

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"> • 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

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 template 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 donning sign at entrance to resident room in a visible location. Place doffing sign in the doffing zone inside the room. • 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. • Identify residents on CPAP or BIPAP, when VRI-suspected and performing AGMP place on Airborne and Contact precautions for the duration of the 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.
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 use 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. ○ 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