the debrief with your facility to evaluate the management of the Outbreak. ● Order replacement of viral specimen kits.