

# **FRASER HEALTH ASSISTED LIVING TOOLKIT**

**For Prevention and Control of Respiratory and Gastrointestinal Illnesses**

**October 2024**

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## Introduction

This document provides the guidance for Assisted Living (AL) care communities for Viral Respiratory illnesses that are primarily spread through close-range droplets. AL care communities that are located within or functionally connected to a Long-Term Care (LTC) Community (Campuses of Care) may choose to follow the Viral Respiratory Illness Outbreak Protocol and toolkit for LTC. Depending on the situation, the recommended LTC measures in the LTC toolkit may also be partially or fully applied to these AL care communities, at the discretion of the Medical Health Officer.

In addition, the document provides guidance for Assisted Living care communities for viral gastrointestinal illnesses.

## Purpose of Toolkit

The purpose of this TOOLKIT is to assist the Assisted Living care community to meet the expectations when they are experiencing an increased number of resident cases related to viral respiratory and gastrointestinal illness and to meet the expectations of the Assisted Living Registry as itemized in *the [Assisted Living in BC. A Handbook for Operators](#)*

For example, Operators must have a plan in place to:

- prevent and control the spread of infectious diseases in AL care communities and report outbreaks if applicable.
- address situations where there is a disruption to the AL care community's regular work force (staffing).

This toolkit provides Assisted Living Care Communities with posters, template tracking forms, checklists and work duty-specific precautions related to Public Health (PH) and Infection Prevention and Control (IPC) measures when there are an increasing number of cases due to Viral Respiratory or Gastrointestinal Illness-

## Section 1

### Policies, Procedures and Education for Preventing Infections and Transmission

In accordance with the Assisted Living Registry, operators must have written policies and procedures for staff that include:

- A protocol for hand washing
- Basic hygiene and infection prevention and 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
- A process or protocol to manage and support staff illness
- 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 Fraser Health (FH) AL Clinical Nurse Educator (CNE), as needed

### Education and Orientation

#### Residents, essential care partners and visitors

Orientation of new and existing residents, essential care partners and visitors should include:

- Advising residents to inform staff when they are unwell or if their physician thinks they might have an infectious disease that may put other residents or staff at risk.
- Essential care partners and visitors should not come to the AL residence when they know or suspect they are ill.
- Advising residents to stay up to date with recommended immunizations, including influenza, COVID-19 and the pneumococcal vaccination.
- Providing information on use of PPE (e.g., donning and doffing) to essential care partners and visitors, as appropriate.

#### Staff

Operators should ensure they provide orientation and education to all staff. Orientation sessions should include the following:

- Monitoring residents and reporting new or worsening symptoms of respiratory or gastrointestinal illness to the AL clinical lead or manager.
- Educating the staff about the importance of hand hygiene by everyone.
  - A hand hygiene educational module is available at <http://learninghub.phsa.ca/courses/5360>
- Donning and doffing of personal protective equipment (PPE), including gowns, gloves, medical masks, eye protection.
- Annual Fit testing for staff via trained AL Care Community Staff or external Fit Tester
- Educating staff about the importance of cleaning and disinfection practices for preventing infections
- Educating staff, they should not come to work when they are sick.
- Recommendations for immunizations for:
  - COVID-19 <https://pulse/clinical/dst/Pages/dst.aspx?dstID=4964>
  - yearly influenza immunization
  - other vaccines as indicated in the Provincial policies.

## Section 2

### Being Prepared

Early recognition of viral respiratory and viral gastrointestinal illness in AL is crucial to minimize the impact on residents, essential care partners, visitors, staff, and other service providers. Operators are expected to be familiar with this toolkit to identify and manage cases of RI and GI among residents and/or staff and connect with Public Health, as needed.

Operators are advised to begin preparing in early September for RI and GI outbreaks.

#### Response Team

Each AL Care Community should include a Response Team as part of their preparedness plan. The response team does not need to be large (e.g. 3-5 staff) but may include the AL care community manager and/or clinical lead, an AL care community staff member, and a representative from hospitality services (e.g. housekeeping, laundry, meal service).

#### Preparedness Plan

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

- Checklist for Assisted Living Care Communities when a resident is identified with **Respiratory Illness** ([see Section 3](#)) -
- Checklist for Assisted Living Care Communities when a resident is identified with **Gastroenteritis** ([see Section 4](#))

#### Toolkit Resources

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.

#### Key Points

- It is crucial that there is a primary person responsible for coordinating the response and there is a clear process.
  - Staff must know when and who to report to at the Assisted Living Care Community if more than one resident is identified with a similar symptom.
  - Staff need to be aware that ill residents will require additional care.
  - A designated person (e.g., clinical lead) should discuss concerns with the resident (and/or essential care partner, as appropriate), and an appointment with the resident's MRP 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 template in <a href="#">Sections 4</a> )
<input type="checkbox"/> Prepare phone list of departments/services you may need to communicate with
<input type="checkbox"/> Review routine practices and additional precautions with staff (see <a href="#">Section 4</a> )
<input type="checkbox"/> Review work duty specific guides with all departments
<input type="checkbox"/> Choose cleaning and disinfectant product appropriate for the organisms and ensure sufficient stock
<input type="checkbox"/> Perform inventory of supplies: <ul style="list-style-type: none"><li>○ PPE carts/holders</li><li>○ personal protective equipment (gloves, gowns, medical masks and eye protection)</li></ul>
<input type="checkbox"/> Re- order supplies as needed.
<input type="checkbox"/> Prepare education sessions for residents, including: <ul style="list-style-type: none"><li>○ hand hygiene</li><li>○ respiratory etiquette</li><li>○ importance of reporting illness</li><li>○ not visiting ill residents</li></ul>
<input type="checkbox"/> Ensure posters are available (see <a href="#">Section 4</a> )
<input type="checkbox"/> Provide alcohol-based hand rub (ABHR) in common areas
<input type="checkbox"/> Prepare PPE carts/holders to place outside rooms of those residents who are ill and require care

## Recommended Supplies for AL Care Communities

Recommended List of Supplies for the Assisted Living Care Community			
Item	Supply Company	Number of items recommended	Number of items required to complete inventory
Disposable gowns			
Medical 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

### Recognition and Management of Viral Respiratory Illness (VRI)

#### Definition of a Respiratory illness:

A resident with a viral RI (COVID-19, Influenza, or Non-influenza/non COVID) may present with one or more of the following symptoms, which may be new, or worsening:

• Fever	• Cough (new or worse)	• Shortness of Breath
• Extreme Fatigue	• Muscle aches (i.e. Myalgia)	• Runny Nose, stuffy nose (e.g. congestion) or sneezing
• Sore Throat or difficulty Swallowing	• Headache	• Nausea and/or vomiting
• Loss of Sense of Smell**	• Diarrhea	• Loss of Sense of Taste **

**\*\*** These symptoms are more specific to COVID-19

See table below for scenarios and follow up

Scenario	Definition	Next steps when a viral RI is suspected in <u>one or more residents</u> : **see <b>note</b> below
Viral RI spread should be <b>suspected</b> when	Two or more residents are identified with symptoms of respiratory illness in the same floor or area within a 7-day period.	<ul style="list-style-type: none"> <li>• Staff follow droplet precautions and wear appropriate PPE based on point of care risk assessment.</li> <li>• Wear medical mask and eye protection when present within 2 meters of symptomatic residents and add gown and gloves if providing direct care.</li> <li>• Clinical lead/manager or designated alternate compiles a list of ill residents</li> <li>• See <a href="#">checklist</a> for more measures and isolation information.</li> </ul>
Viral influenza, COVID-19 or other RI pathogen spread is <b>confirmed</b> when:	Two or more residents (in the residence) present with symptoms of respiratory illness, and are lab confirmed with the same pathogen within a 7-day period.	<ul style="list-style-type: none"> <li>• Obtain a nasopharyngeal (NP) swab from symptomatic residents with suspected RI if indicated by resident's most responsible provider (MRP) based on clinical assessment</li> </ul>

**\*\*NOTE:** If more than one resident lives in a suite and one is ill while the other is not, droplet precautions and restrictions such as activities etc. should be applied to both residents

## Collecting and submitting swabs

\*A Nasopharyngeal (NP) swab is only collected if indicated by resident’s most responsible provider (MRP) based on clinical assessment

When collecting an NP Swab, AL care communities should

Refer to the [checklist](#) in this toolkit and the following resources in the LTC RI toolkit

- Ordering Swabs ([Tool 7](#))
  - Virology Requisition Form Sample ([Tool 8](#))
  - [Workflow for Completing Nasopharyngeal Swab](#) and Nasopharyngeal Skill and Competency Checklist
  - 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 10](#))
- Use most responsible provider (MRP) as the ordering physician on the laboratory requisition when completing the requisition form for AL residents.
  - 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

## Resident Care

Topic	Actions
Cohorting staff	Cohort care staff when possible (e.g. staff who provide care to any ill residents should not provide care for well residents <b>or</b> should care for well residents first, and then ill residents for the remainder of the day if not compromising care). This principle applies to housekeeping staff as well
PPE (personal protective equipment)	Ensure proper use of PPE, including <a href="#">donning and doffing</a> and adherence to Hand Hygiene.
Other Measures	Suggest residents/essential care partners purchase water-resistant plastic mattress and pillow covers (optional). Wash and disinfect as required. Pillows without water-resistant plastic covers must be laundered when soiled.
Waste disposal	Wear a gown, gloves, eye protection and medical mask when disposing of body waste, such as feces/urine/aspirates/vomit, into the toilet to avoid splash/spillage.
Hand Hygiene	Remind all residents to wash hands before leaving their room, prior to entering the dining room, and after toileting

## Housekeeping

AL Care Community Operations leader, clinical lead or designate are to inform housekeeping services to start enhanced cleaning as soon as an increase of respiratory illness cases is suspected. Continue **enhanced cleaning** until there are no further symptomatic residents.

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

- Ensure disinfectant wipes/solutions (e.g. accelerated hydrogen peroxide or bleach/sodium hypochlorite) are available for enhanced cleaning of high touch surfaces and shared equipment.
- Ensure twice daily cleaning and disinfection of the Care Community, 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 used by residents (e.g. commodes, walker handles, wheelchair arms).
- If possible, clean rooms of residents without symptoms first.
- Wear gown, gloves, medical mask, and eye protection during any contact with the resident or infectious material in the suite.
- Remove personal protective equipment when leaving the suite of ill resident (Refer [to donning and doffing poster](#)) and perform hand hygiene for at least 15-20 seconds.
- Change cleaning cloth between rooms of all residents.
- Place used cleaning cloth into plastic bag or water-resistant laundry bag.

## Laundry

- Provide full laundry services for ill residents as per Care Community routine process.
- Handle soiled linen as little as possible to prevent microbial contamination of the air and persons handling linens.
- Wear gloves when handling soiled linen.
- Perform hand hygiene with ABHR or soap and water after removing gloves.
- Wear long sleeved gown when handling soiled linen, and discard gown after use and wash hands after removing gown. Refer to [donning and doffing poster](#)
- Use a medical mask if there is a potential for 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.
- Perform hand hygiene once the task is complete for at least 15-20 seconds.

## Kitchen

- Avoid practices that generate droplet spray from used dishes.
- Clean and disinfect the area (including vertical surfaces) with a suitable disinfectant solution.
- Wash all dishes, utensils and trays in a commercial dishwasher.
- Be careful not to cross-contaminate dirty and clean dishes.
- Perform hand hygiene after the task is complete and any time there is an interruption in the task performance.

## Waste Management

- Place garbage in a leak-proof bag and close securely before removal from resident's suite. 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 into the air.
- Wear medical mask, gown and gloves when disposing of body waste, such as feces/urine/aspirates/vomit, into the toilet to avoid splash/spillage.
- Perform hand hygiene using soap and water or ABHR once the task is complete for 15-20 seconds.

## Contacting Public Health

Public Health is available if AL Care Communities require support and/or have questions. Public Health can be reached at 604-507-5471.

As outlined in the *Assisted Living in BC. A Handbook for Operators - Policy 12*, contacting Public Health does not mean that Public Health will take over management of the situation. Responsibility for management remains with the AL operator.

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

Swab Result	Follow Up Action:
Swab(s) test positive for COVID-19, Influenza or other respiratory pathogens	Follow guidance outlined in this RI toolkit.  <i>Please note:</i> There would be no active role of PH in follow up. The role of PH is for supportive/consultation only as needed.

## List of Important Contacts

Check your list of **PHONE** and **FAX** numbers and review the below lists to update all the pertinent numbers and post where staff can easily access them

- Public Health Contact information for vaccine (see next page)
- BCCDC Lab internet address and e-mail for sending Order for Nasal Swab Kits ([Tool 9](#))
- Courier Service for sending Nasal Swabs for testing ([Tool 11](#))
- Others to notify in event of a Respiratory or Gastrointestinal issues at the Care Community if you are calling for service.
  - BC Ambulance
  - HandyDART or other transport services
  - Laboratory serving your Care Community
  - Pharmacy serving your Care Community
  - Medical gas/oxygen provider
  - Cleaning service
  - Hairdresser, physiotherapist, podiatrist, and other service providers

NAME	PHONE/EMAIL	FAX	COMMENT
Health Unit Contact List for vaccines			See <a href="#">below</a>
BCCDC	<a href="mailto:kitorders@hssbc.ca">kitorders@hssbc.ca</a>	604-707-2606	<a href="#">Tool 9</a>
Assisted living Registrar/ Registry office			
Courier Service			

## Disinfectant Selection Guide

Disinfection Guidelines are posted on the PICNET Website at:

<https://www.picnet.ca/guidelines/residential-care/>

### NOTES:

- Check manufacturers information to ensure that product is effective against organisms in question
- Follow product instructions for dilution and contact time
- Unless otherwise stated on the product, use a detergent to clean surface of all visible debris prior to application of the disinfectant

## Section 4


### RI Outbreak Tools

AL Care Communities are free to use tools located in the LTC Viral RI Outbreak Protocol/toolkit at their discretion or as directed by Public Health if the AL Care Community is functionally associated with an LTC Community.

Tools AL Care communities may use that are located in the LTC [Viral RI Outbreak Protocol and Toolkit - Fraser Health Authority](#):

- [Tool 15: Donning and Doffing Poster](#)
- [Tool 16: Enhanced Cleaning](#)
- [Tool 6: Staff Influenza Immunization](#)
- [Tool 31: Helpful Information about Common Respiratory Viruses](#)

Additional Signage AL Care communities can use throughout the Respiratory Virus Season

Title	Title
<p>Cover your cough and sneezes to stop the spread of germs</p> 	<p>Attention Visitors</p> 
<p><a href="http://www.fraserhealth.ca/respiratoryetiquette">www.fraserhealth.ca/respiratoryetiquette</a></p>	
<p>Post in public areas for visitor awareness and prevention</p>	<p>Post in public areas for visitor awareness and prevention</p>

### Respiratory Illness Management

- Respiratory Illness [Checklist](#) (see below) (includes COVID-19, Influenza and Other Respiratory illnesses such as RSV).

### Staff

- **Influenza/COVID-19:** see **Symptomatic Staff/volunteers** section in **LTC Viral RI Outbreak Protocol and Toolkit Checklist**

### Reporting

There is no requirement for AL Care Communities to Report COVID 19, Influenza or other RI illnesses to Public Health

AL Care communities can reach out to Public Health for support or questions if needed.

## Checklist - Respiratory Illness – Influenza and/or Other RI (e.g., RSV)

Residents who are ill (symptomatic)
<ul style="list-style-type: none"> <li><input type="checkbox"/> Isolate ill residents in their suites to minimize risk to other residents and staff until symptoms are resolved or five days after onset of illness, whichever is sooner               <ul style="list-style-type: none"> <li><input type="checkbox"/> <i><b>*If tested and confirmed positive (for COVID-19, Influenza, or RSV): Isolate the resident in their suite and implement Droplet Precautions for 5 days.</b></i></li> </ul> </li> <li><input type="checkbox"/> If more than one resident lives in a suite and one is ill while the other is not, droplet precautions and restrictions such as activities etc. should be applied to both.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Droplet precautions</b> should be used by staff/volunteers during contact with <b>ill</b> residents. <a href="#">See Droplet Precautions Poster</a></li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Set up PPE station with gloves, gowns, medical masks, eye protection and alcohol-based hand rub outside the suite of the ill resident</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Arrange for meals to be brought to ill residents' suite until cleared from droplet precautions.</li> <li><input type="checkbox"/> Disposable dishes/trays are not required.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Encourage ill residents to contact their MRP for <b>testing</b> and treatment options.</li> <li><input type="checkbox"/> AL Staff can contact the MRP on the resident's behalf <b>if</b> permission is granted by the resident to request an order for an Nasopharangeal (NP) swab test</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Arrange for extra laundry and housekeeping services</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Check on ill residents more frequently</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> If resident needs to come out of their room, resident should wear a medical mask if tolerated</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Record symptomatic and/or positive residents daily using the internal tracking documents developed by the AL clinical lead or use template provided in this toolkit</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Advise ill residents not to take part in social and recreational group activities.</li> </ul>
Symptomatic staff/volunteers
<ul style="list-style-type: none"> <li><input type="checkbox"/> Advise staff/volunteers (including contractors) they should not come to work or remain at work if they feel ill/have symptoms.</li> <li><input type="checkbox"/> Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home. Then follow return to work guidance below. Return to Work Guidance</li> </ul> <p>Staff can return to work when:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications</li> <li><input type="checkbox"/> Upon returning to work, all staff must do the following:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved</li> <li><input type="checkbox"/> Continue to follow current IPC recommendations and measures</li> <li><input type="checkbox"/> For more details on return-to-work guidance, direct workers/volunteers to: Provincial Guidance RTW and Exposure Management for HCW with VRI (picnet.ca)</li> </ul> </li> </ul>
Other Prevention Measures to be taken by Assisted Living Staff

<p><b>PPE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Remove PPE on leaving suite of ill resident, <ul style="list-style-type: none"> <li>○ <a href="#">Refer to donning and doffing poster.</a></li> <li>○ Perform hand hygiene after removing PPE</li> </ul> </li> </ul> <p>Note: Staff should not wear PPE in the hallway.</p>
<p><b>Cleaning, Disinfection, Laundry and Waste Management</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Notify Housekeeping of Enhanced cleaning</a></li> <li><input type="checkbox"/> Increase frequency of cleaning and disinfection – see <a href="#">Enhanced Cleaning (Tool 16)</a></li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Follow routine laundry and waste management practices.</li> </ul>
<p><b>Take garbage and soiled linens</b> directly to holding areas/loading dock</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid traversing from the affected unit through other units</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure <b>delivery staff</b> (e.g., linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Check stock of any needed supplies, plan for regular inventory check, refresh and re-order, as needed.</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide signs at entrances and common areas notifying essential care partners and other visitors of respiratory illness</li> <li><input type="checkbox"/> Provide education on Hand hygiene and respiratory etiquette for: Refer to: <a href="#">Education and Orientation</a> in AL toolkit. <ul style="list-style-type: none"> <li>○ Visitors, essential care partners and volunteers</li> <li>○ Staff</li> <li>○ Residents</li> </ul> </li> </ul>
<p>Ensure alcohol-based hand rub (ABHR) is easily accessible to residents, essential care partners, visitors, and staff in all common areas.</p>
<p><b>Hand Hygiene and Respiratory Etiquette</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Perform hand hygiene between contact with different residents.</li> <li><input type="checkbox"/> Ensure hand hygiene before eating, handling, or preparing food, medication</li> </ul>
<p><b>Cohorting</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cohort care staff, when possible,</li> <li><input type="checkbox"/> If unable to cohort staff, they should care for well residents first, and then ill residents for the remainder of the shift if not compromising care.</li> </ul>
<p><b>Well residents, staff, and volunteers</b></p>
<p><b>Residents</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not to visit other ill residents</li> <li><input type="checkbox"/> Report to staff if they become ill.</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Advise new residents of prevention measures. Refer <a href="#">to Education and Orientation</a> section of the AL toolkit</li> <li><input type="checkbox"/> Remind residents and staff about availability of influenza and COVID-19 vaccines if not already vaccinated.</li> <li><input type="checkbox"/> Remind workers/volunteers to stay home and alert management <b>if</b> symptoms of respiratory illness develop.</li> </ul>
<p><b>Group activities/functions/services (for example, movies, parties, trips, hairdresser visits, exercise room use, etc.)</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Advise ill residents not to take part in social and recreational group activities until symptoms are resolved or five days after onset of illness, whichever is sooner</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> If more than a few residents 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</li> </ul>

unusual measure)
<b>Visitation – Essential care partners/visitors</b>
<input type="checkbox"/> No restrictions on visitors <ul style="list-style-type: none"> <li>• AL manager may recommend that essential care partners/visitors should not visit other residents after visiting an ill resident</li> </ul>
<input type="checkbox"/> Advise essential care partners/visitors that they should not visit if they are ill.
<input type="checkbox"/> Ask essential care partners/visitors to postpone their visit until they are well (symptoms are resolved or five days after onset of illness, whichever is sooner for respiratory illness).
<b>Moves/transfers to and from other care communities, facilities or hospitals</b>
<input type="checkbox"/> Inform the hospital if a resident who is ill with respiratory illness signs and symptoms is being taken to hospital.
<input type="checkbox"/> Notify BC Ambulance of the resident status when called to transport an ill resident.
<input type="checkbox"/> Resident with respiratory illness symptoms should wear a medical mask during the transfer.
<input type="checkbox"/> There should be no restrictions to re-admitting residents from acute care hospitals.
<input type="checkbox"/> Admit new residents based on consideration of the current situation (e.g. what is happening on the floor or in the building See “Continued cases” in this checklist)
<b>Continued cases</b>
<input type="checkbox"/> Review checklist to ensure all measures listed are implemented. <input type="checkbox"/> Refer to LTC checklists based on the pathogen (if known) for more stringent measures and implement as applicable If illness continues to spread within the Care Community or there is a change in the severity of symptoms (e.g., mild to serious): May contact Public Health for further recommendations (See <a href="#">Section 3</a> )
<b>Actions to take following return to normal conditions</b>
<input type="checkbox"/> Refresh any kits/supplies, as needed.
<input type="checkbox"/> Evaluate response measures taken and amend the response plan for future incidents based on evaluation.

## Section 5

### Recognition and Management of Gastrointestinal Illness

#### Viral Gastrointestinal illness Case Definition

- Two or more episodes of diarrhea within a 24-hour period above what is considered normal for the resident 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; **or**
- 2 or more episodes of vomiting within a 24-hour period; **or**
- 1 episode of diarrhea AND 1 episode of vomiting within a 24-hour period; **or**
- Lab confirmation of a known viral enteric pathogen AND at least one symptom compatible with gastroenteritis (vomiting, diarrhea, abdominal pain).

#### Viral Gastrointestinal illness Outbreak Definition

- Three or more residents and/or staff in the assisted living community have gastroenteritis within a 4-day period. In rare circumstances, if there are physically separate buildings within the AL community with separated staffing, kitchens, and a way to restrict movement between buildings by staff and residents this could apply to each separate building. Enhanced resident care and housekeeping measures should be initiated immediately and continue for 72 hours after symptoms have resolved for the last resident case.

#### Resident Care

- Keep well residents away from areas with ill residents until at least 48 hours after symptoms have cleared.
- Serve meals to ill residents in their suites or in a separate contained area for ill residents only until at least 48 hours after symptoms have cleared.
- Cohort care staff when possible (e.g., staff caring for ill residents should not care for well residents **or** should care for well residents first and then ill residents for the remainder of the day).
- Ensure proper use of PPE with ill residents, removal on leaving the suite and proper hand washing between caring for each resident. **Note:** Alcohol based hand rubs are not effective against gastrointestinal viruses
- Suggest residents/essential care partners 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 toilet lid is closed **before** flushing (where possible) to reduce possible droplet spread of the toilet water into the air.
- Wear a gown, gloves, eye protection and mask when disposing of body waste such as feces/urine/aspirates/vomit into toilet to avoid splash/spillage.
- Remind residents to wash hands with soap and water before leaving their room, prior to entering the diningroom, and after toileting.
- If residents share a suite, instruct that dentures or partials be protected from potential contamination by droplets spread into the air and are properly cleaned before use.
- Where a vomiting incident has occurred, ensure that any nearby unprotected food is discarded.

#### Housekeeping/Environmental Services

During an outbreak of GI illness, or suspected outbreak prompt cleaning and disinfection of contaminated areas is critical. Failing to properly clean and disinfect 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 assisted living community for the duration of the outbreak.

## Cleaning vomit and feces

- Isolate the area and place a wet floor sign/flag to prevent slipping.
- Wear disposable gloves, medical mask, eye protection, and gown.
- Using paper towels soak up excess liquid and gross soil. Use a wipe up technique that minimizes aerosolization and place directly into a plastic garbage bag.
- Clean the soiled area with neutral detergent, using a “single use” cloth to remove any trace residual dirt or body fluids.
- Disinfect the area to a radius of 2 meters with an approved and recommended disinfectant solutions (see below)
- Discard disposable gloves, masks, eye protection and gowns into regular garbage and re-usable aprons/gowns into a laundry bag.

Perform hand washing 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).
- Discard all unprotected food that has been handled by an ill person or food that may have been present within 2 meters of a vomiting incident.
- Wash and sanitize all dishes, utensils and trays in a commercial dishwasher; or manually wash, rinse and sanitize the items by hand as per the Food Retail and Food Services Code.

## Recommended disinfectant solutions.

**Hypochlorite (bleach) solution:** Disinfecting with bleach is a 2-step process. First, clean the area using your regular process, then apply bleach solution.

**A 1000ppm hypochlorite solution is recommended. This concentration can be achieved by diluting household bleach (5.25% hypochlorite) with water as follows:**

- 1 part bleach to 50 parts water, OR
- 1/3 cup of bleach to 1 gallon of water, OR
- 80mL of bleach to 4 L of water

Important notes:

- 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.
- After applying the bleach solution, allow the surface to air dry. This should provide adequate contact time. Use only freshly prepared solutions. 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 effective against *Norovirus*, a common cause of GI outbreaks in long-term care communities, schools, day cares, and other institutions.
- Use as recommended in the product use and safety information.
- Each AHP product has its own required contact time to be effective against viral gastrointestinal pathogens. In practical terms, this means the surface must remain wet with AHP solution for the entire contact time.

Products with a shorter contact time can more easily achieve the objective."

**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

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 and approved disinfectant solutions.
- Soft furnishings or cloth-covered mattresses should be thoroughly cleaned with detergent and hot water. As moving furniture outside 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 residents as per Care Community routine process.
- Wear long sleeved gown and gloves when handling soiled linen and discard gown and gloves after use. Perform hand hygiene with soap and water after removal.
- Use a medical mask and eye protection if there is a potential of droplets of infectious material to spread into the air.
- Handle soiled linen carefully to prevent aerosolization of infectious materials.
- 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.
- Perform Hand hygiene using soap and water for at least 15-20 seconds when appropriate.
- If linens are provided by the AL operator, 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 practice provides ready access to supplies when they are needed, and ensures supplies remain clean and dry.
- When linen is provided by the resident, it is a good idea to suggest that extra supplies be available for necessary unscheduled linen changes when there is an increased incidence of resident illness.

## Waste management

- Place garbage in a leak-proof bag and close securely before removal from resident's suite. 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.
- Perform hand hygiene using soap and water for at least 15-20 seconds.

## Personal protective equipment

Gowns and gloves are required for any contact with infectious material. Medical mask and eye protection should also be worn when assisting a resident 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).
- 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 before and after removing gloves, when starting work, and when hands are soiled or contaminated.
- A mask or face shield and gown should be worn when cleaning dishes or trays.

### NOTE:

- All staff with symptoms that suggest infection need to be excluded from work until at least 48 hours after symptoms have cleared.
- Staff should not work in other care communities while they are ill or recovering from illness.
- Snacks for staff in common containers (e.g., in lunchroom, nursing station) are discouraged.

## Contacting Public Health – Gastrointestinal Illness

When a GI outbreak is suspected, AL care community can notify a Communicable Disease Environmental Health Officer (EHO) if:

- They require support and/or have questions.
- There is an unusual change in the progression of illness in residents/staff

For Public Health Consultation related to **gastrointestinal illness** call 604-507-5484 or toll free, 1-866-990-9941, select 'CD EHO' option to speak with the EHO.

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 AL 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.

## 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 Plus Precautions](#)
- Tool 12: [Droplet 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](#)

## Checklist: Gastrointestinal Illness

What should be done for residents who are ill (symptomatic)
<input type="checkbox"/> Advise ill residents to stay in their suites on <b>contact precautions plus</b> until at least 48 hours after symptoms have cleared.
<input type="checkbox"/> Alcohol based hand rub (ABHR) is NOT effective against non-enveloped viruses; hand washing with soap and water for 15-20 seconds is recommended.
<input type="checkbox"/> Ensure <b>precautions</b> are taken by workers/volunteers during contact with <b>ill</b> residents (e.g., hand hygiene and the use of personal protective equipment, such as medical masks, gloves, and gowns, as appropriate for the situation).
<input type="checkbox"/> Remove personal protective equipment on leaving suite of ill resident and perform hand washing with soap and water for at least 15-20 seconds.
<input type="checkbox"/> Ensure hand hygiene is done between contact with different residents.
<input type="checkbox"/> Ill residents should use bathing facilities in their own suite and avoid use of common bathroom and tub room.
<input type="checkbox"/> Arrange for meals to be brought to ill residents' suite and for extra laundry and housekeeping services.
<input type="checkbox"/> Encourage ill residents to contact their MRP for concerns about severity of illness or dehydration (volume depletion) or contact MRP if permission from resident is granted.
<input type="checkbox"/> Check on residents more frequently while they are ill.
<input type="checkbox"/> Advise that ill residents not take part in social and recreational group activities until 48 hours after symptoms clear.
<input type="checkbox"/> What resources/changes in practice are needed
<input type="checkbox"/> Begin daily recording of incidents of resident, staff and volunteer illness on illness tracking logs.
<input type="checkbox"/> Review routine practices and ensure contact precautions are in place, as required.
<input type="checkbox"/> Plan for regular inventory checks, refresh and re-order supplies, 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 this checklist.
<input type="checkbox"/> Develop a plan of action and determine the roles and responsibilities of each person.
Who should be notified and when
<input type="checkbox"/> AL Community Health Nurse (AL CHN) - <b>when</b> change from normal conditions is identified, when 3 or more residents have with 2 or more episodes of gastroenteritis in a 4-day period.
<input type="checkbox"/> Any facility that may have admitted a resident from your care community within the past 72 hours to advise them of illness in your community.
<input type="checkbox"/> Volunteers, clergy, BC Ambulance, Handy DART, oxygen services, laboratory services, paid companions, students, and others to inform them of any control measures that may affect their provision of service.
<input type="checkbox"/> Public Health Communicable Disease Environmental Health Officer <b>only if</b> Public Health

consultation is needed (see list of locations and [contact numbers](#)).

### What should be done for residents who remain well

Provide additional education about:

- Hand hygiene with soap and water for GI illness
- Not visiting ill resident or taking reasonable precautions if they must do so.
- Reporting to staff if they become ill
- Provide educational posters/signage in common areas (may include individual suites).
- Ensure adequate supplies are available.
- Advise new residents of prevention and control measures in place.
- If more than one resident lives in a suite and one is ill while the other is not, the well resident should practice proper hand hygiene before leaving the room and prior to entering the dining room and self-assess for symptoms. Increase monitoring of these residents for symptoms.

### What should be done for well workers/volunteers/essential care partners

- Provide educational posters in appropriate areas.
- Provide education on donning and doffing PPE.
- Provide enhanced education on hand hygiene (e.g., hand washing with soap and water is the single most important practice
- Ensure hand washing before handling or preparing food. Promote hand washing before eating or smoking.
- Remind workers/volunteers/essential care partners 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

- Advise workers/volunteers (including contractors) that they should not come to work or remain at work if ill with 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/essential care partners who go into resident suites and assist resident with personal care

- Consider restriction on movement of workers/volunteers/essential care partners from areas with gastroenteritis illness to areas without.
- 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.
- Ensure that contact precautions plus are followed by workers/volunteers/essential care partners when providing care See Contact Precautions [plus](#) poster in tool inventory.
- Remove personal protective equipment on leaving suite of ill resident and perform hand hygiene for at least 15-20 seconds.
- Ensure hand washing with soap and water between contact with different residents

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

- Advise that ill residents not take part in social and recreational group activities until 48 hours after symptoms have cleared.

- If more than a few residents are ill, and especially if spread of illness within the residence is the likely explanation, assess the appropriateness of social and recreational group activities.

**Note:** Cancellation of activities is rarely necessary; postponement or alternate arrangements may be prudent if rapid or widespread transmission within the care community is observed."

#### **What advice/information should be given to visitors**

- If many residents are ill and transmission in the care community is the likely explanation, provide signage at entrances and common areas to alert visitors
- Advise visitors that they should limit the number of residents they visit to one suite or area.
- Advise visitors that they should not visit other residents after visiting an ill resident.
- Provide education about hand hygiene (e.g., hand washing with soap and water).
- Provide educational posters in common areas.
- Advise visitors that they should not visit if they are ill with acute gastroenteritis. Ask them to postpone their visit until 48 hours after symptoms resolved.

#### **What to consider about moves to and from other residences, facilities, or hospitals**

- Inform the hospital if a resident with gastroenteritis is being taken to hospital.
- Inform the hospital if a resident 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 community or another AL care community during an outbreak, notify the receiving care community before the resident moves.
- Notify BC Ambulance of the Change from Normal Conditions when called to transport an ill resident.
- There should be no restrictions to re-admitting residents from acute care facilities
- Admit new residents based on consideration of the current situation and inform the new resident of the status prior to their moving into the care community.

#### **When there are continued cases**

Meet with response team to:

- Review the 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

## Section 7

### Resources

<p><b>Fraser Health Website</b>  <i>Season specific information is placed on the Fraser Health website</i>  <a href="https://www.fraserhealth.ca/">https://www.fraserhealth.ca/</a></p> <p>For information and educational resources for <b>Health Care Providers about Immunization Policy, Program and Clinics</b>, please see:  <a href="https://www.fraserhealth.ca/employees/employee-resources/workplace-health-and-wellness/influenza">https://www.fraserhealth.ca/employees/employee-resources/workplace-health-and-wellness/influenza</a></p>	<p><a href="#">Respiratory Outbreaks (Influenza, COVID-19, Non-Influenza/COVID-19)</a></p> <ul style="list-style-type: none"> <li>- Viral Respiratory Illness Outbreak Protocol and Toolkit</li> <li>- Assisted Living Toolkit for Prevention and Control of Gastrointestinal and Respiratory Illnesses</li> <li>- Online course: Viral Respiratory Illness and Gastrointestinal Illness (RI/GI) Outbreaks in Long Term Care (available through Learning Hub)</li> </ul>
<p><b>HealthLink BC Files, Index Homepage Links</b>  <i>General information on Influenza, Pneumococcal and COVID-19 vaccines</i>  <a href="#">HealthLink BC Files   HealthLink BC</a></p>	<p><a href="#">Influenza Vaccine Health Files (12 a-e):</a></p> <ul style="list-style-type: none"> <li>- Why Seniors Should Get Seasonal Influenza Vaccine</li> <li>- Facts About Influenza (the Flu)</li> <li>- Influenza (Flu) Immunization Myths and Facts</li> <li>- Inactivated Influenza (Flu) Vaccine</li> <li>- Live Attenuated Influenza (Flu) vaccine</li> </ul> <p><a href="#">Pneumococcal Vaccine Health File (62b)</a></p> <ul style="list-style-type: none"> <li>- Pneumococcal Polysaccharide Vaccine</li> </ul> <p><a href="#">COVID-19 Immunization Health Files (124 a-c)</a></p> <ul style="list-style-type: none"> <li>- COVID-19 mRNA Vaccines</li> <li>- COVID-19 Protein Subunit Vaccines</li> </ul>
<p><b>Learning Hub</b>  <b>CCRS Integrated</b></p>	<p>Summary of influenza vaccine program for the upcoming year</p> <p><a href="#">Seasonal Influenza Updates 2024-2025</a> (Course Code: 34110)</p>
<p><b>National Advisory Committee on Immunization (NACI) Statement on Influenza at Canada Communicable Disease Review (CCDR)</b>  <i>The CCDR publishes the annual statement on influenza that is prepared for the NACI</i></p>	<p><a href="#">Statement on Seasonal Influenza vaccine for 2024-2025-Canada</a></p>

# Resident Illness Tracking Template

A copy of the “Assisted Living Resident tracking tool” template is located on the Fraser Health website [Gastrointestinal and respiratory illnesses toolkit - Fraser Health Authority](#) . You can download and save a copy of the excel spreadsheet for your desktop or print it to begin tracking cases.

## Instructions:

This line list is used to monitor viral respiratory illness among residents in your AL care community for internal management purposes. These forms can be printed as needed and serve as a template for your community. Complete the Facility Details tab and the Resident List tabs as appropriate.

**This list is not required for reporting to Public Health but information on current and prior resident cases may be requested on an ad-hoc basis.**

Start a brand new copy of the line list when **10 days** have passed after the onset of symptoms for the last resident case.

**If requested to send information to Public Health, follow the below process**

**1. When any resident information is entered into this line list and is sent to Public Health, the line list must be password protected.** To do so, open the 'File' tab in the top left corner of this spreadsheet, click on the 'Protect Workbook' button, and select 'Encrypt with Password' from the dropdown list. Setting a password prevents unauthorized access to client information and complies with privacy and confidentiality policies.

When sharing the line list password with Public Health, send the password in a **separate** email from the line list; this reduces the chance that the line list is accessed by unauthorized people.

## 2. File Naming Convention:

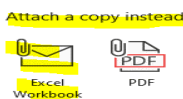
Save this line list with the naming convention of '[Facility Name]\_Linelist\_YYYYMMDD', with 'YYYYMMDD' representing the date you are sending the list to Public Health. An example file name is *LangleyEvergreenTimbers\_Linelist\_20241004*.

## 3. Steps for Creating an Email with this Line List as an Attachment:

Attach this line list as an email attachment from Excel, but it only works if Outlook is your default email.

Steps:

1. Click on the 'File' tab in the top-left corner of this line list.
2. Once open, click 'Share'
3. Select 'Email' or “Attach a copy instead” depending on your version of Outlook (see snip below)



4. Click 'Send as Attachment'. (if unable to use attach a copy instead as per snip above)
5. Double check that the file name is correct before sending to Public Health. The email attachment should have the same file name as the line list

