

FRASER HEALTH ASSISTED LIVING TOOLKIT

For Prevention and Control of Gastrointestinal and Respiratory Illnesses

October 2022

Adapted from the Fraser Health Assisted Living Prevention and Control of Infectious Diseases Toolkit

Table of Contents

Purpose of Toolkit	3
Overview of the Toolkit	4
Section 1	5
Policies Procedures and Education for Preventing Infections and Spread of Infections.....	5
Tenant Education and Orientation	5
Staff Education and Orientation	5
Education about Hand Hygiene	5
Section 2	6
Being Prepared	6
Elements of a Preparedness Plan	7
Section 3	10
The Recognition and Management of Respiratory Illness (RI), including COVID-19, Influenza and Non-Influenza/Non-COVID-19 ...	10
Collecting and Submitting Swabs.....	10
Tenant Care	11
Housekeeping	11
Laundry.....	12
Personal Protective Equipment for Laundry.....	12
Waste Management	12
Personal Protective Equipment (in general)	13
Kitchen Staff	13
Personal Protective Equipment	13
Contacting Public Health	15
Section 4	16
RI Outbreak Tools: Link to LTC Viral RI Outbreak Protocol/Toolkit	16
Checklists	17
Respiratory Illness – Influenza and/or other RIs	17
COVID-19 Checklists	20
Enhanced Monitoring-Outbreak Checklist - One Positive Case July 22	20
Staff Case(s) Checklist	20
Section 5	20
The Recognition and Management of Gastroenteritis	21
Tenant Care	21
Housekeeping/Environmental Services	22
Cleaning Vomit and Feces.....	22
Recommended Disinfectant Solutions	22
Treatment of Specific Materials	23
Laundry.....	23
Waste Management	24
Personal Protective Equipment	24
Kitchen Staff	24
Contacting Public Health-GI	25
Section 6:	26
GI Outbreak Tools: Link to VIRAL GASTROINTESTINAL (GASTROENTERITIS/GI) ILLNESS OUTBREAK PROTOCOL AND TOOLKIT FOR LTC AND MHSU.....	26
Checklist: Gastrointestinal Illness	27
Section 7	30
Resources	30

Purpose of Toolkit

The purpose of this TOOLKIT is to assist the Assisted Living Provider to meet the expectations of the Assisted Living Registry as itemized in *the Assisted Living in BC Handbook for Operators under “Policies and Plans Needed” (June 2021)*

This edition of the toolkit is specific to managing changes from normal conditions related to gastroenteritis and respiratory illness (including COVID-19). The definitions and tools included are prepared specifically for the Assisted Living context.

The *Health and Safety Standards* require that registrants must:

- Provide a safe, secure and sanitary environment for tenants;
- Ensure hospitality services do not place the health and safety of tenants at risk; and
- Ensure sufficient staff is available to meet the service needs of tenants and that staff has the knowledge and ability to perform the assigned tasks.

The health and safety outcomes specifically associated with infection are:

- Registrants must have a plan in place to prevent and control the spread of infectious diseases in assisted living residences and report outbreaks in accordance with the **Assisted Living in BC: A Handbook for Operators**
- Registrants must have plans in place to address situations where there is a disruption to the residence’s regular work force.

Overview of the Toolkit

- This Toolkit provides a **master copy** of all tools.
- Tools may be taken from these master copies and adapted to your format
- Suggestions you may have regarding additions or other changes to this Toolkit should be provided to the Manager FH Assisted Living.
- You will be informed of changes to the Toolkit via e-mail.
- **Posters** from the Toolkit may be printed from the electronic copy or photocopied. They may be laminated, if beneficial to do so, and retained for use as needed. If they are laminated, they can be wiped down with disinfectant between uses.
- This toolkit provides posters, tracking forms, checklists and job-specific measures related to a Change from Normal Conditions due to Viral Gastroenteritis or Viral Respiratory Illness (including COVID-19).
- The toolkit and policies, protocols and/or educational materials Assisted Living Providers develop from it should be readily available to their staff and contracted third party service provider.

Section 1

Policies Procedures and Education for Preventing Infections and Spread of Infections

- In accordance with the AL Registry, you must have written policies and procedures for staff that include:
- Good health practices that everyone should follow
- A protocol for hand washing
- Basic hygiene and infection control practices associated with laundry and housekeeping, which includes the frequency of service and products to be used
- Safe practices for the preparation and delivery of meals
- How staff illness will be handled
- What to do to prevent and respond to the spread of infectious disease in the residence if there is an infectious disease outbreak.
- Asking for guidance from Public Health or AL Community Health Nurse, as needed

Tenant Education and Orientation

- AL Providers should orient tenants to tell staff when they are unwell or if their physician thinks that they might have an infectious disease that may put other tenants or staff at risk
- Close interaction with other people, as in communal living settings, increases the risk of spread of infections
- Tenants should be encouraged to be up-to-date with recommended immunizations, including immunization against influenza each year, COVID-19 and the pneumococcal vaccine

Staff Education and Orientation

AL Providers and Contractors/Sub-contractors should ensure that they provide orientation and education to all new staff. Orientation sessions should include the following infection prevention and control topics:

1. Daily monitoring of tenants and reporting of persons with new or worsening symptoms of respiratory or gastrointestinal symptoms to the AL manager
2. Recognizing the importance of staff, tenant and visitor hand hygiene
3. Knowing how to put on (donning) and take off (doffing) personal protective equipment, including gowns, gloves, masks and eye protection and how to discard or place in the laundry
4. Understanding the reasons why good cleaning is an important way to prevent infections and what products are required
5. Following the Fraser Health Influenza Control Policy for vaccinations including COVID-19, yearly influenza immunization and the pneumococcal vaccine as required.
6. Acknowledging that staff should not come to work when they know or suspect that they are ill

Education about Hand Hygiene

Tenants, staff and visitors who perform frequent hand hygiene by washing with soap and water or using Alcohol Based Hand Rub (ABHR) are less likely to become ill.

The Toolkit contains posters that may be used, especially in communal washrooms or lounges, to remind staff of the value of hand hygiene. A hand hygiene educational module is available at <http://learninghub.phsa.ca/courses/5360>

Section 2

Being Prepared

Early recognition of respiratory and gastrointestinal illness (RI and GI) in AL is critical to minimizing its impact on tenants, visitors, staff and other service providers. **Registrants must have written policies and procedures for staff to understand the importance of recognizing a change from normal conditions affecting tenants and/or staff.** Registrants are expected to keep a watchful eye over tenants and, if aware of one or more cases of RI or GI among tenants and/or staff, follow written policies and procedures and consult with Public Health as needed.

Do not wait until a change from normal conditions is upon you. Being prepared is your best defence. It is recommended that you begin to prepare in early September for RI and GI outbreaks.

It is recommended that each Assisted Living Residence have a **'Response Team'** as part of a **preparedness plan**. A Response Team can make a difference in the timeliness, appropriateness, ease and effectiveness of response to a suspected RI and GI outbreak. The Response Team does not need to be large, but should include the Assisted Living Provider Manager (or other appropriate Leader) and at least 2 or 3 others that are able to represent tenant care, food services, housekeeping and laundry.

To create a preparedness plan, the response team should use the:

- CHECKLIST for Assisted Living Residences when a tenant is identified with **Respiratory Illness** (see section 3 of this toolkit) and the -
- CHECKLIST for Assisted Living Residences when a tenant is identified with **Gastroenteritis** (see section 4 of this toolkit).

The team should also refer to area/activity-specific measures, inventory of educational tools and supplies [including personal protective equipment (PPE)] and communication (including signage) contained in this toolkit.

- It is crucial that there is a primary person responsible for coordinating the response and there is a clear reporting process
- Staff members should assess tenants twice daily and inform their supervisor when changes in the usual health condition of tenants occur.
- It is also important that staff know that they must report if more than one tenant (or staff) is identified with a similar symptom
- Staff need to be aware that ill tenants will require additional time and care.
- The designated person should discuss concerns with the Tenant (or their family or spokesperson), and an appointment with the tenant's physician should be made as soon as possible, if indicated

Elements of a Preparedness Plan

<input type="checkbox"/> Form a response team
<input type="checkbox"/> Identify roles and responsibilities of each member
<input type="checkbox"/> Outline communication/reporting structure
<input type="checkbox"/> Prepare illness tracking logs for use (see section 4 & 5)
<input type="checkbox"/> Prepare phone list of institutions/services you may need to communicate with
<input type="checkbox"/> Review routine practices and additional precautions with staff and post posters for each (see section 4 &
<input type="checkbox"/> Review work duty specific guides with all departments, hang posters
<input type="checkbox"/> Choose cleaning and disinfectant product appropriate for the organisms and ensure sufficient stock
<input type="checkbox"/> Check stock of any needed supplies, plan for regular inventory check, refresh, re- order as needed. Personal protective equipment includes gloves, gowns, masks and eye protection
<input type="checkbox"/> Check stock of any needed supplies, plan for regular inventory check, refresh, re- order as needed. Personal protective equipment includes gloves, gowns, masks and eye protection
<input type="checkbox"/> Prepare education sessions for tenants including hand hygiene and respiratory etiquette, importance of reporting illness, not visiting ill tenants
<input type="checkbox"/> Post educational posters
<input type="checkbox"/> Prepare education for staff and volunteers
<input type="checkbox"/> Purchase and provide alcohol based hand rub in common areas

FAX to your local Public Health Unit (Tool 7) by Dec 31st

FACILITY INFLUENZA-READINESS REPORT

(Please fill in all that applies to your facility)

FACILITY NAME:	DATE COMPLETED:	TEL:	FAX:	NOTES:
DIRECTOR OF CARE/MANAGER:		TEL:		
DIRECTOR OF CARE/MANAGER ALTERNATE:		TEL:		

FH VIRAL RESPIRATORY OUTBREAK PROTOCOL AND TOOLKIT AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO		NASAL SWAB KIT AVAILABLE?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Staff and Others (excluding tenants) <i>(Do not count people who will not be at the facility at all between November and the end of May)</i>	NO. OF PEOPLE	NO. VACCINATED AGAINST INFLUENZA	NO. WITH MEDICAL CONTRAINDICATION TO INFLUENZA VACCINE DOCUMENTED	NO. WITH MEDICAL CONTRAINDICATION TO OSELTAMIVIR DOCUMENTED
		SEASONAL		
REGULAR STAFF				
CASUAL STAFF				
VOLUNTEERS				
CONTRACT WORKERS (not Facility or FH employees)				

Recommended List of Supplies

Item	Stores Number/ Supply Company	Number of Items recommended	Number of items required to complete inventory
Disposable gowns			
Face masks			
Eye Protection			
Face Shields			
Gloves: small			
Gloves: medium			
Gloves: large/ extra large			
Nasopharyngeal Swabs			
Certified transport boxes			
Absorbent Pads			
Alcohol Based Hand Rub			
Additional bucket and cleaning cloths for emergency clean up			
Emergency use containers for garbage and linen			
Mops			
Cleaning agent – bleach or Accelerated Hydrogen Peroxide			
Other:			

Location of supplies: _____

Person responsible for replacement of supplies: _____

Notes:

Section 3

The Recognition and Management of Respiratory Illness (RI), including COVID-19, Influenza and Non-Influenza/Non-COVID-19

A tenant with a viral RI (COVID-19, Influenza, or Non-influenza) may present with one, more new, or worsening:

- **Respiratory symptoms:** Fever, chills, cough, shortness of breath, sore throat, , loss of sense of smell or taste
- **Other symptoms:** Headache, fatigue, muscle aches, nausea, loss of appetite, diarrhea and vomiting

A viral RI should be suspected when one or more tenants are identified with symptoms of respiratory illness,

A viral Influenza outbreak (is when there are two or more people (staff and/or tenants) in the residence with symptoms of respiratory illness, and at least one is laboratory-confirmed as Influenza or other respiratory virus

A COVID-19 outbreak is declared by the Medical Health Officer based on the number of cases identified on a unit, transmission trends, and/or operational impacts. When there is, a single resident case of COVID with no evidence of transmission at a site (i.e. a COVID-19 exposure), an outbreak will not be declared and the facility will be placed on Enhanced Monitoring.

When a viral RI is suspected:

1. Staff should follow droplet precautions (wear gloves, gowns, masks, eye protection) when entering symptomatic tenant's suites or interacting with them.
2. Start compiling a list of ill tenants and staff using [Tools 27](#) and [Tool 28](#) in the [RI Toolkit Protocol](#)
 - a. **Report only positive COVID-19 cases to Public Health**
3. Obtain a nasopharyngeal (NP) swab from all symptomatic tenants with suspected RI

Collecting and Submitting Swabs

AL facilities should refer to the appropriate [checklist](#) and the following resources:

- [Who should be tested for COVID-19](#)
- Ordering Swabs ([Tool 9](#))
- Nasopharyngeal Skill and Competency Checklist
- Virology Requisition Form Sample ([Tool 10](#))
- Workflow for Completing Nasopharyngeal Swab
- Transportation of Dangerous Goods protocol – includes the certification requirement for packaging and transporting specimens and information about ordering the correct certified boxes for transportation ([Tool 11b](#))

The viral requisition form is equivalent to the doctor's order. On May 7, 2020, the Provincial Health Officer issued an order allowing LPNs to perform NP swabs with a client-specific order as part of a screening program authorized by the Medical Health Officer (BCCNP LPN Scope of Practice May 14,

2020)

When completing the requisition form for Assisted Living tenants, use client's most responsible provider (MRP) and/or facility medical director as the ordering physician on the laboratory requisition.

Contact T-Force Courier Services at 1-877-345-8801 to arrange direct transportation of specimen to the BC Centre for Disease Control or designated location. When contacting T-Force Courier, mention the account for FH Assisted Living: #1530396453

Note: In most cases, T-Force will pick up specimens on demand, but please note approximate pick up times for the following communities:

<u>Community</u>	<u>Pick Up Time</u>
Chilliwack	0530-0600
Hope/Agassiz	0900
Abbotsford	1100-1200
Mission	1400

It is important to notify the AL Community Health Nurse when a swab has been completed to ensure the AL Community Health Nurse can monitor and communicate the test results in a timely manner.

Tenant Care

- Cohort care staff when possible (e.g., staff caring for ill tenants should not care for well tenants or should care for well tenants first and then ill tenants).
- Ensure proper use of personal protective equipment with ill tenants along with proper removal on leaving apartment and proper hand hygiene between care for each tenant
- Suggest tenants/families purchase water-resistant plastic mattresses and pillow covers. Wash and disinfect as required. Pillows without water-resistant plastic covers must be laundered when soiled.
- Ensure bathtubs available to all tenants are cleaned and disinfected between uses. Avoid using Jacuzzi jet until change from normal conditions is over to prevent spread of infectious material into the air
- Wear a gown and mask when disposing of body waste such as feces/urine/aspirates/vomit into toilet to avoid splash/spillage.
- Remind tenants to wash hands before leaving their room, prior to entering the dining room, and after toileting
- Perform hand hygiene. Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc.

Housekeeping

In addition to routine housekeeping duties, those responsible for housekeeping should:

- Ensure disinfectant wipes/solutions (e.g. accelerated Hydrogen Peroxide or bleach/sodium hypochlorite) are available for enhanced cleaning and disinfection of high touch surfaces and shared equipment.
- Direct housekeeping services to start enhanced cleaning as soon as the outbreak is suspected, and for the duration of the outbreak.

- Ensure twice daily cleaning and disinfection of the residence, particularly high touch surfaces (e.g. railings, chair arms, light switches, door handles, faucets, thermostats, telephones, keypads, keyboards and other surfaces that people touch frequently) and equipment (e.g. commodes, walker handles, wheelchair arms).
- If possible, clean rooms of well tenants first. Provide additional housekeeping services for ill tenants.
- Change cleaning cloth between rooms of all tenants. Place used cleaning cloth into plastic bag or water resistant laundry bag.
- Use gloves, gown, mask and eye protection when caring for an ill tenant
- Gowns, gloves, mask and eye protection are required during the care of ill tenants and for any contact with infectious material in the apartment
- Remove personal protective equipment on leaving apartment of ill tenant and perform hand hygiene

Laundry

- Provide full laundry services for ill tenants
- Handle soiled linen as little as possible to prevent microbial contamination of the air and persons handling linens
- Wear long sleeved gown when handling soiled linen and discard gown after use and wash hands after removing gown
- Use a mask if there is a potential of droplets of infectious material to spread into the air
- Place and transport soiled wet linen in bags that prevent leakage. Double bagging linen is not necessary unless the first bag is leaking
- Soiled laundry should be washed with detergent in hot water at the maximum cycle length and then machine (hot air) dried
- Wear gloves when handling soiled linen and **wash hands after removing gloves**
- Perform hand hygiene using soap and water (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face)

Personal Protective Equipment for Laundry

- Gowns and gloves are required during contact with infectious material while laundering
- A mask should be worn when handling laundry that is wet and will likely spray or splash

Waste Management

- Place garbage in a leak-proof bag and close securely before removal from tenant's room. Double bagging is not necessary unless the first bag is leaking. Try to avoid generating an air current as the bag is tied shut, as this may spread droplets of infectious material
- Wear a mask and gown when disposing of body waste such as feces/urine/aspirates/vomit into toilet to avoid splash/spillage.
- Perform hand hygiene using soap and water. (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch

anyone's face and refrain from chewing on pens, pencils etc.)

Personal Protective Equipment (in general)

- Gowns and gloves are required for any contact with infectious material

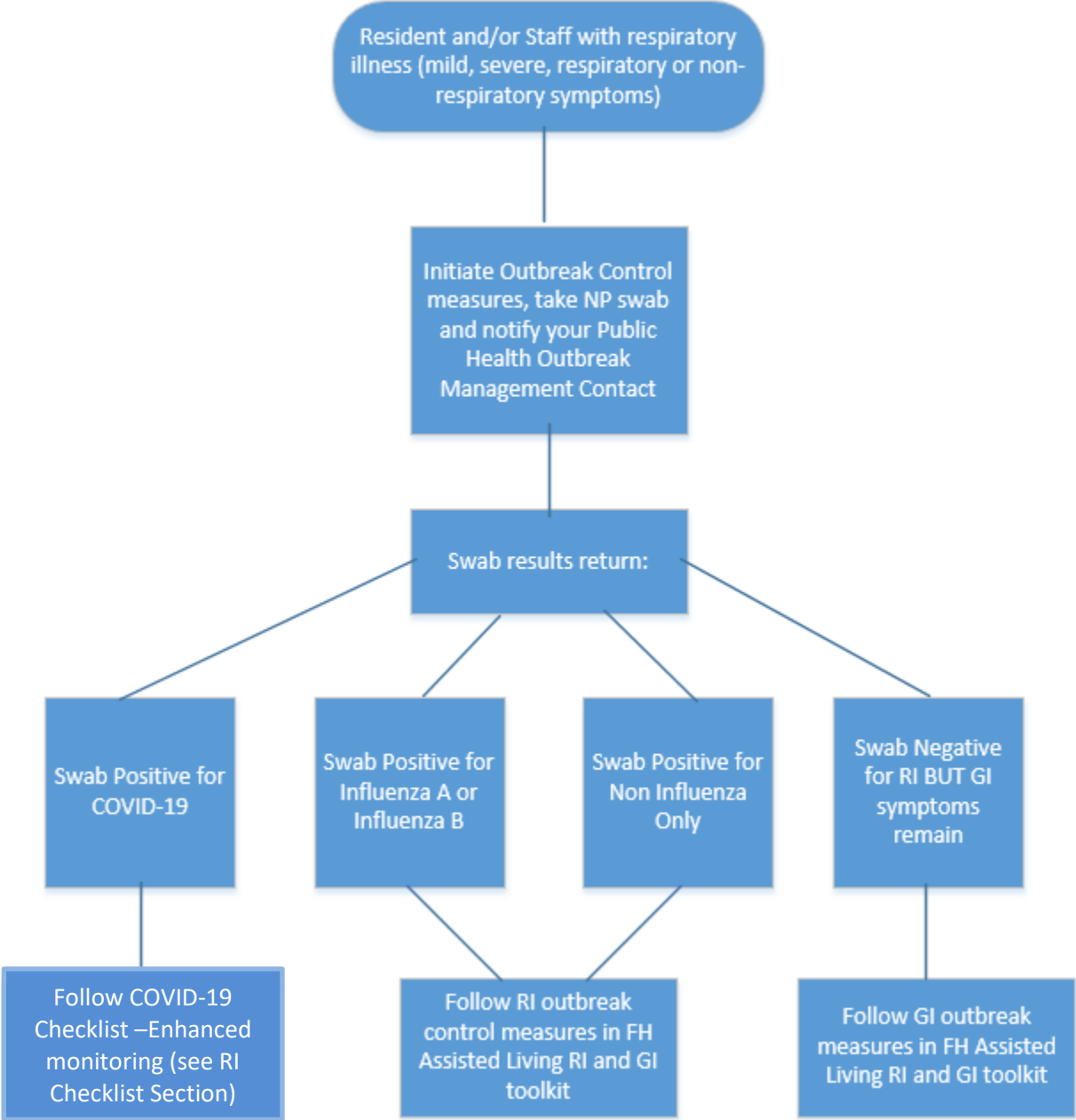
Kitchen Staff

- Avoid practices that generate droplet spray from used dishes.
- Clean and disinfect the area (including vertical surfaces) with a suitable disinfectant solution.
- Kitchen staff shall wash all dishes, utensils and trays in a commercial dishwasher;
- Be careful not to cross-contaminate dirty and clean dishes
- Perform hand hygiene using soap and water for at least 15-20 seconds

Personal Protective Equipment

- A mask or face shield and gown should be worn when cleaning dishes or trays

Flowchart: Responding to a Suspected Viral Respiratory Illness



Contacting Public Health

When any respiratory illness is suspected, all Assisted Living facilities are to follow the directions outlined in the [Suspect Case \(COVID-19, and/or other Respiratory Illness\) Checklist](#).

Public Health is available if facilities require support and/or have questions. Public Health can be reached at 778-368-0123.

Public Health will provide education and support as needed, depending on swab results:	
Swab Result	Follow Up Action:
If swab(s) test positive for COVID-19, the facility will follow the procedures outlined in the COVID-19:	COVID-19: Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Cases <i>Please note:</i> Public Health may be involved in the follow up and support, as needed. An outbreak may be declared at the discretion of the Medical Health Officer
If swab(s) test positive for Influenza and/or other respiratory pathogens but negative for COVID	The AL/IL/MHSU <15 bed facility will be directed to follow their respective RI toolkits <i>Please note:</i> There would be no active role of PH in follow up at this point. The role of PH at this point is for consultation only.

As outlined in the Registrant Handbook Policy 12, contacting Public Health does not mean that Public Health will take over management of the situation. This responsibility remains with the Assisted Living Provider.

Public Health is not routinely involved in providing laboratory test kits or collecting specimens from people in community living settings; therefore, arrangements should be made at the site level to ensure lab test kits are available and specimens can be collected.

The level of Public Health involvement will depend on the situation.

Section 4

RI Outbreak Tools: Link to LTC Viral RI Outbreak Protocol/Toolkit

Tool 12: Signage for Use throughout the Respiratory Virus Season

Tool 13: Routine Practices (Standard Precautions)

Tool 14: Hand Hygiene

Tool 15: Droplet Precautions

Tool 17: Removal of Personal Protective Equipment (PPE)

Tool 18: Enhanced Cleaning

Tool 19: Disinfection Selection Guide

Tool 21: Facility Influenza-Readiness Report

Tool 22: Staff Influenza Immunization and Anti-Influenza Prophylaxis List

Tool 23: Resident Influenza Immunization and Anti-Influenza Prophylaxis List

Tool 24: Helpful Information about Common Respiratory Viruses

Tool 27: Resident Illness Report and Tracking Form

Tool 28: Staff Illness Report and Tracking Form

Refer to the [Viral Respiratory Illness Outbreak Protocol and Toolkit](#) for above tools

Visitors

Influenza: Respiratory Illness Checklist (see below)

COVID 19: Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Cases

Staff

Influenza: Respiratory Illness Checklist (see below)

COVID-19: Staff Case(s) Checklist

Outbreak Management

COVID-19: Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Cases

Reporting

Notification & Management Process Confirmed Cases (COVID-19 only) – see checklist Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Cases

- [Public Health Tool 27:](#) Resident Illness Report and Tracking Form
- [Public Health Tool 28:](#) Staff Illness Report and Tracking Form
- [Tips for Completing Public Health Tools 27 & 28](#)

Resources

Medical Health Officer (MHO) Orders

[BC-CDC's Infection Prevention and Control Requirements for COVID-19 in Long Term Care and seniors' Assisted Living Personal Protective Equipment \(PPE\) Framework](#)

Fraser Health Website

[Viral Respiratory Illness Outbreak Protocol and Toolkit](#)

[Assisted Living Toolkit for Prevention and Control of Gastrointestinal Illness and Respiratory Illness](#)

Checklists

Respiratory Illness – Influenza and/or other RIs

What Should Be Done For Tenants Who Are Ill (symptomatic)
<input type="checkbox"/> Ill tenants should remain in their apartments
<input type="checkbox"/> Set up PPE station (with gloves, mask, eye protection and alcohol-based hand rub) outside the apartment of the ill tenant
<input type="checkbox"/> Droplet precautions should be used by workers/volunteers during contact with ill tenants (hand hygiene and the use of personal protective equipment including eye protection, procedure masks, gloves or gowns as deemed appropriate for the situation)— <u>See droplet /contact precautions poster in tools inventory.</u>
<input type="checkbox"/> Obtain a nasopharyngeal swab from the ill tenant
<input type="checkbox"/> Cohort care staff when possible (e.g., staff caring for ill tenants should not care for well tenants or should care for well tenants first and then ill tenants)
<input type="checkbox"/> Remove PPE on leaving apartment of ill tenant and perform hand hygiene. <u>See donning and doffing tool</u>
<input type="checkbox"/> Ensure hand hygiene is done after removing gloves
<input type="checkbox"/> Ensure hand hygiene is done between contact with different tenants
<input type="checkbox"/> Arrange for meals to be brought to ill tenants' apartments until cleared from droplet precautions. Disposable trays are not required
<input type="checkbox"/> Arrange for extra laundry and housekeeping services
<input type="checkbox"/> Encourage ill tenants to contact their family physicians for treatment options
<input type="checkbox"/> Check on tenants two or more times daily
<input type="checkbox"/> Advise that ill tenants not take part in social and recreational group activities
What Resources/Changes In Practice Are Needed
<input type="checkbox"/> Begin daily recording of incidents of tenant and staff illness on Illness Tracking Logs
<input type="checkbox"/> Review Routine Practices and ensure that droplet/contact precautions are in place as indicated
<input type="checkbox"/> Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
<input type="checkbox"/> Ensure routine cleaning, disinfection, laundry and waste management occur
<input type="checkbox"/> Enhance frequency of cleaning and disinfection – see enhanced cleaning checklist
What Should Be Done For Tenants Who Remain Well
Enhance education about: <ul style="list-style-type: none"><input type="checkbox"/> Hand hygiene and respiratory etiquette. See related tools.<input type="checkbox"/> Not visiting ill tenant or taking precautions if must do so<input type="checkbox"/> Reporting to staff if become ill
<input type="checkbox"/> Provide educational posters/signage in common areas (may include provision to individual rooms)
<input type="checkbox"/> Ensure alcohol based hand rub (ABHR) is available in common areas
<input type="checkbox"/> Advise new tenants of prevention and control measures
<input type="checkbox"/> Remind about availability of influenza and COVID-19 vaccines if not already vaccinated

- If more than one tenant lives in an apartment and one is ill while the other is not, contact/droplet precautions and restrictions should be applied to both

What Should Be Done For Well Workers/Volunteers

- Remind about availability of influenza immunization and COVID-19 vaccination. See Influenza Control Policy
- Provide educational posters in appropriate areas
- Provide ABHR, making them readily available and placed in convenient area for use
- Enhance education about hand hygiene and respiratory etiquette
- Ensure hand washing before handling or preparing food, medication
- Promote hand washing before eating
- Remind workers/volunteers to stay home and alert management **if** symptoms of respiratory illness develop

What Should Be Done For Workers/Volunteers Who Are Ill

- Advise workers/volunteers (including contractors) that they should not come to work or remain at work if ill with respiratory illness. Ill workers should not return to work until symptoms are resolved **or** five days after onset of illness, whichever is sooner
- All staff with respiratory symptoms **should be excluded** from work until no longer symptomatic and cleared to return.

What should be considered for workers/volunteers who go into tenants' rooms/work with well tenants

- Consider restriction on movement of workers/volunteers from apartments or areas with respiratory illness to apartments or areas without respiratory illness
- As per routine practice, provide gowns and gloves, masks and/or eye protection for workers when hands or clothing come in contact with blood or other body fluids
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different tenants

What should be considered about group activities/functions/services (for example, movies, parties, trips, hairdresser visits, exercise room use, etc.)

- Advise that ill tenants not take part in social and recreational group activities until symptoms are resolved **or** five days after onset of illness, whichever is sooner
- If more than, a few tenants are ill, and especially if spread of illness within the residence is the likely explanation, assess the appropriateness of social and recreational group activities. *(Cancellation of all group activities would be a very unusual measure and would not be appropriate in most situations as ill tenants will remain in their suits.)*

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What advice/information should be given to visitors

- Provide signs at entrances and common areas notifying family members and other visitors of respiratory illness

<input type="checkbox"/> Advise visitors that they should not visit other tenants after visiting an ill tenant
<input type="checkbox"/> Enhance education about hand hygiene and respiratory etiquette. Provide educational posters in common areas
<input type="checkbox"/> Provide ABHR, making them readily available and placed in common areas
<input type="checkbox"/> Advise visitors that they should not visit if they are ill with acute respiratory illness
<input type="checkbox"/> Ask them to postpone their visit until they are well (until symptoms are resolved <u>or</u> five days after onset of illness, whichever is sooner for respiratory illness)
What To Consider About Moves To And From Other Residences, Facilities or Hospitals
<input type="checkbox"/> Inform the hospital if a tenant who is ill with respiratory illness signs and symptoms is being taken to hospital
<input type="checkbox"/> Tenant with respiratory illness symptoms should wear mask during the transfer
<input type="checkbox"/> Notify BC Ambulance of the Change from Normal Conditions when called to transport an ill tenant
<input type="checkbox"/> There should be no restrictions to re-admitting tenants from acute care facilities
<input type="checkbox"/> Admit new tenants based on a situation-by-situation consideration with the incoming tenant aware of the status prior to moving into the residence
When There Are Continued Cases
<input type="checkbox"/> Review check list
<input type="checkbox"/> Review the appropriate “Evaluation for problem solving when control measures are failing”
If illness continues to escalate:
<input type="checkbox"/> Contact the Public Health Nurse for consultation (see section 3 of the toolkit for the appropriate contact information)
What Needs To Be Done Following Return to Normal Conditions
<input type="checkbox"/> Refresh any kits/supplies as needed
<input type="checkbox"/> Evaluate response measures and amend response plan for future incidents as needed, based on evaluation

COVID-19 Checklists

Enhanced Monitoring-Outbreak Checklist - One Positive Case

Staff Case(s) Checklist

Refer to the Fraser Health Website [Viral Respiratory Illness Outbreak Protocol and Toolkit](#) for the most up-to-date COVID-19 Checklists

Section 5

The Recognition and Management of Gastroenteritis

In this section following, you will find a ‘Checklist for Assisted Living Residences when there is a Change from Normal Conditions due to Gastroenteritis’ to guide you in the management of gastroenteritis.

The definition of ‘gastroenteritis’ is a person with:

- Two or more episodes of diarrhea within a 24-hour period above what is considered normal for the tenant or is otherwise explained by diet or medication. Diarrhea defined as loose or watery stool that is loose enough to take the shape of a container;
- 2 or more episodes of vomiting within a 24 hour period;
- 1 episode of diarrhea AND 1 episode of vomiting within a 24 hours period; or
- Lab confirmation of a known enteric pathogen AND at least one symptom compatible with gastroenteritis (nausea, vomiting, diarrhea, abdominal pain or tenderness).

The definition of a Change from Normal Conditions is awareness of onset of illness in 3 or more tenants and/or staff in the assisted living residence within a 4-day period (If multiple, physically separate sites in a community of care, this could apply to each separate site):

- When tenants throughout the residence are affected, return to normal conditions when 72 hours have passed since symptoms ended for the last tenant case

Tenant Care

- Keep well tenants away from areas with ill tenants until at least 48 hours after symptoms have cleared
- Serve meals to ill tenants in their rooms or a separate contained area for ill tenants until at least 48 hours after symptoms have cleared
- Cohort care staff when possible (e.g. staff caring for ill tenants should not care for well tenants **or** should care for well tenants first and then ill tenants).
- Ensure proper use of personal protective equipment with ill tenants, removal on leaving apartment and proper hand hygiene between care for each tenant
- Suggest tenants/families purchase water-resistant plastic mattresses and pillow covers. Wash and disinfect as required. Pillows without water-resistant plastic covers must be laundered when soiled.
- Ensure bathtubs available to all tenants are cleaned and disinfected between uses. Avoid using Jacuzzi jet until change from normal conditions is over to prevent droplet spread of infectious material into the air
- Ensure toilet lid is closed **before** flushing (where possible) to reduce possible droplet spread of the toilet water into the air
- Wear a gown and mask when disposing of body waste such as feces/urine/aspirates/vomit into toilet to avoid splash/spillage.
- Remind tenants to wash hands before leaving their room, prior to entering the dining room, and after toileting
- If tenants share an apartment, instruct that dentures or partials be protected from potential contamination by droplets spread into the air and are properly cleaned before use
- Ensure that any food that was sitting out near where anyone throws up is thrown out
- Perform hand hygiene. Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone’s face and refrain from chewing on pens, pencils etc.

Housekeeping/Environmental Services

In the event of change from normal conditions due to gastroenteritis, special consideration must be given to the cleaning of areas contaminated with either vomitus or fecal matter. The affected area should be cordoned off and cleaned immediately.

Failing to properly clean contaminated areas will lead to rapid spread and continuation of outbreaks.

Note: a disinfectant with a non-enveloped virucidal claim should be used throughout the entire facility for the duration of the outbreak.

Cleaning Vomit and Feces

- Cordon off area and place a wet floor sign/flag to prevent slipping.
- People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:
 - Wearing disposable gloves, standard procedure mask (or face shield), and gown
 - Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
 - Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
 - Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions (see below)
 - Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag
 - Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with one of the recommended disinfectant solutions (see below)
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Wash all dishes, utensils and trays in a commercial dishwasher; or wash and rinse by hand in hot water and then rinse in one of the recommended disinfectant solutions (see following)
- If a vomiting or fecal accident occurs in an area where food is prepared served or displayed or stored, dispose of any food that has been handled by the ill person since symptom onset, or been present within 2 meters of a vomiting incident.

Recommended Disinfectant Solutions

Hypochlorite (Bleach) Solution: Cleaning with bleach is a 2-step process. First, clean the area using your regular process, then follow up with bleach solution

The recommended level of 1:50 bleach solution is made by:

- Adding 1 part of household bleach (5.25% hypochlorite) to 50 parts water (or 1/3 cup of bleach to 1 gallon of water or 80ml of bleach to 4 litres of water). This will give an approximately 1000-ppm hypochlorite solution
- Note that hypochlorite is corrosive and may bleach fabrics. **Mixing bleach with other cleaning/disinfecting agents can be dangerous.** Never mix bleach with other products unless the product label specifically allows it Applying the bleach solution to surfaces and leaving to air dry should provide adequate contact time
- The solution should be freshly made to be most effective. Do not use diluted bleach solutions that are over 24 hours

old

Accelerated Hydrogen Peroxide Solution 0.5%

- There is documented evidence suggesting that this product is also effective against *Norovirus*, a common cause of gastrointestinal outbreaks in long-term care facilities, schools, day cares, and other institutions
- Use as recommended in the product use and safety information
- Ensure the contact time of the product used is met as necessary to be effective against gastrointestinal viruses

NOTE

Accelerated Hydrogen Peroxide solutions differs from basic hydrogen peroxide cleaning solutions.

Accelerated Hydrogen Peroxide (AHP) is a cleaning and disinfectant solution that must not be confused with standard Hydrogen Peroxide solutions. AHP is a combination of commonly used ingredients that when mixed with low levels of hydrogen peroxide dramatically increases its germicidal potency and cleaning performance. Various distributors make and market AHP disinfectants so you will see different brand names. The important ingredient to look for is '*accelerated*' hydrogen peroxide.

Treatment of Specific Materials

- This applies to rooms of ill tenants, as appropriate and to dining rooms and other common areas in the event of vomiting or diarrhoeal contamination
- Vinyl covered furniture or mattresses should be thoroughly cleaned with detergent and hot water then wiped down with one of the recommended disinfectant solutions
- Soft furnishings or cloth-covered mattresses should be thoroughly cleaned with detergent and hot water. For disinfection, they can be placed outside in the sun for a few hours. As this is not usually feasible, after being cleaned they should be steam cleaned (strongly recommended) or disinfected with one of the recommended disinfectant solutions (Note: some fabrics may not be bleach resistant)
- Contaminated carpets should be cleaned with detergent and hot water then disinfected with one of the recommended disinfectant solutions or steam cleaned using the hottest water available. Note: some carpets may not be bleach resistant
- Contaminated hard surfaces should be washed with detergent and water, using a single-use cloth, then disinfected with one of the recommended disinfectant solutions
- Non-disposable mop heads should be laundered in the hottest water available and detergent using the maximum machine cycle length, and then machine dried on the hot cycle
- Fixtures in bathrooms should be cleaned with detergent and water using a single-use cloth, and then disinfected with one of the recommended disinfectant solutions

Laundry

- Provide full laundry services for ill tenants
- Handle soiled linen as little as possible to prevent microbial contamination of the air and persons handling linens
- Wear long sleeved gown when handling soiled linen and discard gown after use and wash hands after removing gown
- Use a mask if there is a potential of droplets of infectious material to spread into the air
- Place and transport soiled wet linen in bags that prevent leakage. Double bagging linen is not necessary unless the first bag is leaking

- Soiled laundry should be washed with detergent in hot water at the maximum cycle length and then machine (hot air) dried
- Wear gloves when handling soiled linen and **wash hands after removing gloves**
- Perform hand hygiene using soap and water (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc.)
- If linens is provided by the Assisted Living Provider, a ready supply of bed linens and clean supplies should be stored in carts specific for this purpose, or lidded plastics cans or tubs. This provides ready access to supplies when they are needed, and ensures supplies remain clean and dry.
- When linen is provided by the tenant, it is a good idea to suggest that extra supplies be available for necessary unscheduled linen changes when there is an increased incidence of tenant illness Personal Protective Equipment
- Gowns and gloves are required during contact with infectious material while laundering
- A mask should be worn when handling laundry that is wet and will likely spray or splash

Waste Management

Place garbage in a leak-proof bag and close securely before removal from tenant's room. Double bagging is not necessary unless the first bag is leaking. Try to avoid generating an air current as the bag is tied shut, as this may spread droplets of infectious material

Wear a mask and gown when disposing of body waste such as feces/urine/aspirates/vomit into toilet to avoid splash/spillage.

Perform hand hygiene using soap and water. (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc.)

Personal Protective Equipment

Gowns and gloves are required for any contact with infectious material

A mask should be worn when assisting a tenant who is vomiting, having diarrhea or during the cleaning of vomit or fecal matter

Kitchen Staff

Avoid practices that generate droplet spray from used dishes.

If cleaning up vomit in a food preparation area:

Clean and disinfect the area (including vertical surfaces) with a suitable disinfectant solution.

Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)

Kitchen staff shall wash all dishes, utensils and trays in a commercial dishwasher;

Be careful not to cross-contaminate dirty and clean dishes

Perform hand hygiene using soap and water for at least 15-20 seconds

A mask or face shield and gown should be worn when cleaning dishes or trays

NOTE:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48hours after symptoms have stopped**
- **Staff should not work in other residences/facilities while they are ill or convalescing**
- **Snacks for staff in common containers in lunchroom, nursing station etc. are discouraged**

Contacting Public Health-GI

When a GI outbreak is suspected, AL facilities should notify a Communicable Disease Environmental Health Officer (EHO) if they require support, have questions, or the illness in tenants/staff changes or they note more tenants and staff becoming ill, and are sending additional swabs

For Public Health Consultation relating to **gastrointestinal illness** call 604-476-7059 to speak with the EHO (toll free, 1-866-990- 9941), select 'CD EHO' option.

As outlined in the Registrant Handbook Policy 12, contacting Public Health does not mean that Public Health will take over management of the situation. This responsibility remains with the Assisted Living Provider. The level of Public Health involvement will depend on the situation.

Public Health is not routinely involved in providing laboratory test kits or collecting specimens from people in community living settings.

The level of Public Health involvement will depend on the situation.

Section 6:

GI Outbreak Tools: Link to [VIRAL GASTROINTESTINAL \(GASTROENTERITIS/GI\) ILLNESS OUTBREAK PROTOCOL AND TOOLKIT FOR LTC AND MHSU](#)

- Tool 8: [Signage](#)
- Tool 9: [Routine Practices: Four Basic Elements](#)
- Tool 10: [Hand Hygiene](#)
- Tool 11: [Contact Precautions](#)
- Tool 12: [Droplet/Contact Precautions](#)
- Tool 13: [Personal Protective Equipment \(PPE\) Supplies](#)
- Tool 14: [Removal of Personal Protective Equipment \(PPE\)](#)
- Tool 15: [Enhanced Cleaning, Sanitizing and Disinfecting](#)
- Tool 16: [Disinfectants Commonly Used in Viral GI Outbreaks](#)
- Tool 17: [Disinfectant Selection Guide](#)
- Tool 18: [Disinfectant Definition and Use against Viruses Causing Gastrointestinal Illness](#)
- Tool 19: [Case Definition for Viral Gastrointestinal Illness](#)
- Tool 20: [Suspect Viral Gastrointestinal Illness OUTBREAK Definition and Initial Response](#)
- Tool 21: [Outbreak Reporting: Urgent FAX Sheet](#)
- Tool 22a: [Collection of Specimens for Laboratory Testing](#)
- Tool 22b: [Transportation of outbreak specimens under Transportation of Dangerous Goods](#)
- Tool 23: [Control Measures for a Single Case](#)
- Tool 24: [Daily Surveillance and Reporting](#)
- Tool 25: [Resident Illness Report and Tracking Form](#)
- Tool 26: [Staff Illness Report and Tracking Form](#)
- Tool 27: [Management of ill Residents](#)
- Tool 28: [Preventive Measures for well, unaffected Residents](#)
- Tool 29: [Management of ill Staff](#)
- Tool 30: [Preventive Measures for well, unaffected Staff](#)
- Tool 31: [Work Duty-Specific Precautions for NURSING CARE](#)
- Tool 32: [Work Duty-Specific Precautions for HOUSEKEEPING](#)
- Tool 33: [Work Duty-Specific Precautions for LAUNDRY](#)
- Tool 34: [Work Duty-Specific Precautions for KITCHEN STAFF](#)
- Tool 35: [Work Duty-Specific Precautions for WASTE MANAGEMENT](#)
- Tool 36: [Visitor Education, Precautions and Restrictions](#)
- Tool 37: [Control Measures to Prevent Spread within a Facility and to other Facilities-- including Residents returning to a Facility during a Viral Gastrointestinal Illness Outbreak\)](#)
- Tool 40: [Common Organisms Causing Gastrointestinal Illness and Outbreaks](#)
- Tool 41: [Mechanisms of Spread for Common Organisms Causing Gastrointestinal Illness and Outbreaks](#)
- Tool 42: [Problem Solving if Outbreak is NOT Stopping](#)
- Tool 43: [Declaring the Outbreak Over](#)

Checklist: Gastrointestinal Illness

What Should Be Done For Tenants Who Are Ill (Symptomatic)
<input type="checkbox"/> Maintain ill tenants to stay in their apartments on contact precautions until at least 48 hours after symptoms have stopped ill tenants in their apartments on droplet/contact precautions .
<input type="checkbox"/> Ensure that precautions are used by workers/volunteers during contact with ill tenants (hand hygiene and the use of personal protective equipment such as procedure masks, gloves or gowns as deemed appropriate for the situation)— <u>See droplet /contact precautions poster in tools inventory.</u>
<input type="checkbox"/> Remove personal protective equipment on leaving apartment of ill tenant and perform hand hygiene. See donning and doffing tool
<input type="checkbox"/> Ensure hand hygiene is done after removing gloves
<input type="checkbox"/> Ensure hand hygiene is done between contact with different tenants
<input type="checkbox"/> Ill tenants should use facilities in own apartments for bathing
<input type="checkbox"/> Arrange for meals to be brought to ill tenants' apartments and for extra laundry and housekeeping services
<input type="checkbox"/> Encourage ill tenants to contact their family physicians if concerns about severity of illness or dehydration (volume depletion)
<input type="checkbox"/> Check on tenants more frequently while they are ill
<input type="checkbox"/> Advise that ill tenants not take part in social and recreational group activities while ill
<input type="checkbox"/> What Resources/Changes In Practice Are Needed
<input type="checkbox"/> Begin daily recording of incidents of tenant, staff and volunteer illness on illness tracking logs
<input type="checkbox"/> Review Routine Practices and ensure that contact precautions are in place as indicated
<input type="checkbox"/> Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
<input type="checkbox"/> Enhance frequency of cleaning and disinfection – see enhanced cleaning checklist.
<input type="checkbox"/> Post, review and implement recommendations contained in Work Duty specific Guides for Housekeeping, Laundry, Waste Management and Kitchen
How To Start And Assess Response
<input type="checkbox"/> Activate your Response Team (in keeping with your preparedness plan, call together your team to respond to the Change from Normal Conditions) as summarized in the following CHECKLIST
<input type="checkbox"/> Develop a plan of action and determine roles and responsibilities of each party
Who Should Be Notified And When
<input type="checkbox"/> Assisted Living Case Manager when change from normal conditions is identified - when there are 3 or more tenants with 2 or more episodes of vomiting or diarrhea in a 4 day period
<input type="checkbox"/> Any institution that may have admitted a tenant from you within the past 72 hours to advise them of illness in your residence
<input type="checkbox"/> Volunteers, clergy, BC Ambulance, Handy DART, oxygen services, laboratory services, paid companions, students and others of any control measures that may affect their provision of services
<input type="checkbox"/> Public Health Communicable Disease Environmental Health Officer only if Public Health consultation is needed (see list of locations and contact numbers)

What Should Be Done For Tenants Who Remain Well
Enhance education about:
<input type="checkbox"/> Hand hygiene (preferably with soap and water for GI Outbreaks)
<input type="checkbox"/> Not visiting ill tenant or taking reasonable precautions if must do so
<input type="checkbox"/> Reporting to staff if become ill
<input type="checkbox"/> Provide educational posters/signage in common areas (may include provision to individual rooms)
<input type="checkbox"/> Ensure adequate supplies are available
<input type="checkbox"/> Advise new tenants of prevention and control measures
<input type="checkbox"/> If more than one tenant lives in an apartment and one is ill while the other is not, the well tenant should practice proper hand hygiene before leaving the room and prior to entering the dining room and self-assess for symptoms. Increase monitoring for symptoms on these tenants by staff
What Should Be Done For Well Workers/Volunteers
<input type="checkbox"/> Provide educational posters in appropriate areas
<input type="checkbox"/> Enhance education about hand hygiene (hand washing with soap and water is single most important practice); always wash visibly soiled hands
<input type="checkbox"/> Ensure hand washing before handling or preparing food Promote hand washing before eating or smoking
<input type="checkbox"/> Remind workers/volunteers that they should self-assess for symptoms and stay home until 48 hours after last onset of symptoms and alert management if symptoms of gastroenteritis develop
What Should Be Done For Workers/Volunteers Who Are Ill
<input type="checkbox"/> Advise workers/volunteers (including contractors) that they should not come to work or remain at work if ill with infectious gastroenteritis. A good guide to use for ill workers is that they should not return to work until 48 hours after symptoms have resolved
What Should Be Considered For Workers/Volunteers Who Go Into Tenants' Rooms/Provide Personal Care For Tenants
<input type="checkbox"/> Consider restriction on movement of workers/volunteers from areas with gastroenteritis illness to areas without
<input type="checkbox"/> As per routine practice, provide gowns and gloves, masks and/or eye protection when hands or clothing could become contaminated by blood or other body fluids
<input type="checkbox"/> Ensure that contact precautions are followed workers/volunteers when providing care in tenants suite <u>See Contact Precautions poster in tool inventory</u>
<input type="checkbox"/> Remove personal protective equipment on leaving apartment of ill tenant and perform hand hygiene. See donning and doffing tool
<input type="checkbox"/> Ensure hand washing with soap and water between contact with different tenants
What Should Be Considered About Group Activities/Functions/Services (for example, movies, parties, trips, hairdresser visits, exercise room use, etc.)
<input type="checkbox"/> Advise that ill tenants not take part in social and recreational group activities until 48 hours after symptoms stopped
<input type="checkbox"/> If more than, a few tenants are ill, and especially if spread of illness within the residence is the likely explanation, assess the appropriateness of social and recreational group activities (<i>Cancellation of all group activities would be a very unusual measure and would not be appropriate in most situations. Consideration of alternative arrangements or postponement may be prudent if many tenants are ill and spread of illness within the residence is</i>

the likely explanation)

What Advice/Information Should Be Given To Visitors

- If more than a few tenants are ill and especially if spread of illness within the residence is the likely explanation, provide signs at entrances and common areas notifying family members and other visitors of gastroenteritis illness
- If more than a few tenants are ill, advise visitors that they should limit the number of tenants they visit to one apartment or area
- Advise visitors that they should not visit other tenants after visiting an ill tenant
- Enhance education about hand hygiene (hand washing with soap and water)
- Provide educational posters in common areas
- Provide ABHR, making them readily available in common areas
- Advise visitors that they should not visit if they are ill with acute gastroenteritis or acute respiratory illness. Ask them to postpone their visit until they are well until 48 hours after symptoms resolved

What To Consider About Moves To And From Other Residences, Facilities or Hospitals

- Inform the hospital if a tenant with gastroenteritis is being taken to hospital
- Inform the hospital if a tenant who is not ill with gastroenteritis is being taken to hospital so that the hospital staff can monitor for gastroenteritis and reduce the potential for introduction of illness to the hospital setting
- For essential transfers to a long-term care facility or another assisted living setting during an outbreak, notify the receiving setting residence before the tenant moves
- Notify BC Ambulance of the Change from Normal Conditions when called to transport an ill tenant
- There should be no restrictions to re-admitting tenants from acute care facilities
- Admit new tenants based on a situation-by-situation consideration with the incoming tenant aware of the status prior to moving into the residence

When There Are Continued Cases

Meet with Response team to:

- Review check list
- Review the appropriate “Evaluation for problem solving when control measures are failing” If illness continues to escalate:
- Contact-Public Health CD EHO for consultation (see [section 5](#) of the toolkit for the appropriate contact information).

What Needs To Be Done When Returning to Normal Conditions

- Lift control measures and return to normal activities
- Re-stock supplies as needed

Section 7

Resources

<p>Fraser Health Website <i>Season specific information is placed on the Fraser Health website</i> https://www.fraserhealth.ca/</p> <p>For information and educational resources for Health Care Providers about Immunization Policy, Program and Clinics, please see: https://www.fraserhealth.ca/employees/employee-resources/workplace-health-and-wellness/influenza</p>	<p>Respiratory Outbreaks (Influenza, COVID-19, Non-Influenza/COVID-19)</p> <ul style="list-style-type: none"> - Viral Respiratory Illness Outbreak Protocol and Toolkit - Assisted Living Toolkit for Prevention and Control of Gastrointestinal and Respiratory Illnesses - Online Respiratory Illness Outbreaks and in Long Term Care Facilities (available through Learning Hub)
<p>HealthLink BC Files, Index Homepage Links <i>General information on Influenza, Pneumococcal and COVID-19 vaccines</i> HealthLink BC Files HealthLink BC</p>	<p>Influenza Vaccine Health Files (12 a-e):</p> <ul style="list-style-type: none"> - Why Seniors Should Get Seasonal Influenza Vaccine - Facts About Influenza (the Flu) - Influenza (Flu) Immunization Myths and Facts - Inactivated Influenza (Flu) Vaccine - Live Attenuated Influenza (Flu) vaccine <p>Pneumococcal Vaccine Health File (62b)</p> <ul style="list-style-type: none"> - Pneumococcal Polysaccharide Vaccine <p>COVID-19 Immunization Health Files (124 a-c)</p> <ul style="list-style-type: none"> - COVID-19 mRNA Vaccines - COVID-19 Viral Vector Vaccines - COVID-19 Protein Subunit Vaccines
<p>National Advisory Committee on Immunization (NACI) CI Statement on Influenza at Canada Communicable Disease Review (CCDR) <i>The CCDR publishes the annual statement on influenza that is prepared for the NACI</i></p>	<p>Canada Communicable Disease Report (CCDR)</p> <ul style="list-style-type: none"> - Click on current year CCDR...Select Advisory Committee Statement on Influenza Immunization
<p>The Provincial Infection Control Network (PICNet) is a resource available to community practice for infection control, public health and Occupational health:</p>	<p>PICNet BC: https://www.picnet.ca/</p>