Infection Prevention and Control

Viral Respiratory Illness (VRI) Case and Cluster Containment Toolkit for Inpatient Community Settings

Case Definition:		
New or Worsening Cough <u>or</u> Fever **PLUS** one of the following symptoms:		
• Chills • Shortness of Breath • Runny or Stuffy Nose	• Sore Throat, Hoarseness • Difficulty Swallowing • Swollen or Tender Glands in the Neck	• Loss of Taste or Smell • Body Aches/headache • Severe Weakness or Fatigue

One Client identified with new symptoms consistent with VRI	
1. **Notification and Line List**	• Frontline staff; initiate a paper line list to keep track of symptomatic clients. • Site leadership; initiate an <u>electronic line list</u> to keep track of symptomatic clients. • Follow the directions on the instructions tab of the electronic line list to password protect your file. • Email the Ambulatory and Community team to notify that you have identified symptomatic client(s) (note the Ambulatory and Community team works Monday to Friday – they will respond the following business day): o <u>ICP-ambulatorycommunity@vch.ca</u> • Have client vaccine status available; please provide date of last COVID and influenza vaccines. • Email questions to: <u>ICP-ambulatorycommunity@vch.ca</u> • Review <u>VRI Communication Algorithm</u>. • If you believe you have met outbreak definition (lab confirmed Influenza only), please follow the VRI Case Communication Algorithm to determine whom to contact.

2. **Additional Precautions**	• Place symptomatic clients on <u>Droplet and Contact Precautions</u>
	• Maintain precautions for:
	   o **INFLUENZA/COVID 19:** Until **5 days** have passed from onset of symptoms **and** there is symptom improvement **and** resolution of fever for 24 hours without the use of fever reducing medication.
	   o **RSV:** Until **7-days** post symptom onset **and** 24-hours after symptoms resolve.
	   o **Clients testing negative for VRI:** Remove from precautions **24 hours** after improvement in symptoms **and** resolution of fever for 24 hours without the use of fever reducing medication.
	• Place <u>Droplet and Contact Precautions</u> and <u>donning sign</u> at entrance to client's room in a visible location. Place <u>doffing sign</u> in the doffing zone inside the client's room.
	• Assess unaffected clients twice daily for signs and symptoms of VRI.
	   o If any clients are unwell, they should be clinically assessed and tested if they meet VRI threshold.
	• If VRI-suspected or confirmed and <u>Performing AGMP</u> place on <u>Airborne and Contact precautions</u> for the duration of the AGMP

		o If possible, create a barrier by drawing curtains or closing the door for the duration of the procedure for residents in multi bed rooms

3.	VRI Testing	● Collect specimens only for clients that meet case definition unless directed by MHO, Medical Microbiologist or delegate.
		● Collect PCR nasopharyngeal swab or swish and gargle.
		● Follow established processes to send your samples to the lab for testing.
		● Established courier:_____
		● Follow requirements for Transport of Dangerous Goods:
		  o SOP – Transportation of Dangerous Goods – Coronavirus (COVID-19) Specimen
		  o Learning Hub – Transportation of Dangerous Goods – Specimens by Ground

4.	Masking	● Follow current Provincial Mask Policy for Healthcare Facilities.
5.	Group Activities	● Group activities may continue. o Symptomatic clients may not participate in group activities
6.	Discontinuing Droplet and Contact Precautions	● Coordinate an "additional precautions clean" when the client is not occupying the room 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.

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VRI Cluster: Two or more healthcare-associated VRI (excluding influenza – see page 5) cases identified on a single unit in separate rooms within a 7 day period

1. Notification and Line List		● Frontline staff; notify nurse in charge, manager or designate of symptomatic clients. ● Frontline staff; initiate a paper line list (updated daily) to keep track of symptomatic clients. ● Site leadership; initiate an electronic line list to keep track of symptomatic clients. ● Follow the directions on the instructions tab of the electronic line list to password protect your file. ● Email the Ambulatory and Community team to notify that you have identified symptomatic client(s) (note the Ambulatory and Community team works Monday to Friday – they will respond the following business day): ● ICP-ambulatorycommunity@vch.ca ● Have client vaccine status available; please provide date of last COVID and influenza vaccines. ● Email questions to: ICP-ambulatorycommunity@vch.ca ● Review Community VRI Communication Algorithm. ● If you believe you have met outbreak definition, please follow the VRI Case Communication Algorithm to determine whom to contact.

2. **Additional Precautions**	● Place symptomatic clients on Droplet and Contact Precautions
	● Maintain precautions for:
	    ○ **COVID-19:** Until **5 days** have passed from onset of symptoms **and** there is symptom improvement **and** resolution of fever for 24 hours without the use of fever reducing medication
	    ○ **RSV:** Until 7-days, post symptom onset **and** 24-hours after symptoms resolve.
	    ○ **Clients testing negative:** Remove from precautions **24 hours** after improvement in symptoms **and** resolution of fever for 24 hours without the use of fever reducing medication
	● Place Droplet and Contact Precautions and Donning sign at entrance to client's room in a visible location. Place Doffing sign in the doffing zone inside the client's room
	● Set up room according to Droplet and Contact Precautions
	● **COVID:** Increase monitoring of all clients on the affected unit to twice-daily screening until **10 days** from last client symptom onset unless directed otherwise by MHO or delegate
	● **RSV:** Increase monitoring of all residents on the affected unit to twice-daily screening until **7 days** from last client symptom onset unless directed otherwise by MHO or delegate
	● If VRI-suspected or confirmed and Performing AGMP place on Airborne and Contact precautions for the duration of the AGMP
	    ○ If possible, create a barrier by drawing curtains or closing the door for the duration of the procedure for residents in multi bed rooms

3. **VRI Testing**	● Collect specimens only for clients that meet case definition unless directed by MHO, Medical Microbiologist or delegate.
	● Collect PCR nasopharyngeal swab or swish and gargle.
	● Follow established processes to send your samples to the lab for testing.
	● Established courier:_____
	● Follow requirements for Transport of Dangerous Goods:
	    ○ SOP – Transportation of Dangerous Goods – Coronavirus (COVID-19) Specimen
	    ○ Learning Hub – Transportation of Dangerous Goods – Specimens by Ground

4. **Communication and Coordination**	● Site leadership to schedule their own internal meetings – identify attendees, admin support and meeting space on site. ● Site leadership to identify means of communication with frontline staff and who is responsible (e.g., huddles, communication binders, communication boards, staff notices or emails)
5. **Admissions and Transfers**	● Do not move asymptomatic clients that have already been exposed to roommates with active symptoms or confirmed VRI unless directed by MHO, delegate, IPAC Physician or IPAC. ● Do not admit or move asymptomatic clients into rooms on Droplet and Contact precautions unless the client has recently recovered from COVID/RSV (lab confirmed).
6. **Clients**	● Restrict movement of symptomatic clients outside of their rooms as much as possible. ● Provide tray service (in room meals) for clients on Droplet and Contact precautions.

	● Invite symptomatic clients 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 clients who are asymptomatic, review immunizations and offer vaccine to those not yet immunized when vaccine is available. ● For client transfers to emergency/acute care, notify receiving site and 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 clients to dine in their room where needed. ● No shared food.

7. **Staff Cases**	● 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 and advise of VRI activity in the facility.
	● Staff return to work when:
	   ○ Resolution of fever for 24 hours without the use of fever reducing medication **and**
	   ○ Symptoms improve and feel well enough to work.

8. **Additional Cleaning**	● Coordinate additional cleaning of frequently touched surfaces to twice daily on affected units with housekeeping staff. ● Consult with the Infection Prevention and Control Practitioner to determine where to focus additional cleaning at your site.
9. **PPE**	● Follow Donning and Doffing procedures for PPE use. ● Reinforce staff to their use point of care risk assessment for PPE use. ● Use N95 respirator for confirmed or suspected cases when performing an aerosol generating medical procedure (e.g. CPAP/BIPAP/ Nebulizer therapy)
10. **Masking**	● Follow current Provincial Mask Policy for Healthcare Facilities.
11. **Supplies**	● Identify where extra supplies are kept: _____ ● 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 daily clean of the PPE cart. ● Ensure an adequate amount of testing supplies are available (ePro# 00090607)
12. **Visitors**	● Support visitors with donning and doffing. ● 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
13. **Group Activities**	● Clients on Droplet and Contact precautions do not attend group activities. If group activities are required as part of the client's treatment plan, please consult with the MHO/Designate to determine alternate methods of inclusion in group activities (e.g. client masking, client distancing, virtual options). ● Asymptomatic clients may participate in unit activities unless alternate recommendations have been provided by the MHO. ● Have clients perform hand hygiene at the beginning and end of activities

	● Clean and disinfect equipment used during the activity (avoid using shared items) ● Further restriction of group activities at the discretion of the MHO or IPAC
14. Discontinuing Droplet and Contact Precautions	● Coordinate an "additional precautions clean" when the client is not occupying the room 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.

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Influenza Outbreak Definition: **Two or more confirmed cases of influenza on a unit in a 7 day period**	

1. **Notification and Line List**	● Frontline staff; notify nurse in charge, manager or designate of symptomatic clients.
	● Frontline staff; initiate a paper line list (updated daily) to keep track of symptomatic clients
	● Site leadership: to email electronic line list of symptomatic clients daily until outbreak declared over to:
	<u>Monday to Friday</u>:
	    ○ MHOandCDNurseOnCall@vch.ca
	    ○ Covid19@vch.ca
	    ○ ICP-ambulatorycommunity@vch.ca
	    ○ VCHMedMicroIPAC@vch.ca
	
	<u>Saturday, Sunday and STATs</u>:
	    ○ MHOandCDNurseOnCall@vch.ca
	    ○ COVID-19@vch.ca
	    ○ ICP-ambulatorycommunity@vch.ca
	    ○ VCHMedMicroIPAC@vch.ca
	    ○ ICP-ChargeRN@vch.ca
	    ○ Call ICP In-Charge: 604-220-5813
	
	● ICP to email MHO when outbreak definition met
	● Review Community VRI Communication Algorithm

2. **Additional Precautions**	● Place symptomatic clients on Droplet and Contact precautions ● Maintain precautions: ○ **Influenza Positive:** Until **5 days** have passed from onset of symptoms **and** there is symptom improvement **and** resolution of fever for 24 hours without the use of fever reducing medication

		o **Clients Testing Negative for VRI**: remove from precautions **24 hours** after improvement in symptoms **and** resolution of fever for 24 hours without the use of fever reducing medication
		● Place Droplet and Contact precautions and donning sign at entrance to client's room in a visible location. Place doffing sign in the doffing zone inside the client's room
		● Do not admit or move asymptomatic clients into rooms on Droplet and Contact precautions unless the client has recently recovered from lab confirmed Influenza.
		● Initiate daily screening of all clients on the affected unit.
		● Place close contacts on Droplet and Contact precautions for **3 days.**
		● If Influenza suspected or confirmed and performing AGMP place on Droplet, Airborne and Contact precautions for the duration of the AGMP.
		o If possible, create a barrier by drawing curtains or closing the door for the duration of the procedure for clients in multi bed rooms.
3.	**VRI Testing**	● Collect specimens only for clients that meet case definition unless directed by MHO, Medical Microbiologist or delegate.
		● Collect PCR nasopharyngeal swab or swish and gargle.
		● Follow established processes to send your samples to the lab for testing.
		● Established courier:_____
		● Follow requirements for Transport of Dangerous Goods:
		o SOP – Transportation of Dangerous Goods – Coronavirus (COVID-19) Specimen
		o Learning Hub – Transportation of Dangerous Goods – Specimens by Ground
4.	**Outbreak Declaration**	● Outbreak declaration is at the discretion of the MHO.
		● Outbreak Management Team leader (usually a member of the site leadership team) to communicate details of the outbreak with program staff and ensure implementation of containment measures contained within this toolkit.
		● Cohort staff to work only in affected area, where resources permit. If cohorting not possible, staff are encouraged to attend to asymptomatic individuals first, before moving on to symptomatic individuals
		● Exclude volunteers/students/companions unless required for operational purposes.
		● If volunteers, students or companions are operationally required, site leadership to discuss with public health for direction.
		● If volunteers, students or companions are permitted to work, use appropriate PPE, follow routine practices, and minimize contact with isolated clients.
5.	**Group Activities**	● Group activities are placed on hold throughout the outbreak.
6.	**Communication**	● Notify Outbreak Management team of the outbreak status
		● Outbreak meetings to be called if MHO, site or ICP determines the need for a meeting
		o ICP to schedule, chair and take minutes for outbreak meetings (based on the Community Teams area of coverage)
		● 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.
		● These may include volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, food service staff, and others.

7. Clients	● Restrict movement of symptomatic clients outside of their rooms as much as possible. ● Provide tray service (in room meals) for clients on Droplet and Contact precautions. ● Invite symptomatic clients 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 clients who are asymptomatic, review immunizations and offer vaccine to those not yet immunized when vaccine is available. ● For client transfers to emergency/acute care, notify receiving facility and paramedics of VRI in the facility. ● Set up in room garbage and laundry hampers. ● Ensure meals and beverages are covered in transport. ● Ensure over bed tables available for clients to dine in their room where needed. ● No shared food.
8. Staff	● 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 facility. ● Staff return to work when: 　○ Resolution of fever for 24 hours without the use of fever reducing medication **and** 　○ Symptoms improve and feel well enough to work.
9. Masking	● Follow current Public Health guidance on masking.
10. Admissions and Transfers	● Restrict admissions, transfers, dining room meals and group activities at the discretion of the MHO. ● New admissions and re-admissions/transfers can be considered on a case by case basis with the MHO: **Mon-Fri 0800-1600: 604-675-3800 or Weekends/STATS: 604-675-3900**
11. Supplies/PPE	● 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. ● Ensure an adequate amount of testing supplies are available (ePro# 00090607). ● Assign restocking of supplies of the PPE cart and twice daily clean of the PPE cart. ● Use N95 respirator for confirmed or suspected cases when performing an aerosol generating medical procedure (CPAP/BIPAP/ Nebulizer therapy).
12. Visitors	● Any adjustments to visitor protocols are at the discretion of the MHO. ● Support visitors with donning and doffing. ● Symptomatic visitors should not enter the facility unless for compassionate or exceptional circumstances.
13. Enhanced Cleaning	● Coordinate additional cleaning of frequently touched surfaces to twice daily in affected areas with housekeeping staff. ● Consult with the Infection Prevention and Control Practitioner to determine where to focus additional cleaning at your site.
14. Staff Break Rooms	● Ensure there are disinfectant wipes and ABHR for staff to use in the break space.

15. Influenza Treatment and Chemoprophylaxis	● If **OSELTAMIVIR (Tamiflu)** is advised by the MHO, call Pharmacy to initiate MRP orders: Name:_____ Contact #:_____ 　o Have current weights ready to fax to pharmacy. 　o If no recent creatinine level is available, give first dose of Oseltamivir (Tamiflu™) and order STAT creatinine for subsequent dosing. If GFR suspected to be less than 60ml/min. 　o Physician Pre-printed Orders for Tamiflu 　o Influenza Immunization Order 　o Staff Influenza Prophylaxis Letter 　o If a facility 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. 　　▪ They are open 7:00 am to 14:45 pm Mondays to Fridays.
16. Discontinuing Droplet and Contact Precautions	● Coordinate an "additional precautions clean" when the client is not occupying the room 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.
17. Calling Outbreak Over	● MHO will consider calling the outbreak over for Influenza outbreaks when **6 days** have passed since **onset** of symptoms in the last case. ● Discuss discontinuation of antiviral medication with the MRP. ● Leadership to complete the "Influenza-Like-Illness Outbreak Report Form" and email to VCHFacilityOutbreakBulletin2@vch.ca and ilioutbreak@bccdc.ca ● Order replacement Owned and Operated sites through E Pro: Order # 00090607 ● Participate in the debrief with your facility to evaluate the management of the outbreak