

Stand Alone Assisted Living

Viral Respiratory Illness (VRI) Case Containment Toolkit

Sites Connected to a Long-Term Care Home will follow the LTC Case and Cluster Toolkit

VRI Case Definition:		
New or Worsening Cough <u>or</u> Fever PLUS one of the following symptoms:		
<ul style="list-style-type: none"> Shortness of Breath Runny or Stuffy Nose 	<ul style="list-style-type: none"> Sore Throat, Hoarseness Difficulty Swallowing 	<ul style="list-style-type: none"> Body Aches/Headache

Resident identified with new symptoms consistent with VRI	
Notification	<ul style="list-style-type: none"> Initiate a paper line list of residents or internal communication. <ul style="list-style-type: none"> Email ICP ICP-LTC@vch.ca indicating number of residents and where in the home these residents are. <ul style="list-style-type: none"> See Appendix A Template for Communication below. Send questions or concerns to: <ul style="list-style-type: none"> ICP-LTC@vch.ca
Additional Precautions	<ul style="list-style-type: none"> Place symptomatic residents that meet VRI case definition on Droplet and Contact Precautions Maintain precautions for: <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. Place Droplet and Contact Precautions and doffing sign at entrance to resident room in a visible location. Place doffing sign in the doffing zone inside the room. Prepare room according to Droplet and Droplet and Contact Precautions in Long-Term Care and Assisted Living 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 to determine the need for precautions. Increase wellness checks of close contacts (tablemates/roommates) to twice daily for 3 days. Identify residents with AGMP (i.e., CPAP, BIPAP, Nebulizer therapy) that are suspected/confirmed positive for VRI, and place them on Airborne and Contact Precautions for the duration of AGMP. <ul style="list-style-type: none"> Once the AGMP is completed airborne precautions sign can be removed.
VRI Testing	<ul style="list-style-type: none"> Direct the resident to their family physician to be assessed and tested at their discretion. If the resident does not have access to a family physician, recommend the resident to visit a local walk-in clinic. Symptomatic residents should wear a mask when visiting a local walk-in clinic.
Masking	<ul style="list-style-type: none"> Follow Public Health guidance on masking. Follow the Influenza Prevention Policy.
Enhanced Cleaning	<ul style="list-style-type: none"> 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.

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.
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., huddles, communication binders, communication boards, staff notices or emails). Refer to IPAC Key messages.
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 visitors of the respiratory illness cluster and potential risk.
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 may not attend group activities. Asymptomatic residents may participate in activities on and off the unit unless alternate recommendations are provided by ICP. <ul style="list-style-type: none"> Close contacts should not attend other units' activities. <ul style="list-style-type: none"> Consider roommates and tablemates as close contacts. 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).
Staff Cases	<ul style="list-style-type: none"> Staff who develop symptoms at home may wish to follow up with their own healthcare provider. Staff to notify any other employers about cluster and advise them of the activity in the home. 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 fever-reducing medication). Staff should be tested and provided possible treatment at the discretion of their healthcare provider.
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.
Supplies	<ul style="list-style-type: none"> Restock PPE, ABHR and disinfectant wipes.

APPENDIX A
Template for Communication

Name of Home				
Resident name	Floor/ unit	Symptom onset date	Date off precautions	Other