

## Long-Term Care Facility Pre-Season Planning for the Management of Viral Respiratory Illness (VRI)

Action	Done	Initials	Comments
1. Identify a Viral Respiratory Illness (VRI) Lead:			
Name:Contact #:			
2. Verify contact information for Public Health and IPAC Practitioner			
Public Health Contact Details (up-to-date for 2023-2024):			
Email (preferred): COVID19@vch.ca			
Phone: Mon-Fri 604-675-3900 or Sat, Sun and STATs 604-527-4893			
IPAC Practitioner Contact Details:			
Email: ICP-LTC@vch.ca			
Name:Phone:			
3. Communication tool			
Identify outbreak lead for the site and administrative support. Identify key people and			
their phone numbers for notification in the event of an outbreak in your facility (e.g.			
Director of Care, Pharmacy, Physician in Charge, Resident's physician, Administration)			
See the Outbreak Management team (OMT) template			
4. Prepare for antivirals for influenza and treatment COVID-19			
a) For influenza treatment and prophylaxis OSELTAMIVIR (Tamiflu):			
Update pre-printed Physician Pre-printed Orders for Vaccines & Tamiflu.			
<ul> <li>Include medical contraindications to the above.</li> </ul>			
(Residents who have received treatment dose will not need prophylaxis after			
completion of treatment)			
Provide your pharmacy with the weights, ages, gender, and serum creatinine levels for			
all residents for calculation of Tamiflu dosage			
Pre-arrange with your pharmacy to obtain antiviral medication in a timely fashion, in			
preparation for an outbreak			



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<ul> <li>Prepare staff influenza prophylaxis letter</li> <li>Antiviral prophylaxis (Oseltamivir) should be offered to unimmunized staff who may be at high risk of influenza complications due to their underlying chronic health conditions</li> <li>Oseltamivir is recommended until the outbreak is declared over or until it has been 14 days since influenza vaccination, whichever is sooner.</li> <li>b) For COVID-19:         <ul> <li>Review COVID Vaccine Clinic Guide for LTC</li> <li>Patients are eligible depending on age, immune-status and chronic conditions</li> <li>To identify eligibility, clinicians can refer to BCCDC COVID-19 Treatment Assessment Guide for Clinicians</li> <li>Treatment decisions should also be made based on disease progression by day 3-5 since even most high risk patients recover without treatment</li> </ul> </li> </ul>			
Prepare for the respiratory virus season by identifying patients who qualify for treatment COVID Vaccine Assessment and Orders			
Obtain renal function and plan how to manage any drug-drug interactions for those eligible for therapy.			
5. Prepare for the administration of influenza, pneumococcal, and COVID-19 vaccines			
<ul> <li>a) Influenza</li> <li>REVIEW Nurse Immunizer status and requirements regarding nurse immunizer for staff immunization-including Peer Nurse Immunizer Program</li> <li>Additional educational resource</li> <li>BCCDC Influenza Immunization Competency Course: Foundations of Influenza Disease &amp; Vaccines</li> </ul>			





<ul> <li>Vaccine Allocation</li> <li>Public Health will contact LTCFs by phone to schedule a date for vaccine delivery</li> <li>VanCity courier will be delivering influenza vaccine directly to the LTCs in Vancouver and North Vancouver</li> </ul>			
Action	Done	Initials	Comments
<ul> <li>Administer influenza vaccine annually to ALL residents, new admissions, staff, physicians, and volunteers who work in the facility</li> <li>Please refer to <a href="BCCDC Immunization Manual Biological Products">BCCDC Immunization Manual Biological Products</a> webpage</li> </ul>			
<ul> <li>Keep a record of the immunization status of the residents/staff/physicians/volunteers that is easily accessible by the nursing/medical staff at all times.</li> </ul>			
<ul> <li>b) Pneumococcal</li> <li>Administer pneumococcal vaccine to all residents</li> <li>This vaccine is given once and can be given at any time during the year.</li> <li>Note: a once only re-vaccination should be offered 5 years after initial immunization to those with certain medical risk factors. Please refer to <a href="BCCDC Immunization Manual Pneumococcal Polysaccharide">BCCDC Immunization Manual Pneumococcal Polysaccharide</a></li> <li>If vaccine history is not available, immunize with pneumococcal vaccine</li> </ul>			
c) COVID-19  Administer fall COVID-19 XBB.1.5 vaccine using product available.  Interval from COVID-19 infection: 6 months (though safe to administer at any time following recovery from infection  Interval from last COVID-19 vaccine dose: 6 months (with a minimum interval of 3 months that can be used for operational reasons)  Co-administration of COVID-19 and influenza vaccines are recommended.			
<ul> <li>6. Review stock of PPE supplies required for the facility and order additional supplies as necessary.</li> <li>Owned and operated sites to order through ePro</li> <li>Contracted/private sites through their regular supply process</li> </ul>			



7. Review supplies required for residents on precautions, ensure sites have closed PPE carts, overbed tables, signage printed and laminated or on wipe able paper, in room garbage/linen/personal laundry hampers, utility tables (ensure the supplies are on site and accessible). Develop a process for ensuring supplies available			
Action	Done	Initials	Comments
<b>8. Ensure you have up to date fit tested staff,</b> in the event that you have symptomatic or positive residents that are on CPAP or BiPAP. Annual fit testing is required.			
Resources for fit testing:			
Owned and Operated:			
VCH Intranet			
Contracted and Private:			
Safe Care BC			
9. Review stock of outbreak specimen kits/nasopharyngeal swabs monitor expiry date.			
To order swab kits, use the PHSA Sample Container Order Form and email			
kitorders@hssbc.ca or fax 604-707-2606. Call PHSA CDC Receiving at 604-707-2507 for more			
information.			
Owned and operated site can order through E-Pro: Order # 00090607 Microbio UTM 2 ml			
mini tube + nasopharyngeal flocked swab			
Establish a process for restocking swabs and identify who is responsible.			
10. Review infection prevention and control procedures and policies with staff. Documents to			
review include, but are not restricted to:			
Review toolkits:			
<ul> <li>VRI Toolkit Leadership</li> </ul>			
<ul> <li>VRI Toolkit Frontline Staff</li> </ul>			
<ul> <li>VGI toolkit Leadership</li> </ul>			
<ul> <li>VGI toolkit Frontline Staff</li> </ul>			
Complete the leaning hub: <u>Infection Prevention and Control Basics for Health Care</u>			
Workers in Patient Care Areas and/or Direct Care Roles			
Point-of-Care Risk Assessment			
o Point-of-Care Risk Assessment, do I need PPE			
o <u>Point-of-Care Infographic</u>			





Hand Hygiene Training Video		
How to Hand Wash Video		
Hand Hygiene Using ABHR Video		
<ul> <li>Videos around proper <u>Donning</u> and <u>Doffing</u> procedures</li> </ul>		
Declutter units and rooms		
11. Public Health and Infection Prevention and Control Support		
Familiarize yourself with the relevant VRI materials posted on the Public Health and IPAC		
websites:		
<ul> <li>Viral Respiratory Illness Toolkit: Long Term Care Facility Guide</li> </ul>		
VCH IPAC Outbreaks VRI Long Term Care		