VIRAL RESPIRATORY ILLNESS & OUTBREAK PROTOCOL AND TOOLKIT

LONG TERM CARE

Fraser Health Owned & Operated and Affiliated Sites

October 2023

This Protocol and Toolkit is for influenza, COVID-19 and Non-Influenza/Non COVID-19 viral respiratory illness and outbreaks.

This document is available at:

Respiratory outbreaks - Fraser Health Authority

This Protocol and Toolkit is not intended for use in Assisted Living*, Hospice or Mental Health and Substance Use (MHSU) settings. Assisted Living sites and MHSU sites have separate Toolkits

(*All Assisted Living sites will **only** use this toolkit and the appropriate checklist for COVID-19)

Table of Contents

Viral Respiratory Illness Signs and Symptoms & Severity Definitions 4
Viral Respiratory Illness Definitions 5
What is the Respiratory Illness (RI) Protocol and Toolkit? 6
Flowchart for Respiratory Illness Measures 7
Pre-Season Planning, Preparation and Prevention Checklist 8
Care Community Respiratory Resource Kit 10
TOOLKIT 11
Tool 1: Outbreak Prevention and Management Team 12
Tool 2: Public Health & Infection Prevention and Control Public Health (PH) 13
Public Health 13
Infection Prevention and Control (IPC) 13
Tool 3: Antiviral Prophylaxis and Treatment for Residents 14
Tool 4: Influenza Pre-Printed Order Template 15
Tool 5: Letter to Pharmacies Regarding Influenza Antiviral Orders 17
Tool 6: Template for List of Important Contact Numbers 18
Health Units Contact List for Vaccine Pick Up 19
Tool 7: Information on Influenza/COVID Vaccines, Treatment and Prophylaxis — Educational Resources on the Internet 20
Tool 8: Obtaining and Transporting Influenza and Pneumococcal Vaccine (including 'Cold-Chain' Guide) 21
Vaccine Supply 21
Handle Vaccine with Care: Transport and Storage 21
Cold Chain Resources for Community Vaccine Providers 21
Tool 9: Ordering Swab Collection Kits from BCCDC Public Health Microbiology and Reference Laboratory 22
Tool 10: BCCDC Virology Requisition (Sample) 23
Tool 11: Swab Collection & PRE-PAID Shipping Information 24
Tool 12: Transportation of Dangerous Goods Information for Fraser Health and BCCDC Laboratories 26
Tool 13: Signage to Use during the Respiratory Virus Season 27
Tool 14: Measures for Minimizing the Risk of Viral Respiratory Illness in your Care Community 32
Tool 15: Routine Practices (Standard Precautions) 33
Tool 16: Droplet Precautions Poster 35
Tool 17: Aerosol Generating Procedure (AGP) Precautions Poster 36
Tool 18: Personal Protective Equipment 37
Tool 19: Enhanced Cleaning 41
Tool 20: Disinfectant Selection Guide 45

Equipment Cleaning Poster 46
Tool 21: Infection Prevention and Control Audit tools and Outbreak Debrief template 47
Tool 22: Facility Influenza-Readiness Report 48
Tool 23: Staff Influenza Immunization 51
Tool 24: Helpful Information about Common Respiratory Viruses 54
Tool 25: Management of ill Residents during an Influenza Outbreak 58
Tool 26: Flowcharts for Influenza Outbreaks 59
Complicated Influenza Outbreak 60
Complicated Influenza Outbreak – Two Different Influenza Viruses are Circulating 61
Tool 27: Resident Illness Report and Tracking Form - Resident Illness Reporting 62
Tool 28: Staff Illness Report and Tracking Form 63
Tool 29: Letter to Physician: Staff Member Recommended to Take Anti-Influenza Medication for Prophylaxis during an Influenza Outbreak 64
Tool 30: Preventive Measures for Asymptomatic Staff during an Influenza Outbreak 66
Tool 31: Acute Care to LTC/AL Transfer Document 67
Tool 32: Resident Transfer Form: Care Community to Emergency Department (CommuniCARE) 72
Tool 33: Declaring an Outbreak Over Influenza A and/or Influenza B Outbreak 73
COVID-19 and Other Viral Respiratory Illness 73
CHECKLISTS 74
Influenza One Case Check List (Resident) 75
Influenza Outbreak Control Measures Checklist (Influenza A and B) 78
Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Resident Case(s) 83
Staff Case(s) Checklist in LTC/AL: Influenza and/or COVID-19 88
Other Respiratory Illness (Non-Influenza/Non Covid-19) 91
Suspect Case Checklist (Influenza, COVID-19, and/or other Respiratory Illness) 95

Viral Respiratory Illness Signs and Symptoms & Severity Definitions

There is no single sign or symptom of illness that is diagnostic for viral respiratory infections like COVID-19 or influenza. Consider the following symptoms of COVID-19 and other viral respiratory infections:

- Fever
- Extreme Fatigue
- Body Aches
- Diarrhea
- Sore Throat or Painful Swallowing
- Difficulty Breathing
- Nausea and/or Vomiting
- Headache
- Loss of Appetite
- Cough (new or worse)
- Chills
- Loss of Sense of Smell **
- Loss of Sense of Taste **
- Runny Nose

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

Respiratory Illness characterized by SERIOUS ILLNESS

- Illness is more than "a bad cold" in many or most of those affected
- Illness may be remarkable in its suddenness and accompanying extreme fatigue (prostration)
- Affected individuals are not up and about while ill
- Eating and drinking are likely to be affected
- There are complications such as pneumonia (viral or secondary bacterial), heart failure or septicaemia in residents or staff for whom pre-existing frailty or underlying chronic illness is not a satisfactory explanation for such complications
- Illness may be prolonged, with cases taking longer than expected to recover

Respiratory Illness characterized by MILD ILLNESS

- Illness is mild and "common cold-like" in most of those affected
- From onset (or within a day or two), activity levels, including eating and drinking, are not markedly different than usual
- Note: There may be individual exceptions due to an underlying pre-existing illness that makes certain individuals very susceptible to complications from any respiratory infection

Viral Respiratory Illness Definitions

***Please note**: If TWO or more organisms are identified (e.g., COVID-19 and Influenza), consult the MHO to determine the appropriate follow up*

Influenza Outbreak	Two or more confirmed client cases within one week on a unit
COVID-19 ***Enhanced Monitoring Self-Management (*)***	Site to self-manage 1 or more client COVID-19 cases and transmission on a single unit/floor/neighbourhood by following measures listed in the **COVID-19 Enhanced Monitoring (EM) Check List – One or more Case** • Public Health (PH) will review the submissions of Tool 27 daily and see if there are concerning case trends
COVID-19 ***Enhanced Monitoring with Public Health Support (*)***	In addition to the site following **COVID-19 Enhanced Monitoring (EM) Check List – One or more Case**: • PH will contact the site and initiate active PH involvement • Additional measures may be recommended at the discretion of the Medical Health Officer; refer to the checklist for additional measures
COVID-19 Outbreak	This is at the determination of the MHO based on the number of cases identified on a unit, transmission trends, severity of illness and/or operational impacts
Non-Influenza/Non-COVID-19 Outbreak (e.g., RSV, other RI illness)	Outbreak declaration is at the discretion of the MHO and is based on the situation reported by the Care Community to Public Health. Consider the following criteria for outbreak declaration when consulting with Public Health: • Staff and/or clients on a unit/neighborhood with symptoms of respiratory illness and symptom onset is within 7 days • Lab confirmation of the same virus • Transmission trends • Severity of illness • Operational impacts

***(*)** In general, site management of cases and infection control measures will be at the unit level. There may be situations where more than one unit at a Care Community is affected. In these situations, there may be a unit in a Care Community will be on outbreak while another unit may be on self-management or on EM with PH active involvement. Follow up recommendations will be specific to the unit*

- COVID-19 and Influenza staff cases are no longer required to be reported daily to public health. Facilities are encouraged to use Tool 28 as a line list to track cases and use the staff checklist available (COVID-19), as needed, for situational assessment and preventative/control measures. Facilities should be able to provide information (e.g., how many staff are sick with RI illness and how many are positive for influenza or COVID) if asked by PH.
- If client/resident cases of influenza, COVID-19 or RSV are identified, the Care Community is to follow the appropriate checklists outlined above and report to public health as soon as possible.

What is the Respiratory Illness (RI) Protocol and Toolkit?

This Protocol consists of Checklists for Influenza, COVID-19 and other Respiratory viral illness and outbreaks (e.g., RSV) and a Flowchart. Each Checklist links to relevant Tools in the Toolkit.

Pre-Season Planning, Preparation and Prevention Checklist

This Checklist assists you to ensure appropriate steps have been taken to:

- Prevent an outbreak due to INFLUENZA, COVID-19 or OTHER RESPIRATORY VIRUS

Viral Respiratory Illness & Outbreak Control Measures Checklists

This section includes a Flowchart to guide in the use of the appropriate Checklists to assist you in control measures for managing Viral Respiratory Illness and Outbreaks including COVID-19, Influenza and/or other respiratory illness

There are six Checklists:

1. Influenza One Case Check List
2. Influenza Outbreak Control Measures Checklist (staff and/or resident)
3. COVID-19 Enhanced Monitoring/Outbreak Checklist – 1 positive case
4. Staff Case Checklist COVID 19
5. Non Influenza/Non COVID-19 Respiratory Illness Outbreak Checklist (staff and/or resident)
6. Suspect Case Checklist (staff and/or resident)

The checklists are provided as guides for the management of respiratory viral illness. The checklists DO NOT substitute for:

➔ Consultation regarding viral respiratory illness management (as needed) with your Care Community Medical Director and Public Health **(Tool 2)**

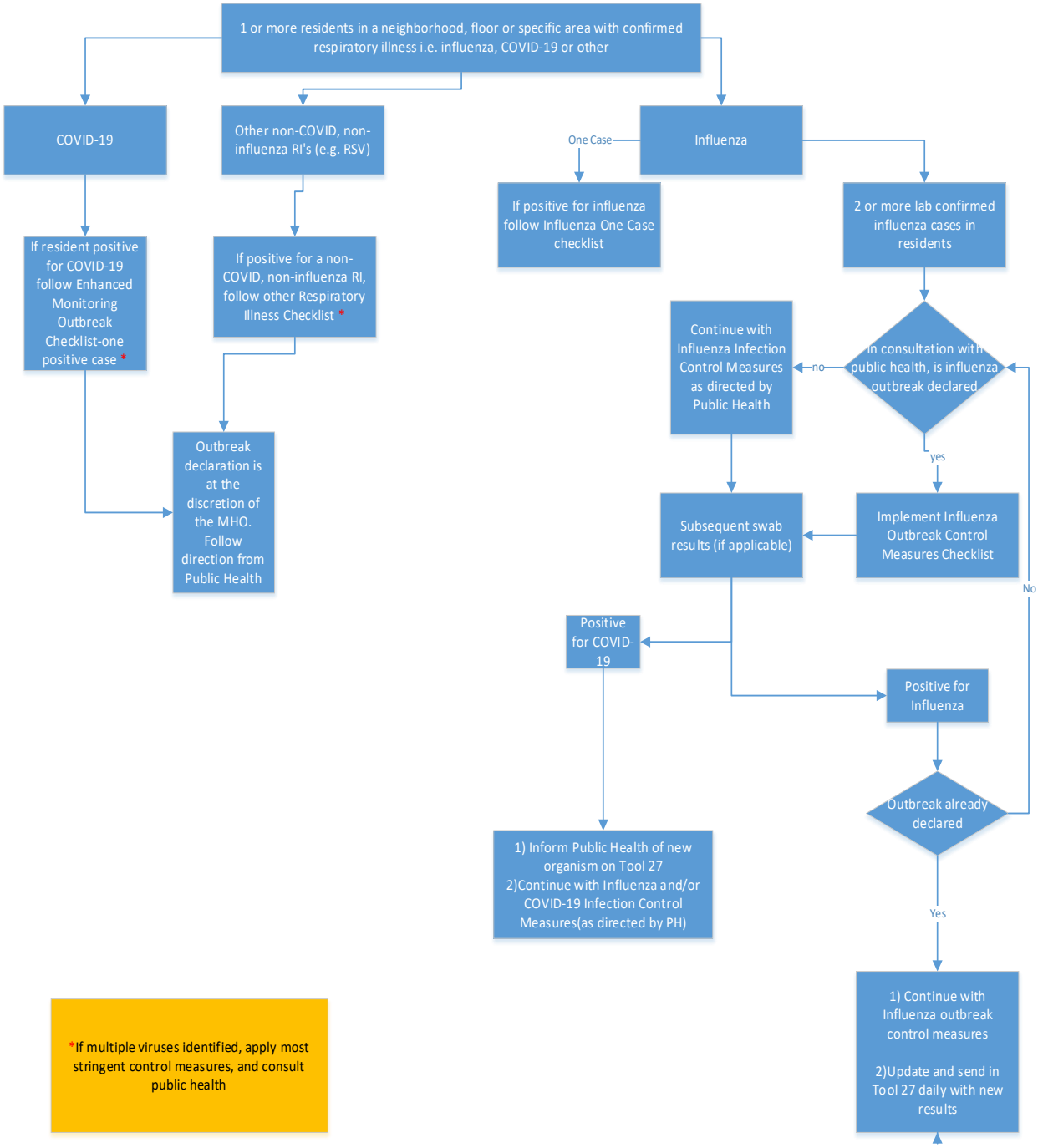
➔ Consultation with your Care Community Medical Director or with the client's physician when warranted due to a specific client's condition

Toolkit (Tool 1-33)

The Toolkit is a collection of Tools designed to assist in using the Protocol. These Tools are referenced in the Checklists. Some of the Tools are references to materials that are on reliable websites including, Fraser Health, the BC Centre for Disease Control, HealthLinkBC, the Office of the Provincial Health Officer, PICNet BC and the. Public Health Agency of Canada. Additional Tools may be added, and existing Tools amended from time to time. Tools have Tool Numbers, not page numbers. This allows easy changes to the Tools as needed.

Flowchart for Respiratory Illness Measures

For each of the scenarios outlined in the flowchart, it is critically important to remain vigilant in surveillance in case the situation changes; for example, more than one virus may be causing illness in the same setting, additional laboratory testing may be indicated, a client may have developed complications or a bacterial infection and need medical assessment, etc.



Pre-Season Planning, Preparation and Prevention Checklist

***Please note the following are also** *applicable for COVID-19 follow up*

AUGUST/SEPTEMBER
☐ **DESIGNATE** the Outbreak Prevention and Management Team for your Care Community and *'Prepare'* **(Tool 1)** *
☐ **RECORD** contact information for your Public Health Contact (Tool 2) *
☐ **UPDATE** Physician Pre-printed Orders for influenza immunization, pneumococcal immunization (if needed) and antiviral medications **(Tool 4) (influenza only)**
☐ **PROVIDE** your Pharmacy with clients' weights, ages, gender, and serum creatinine levels for calculation of anti-influenza medication doses **(Tools 3) – Influenza only**
☐ **REVIEW** Source Controls: Engineering and Administrative
SEPTEMBER
☐ **FAMILIARIZE** yourself with the current Fraser Health Respiratory Outbreak Protocol and Toolkit *
☐ **DISCARD** previous versions of the Toolkit and replace them with the most recent version. *
☐ **ASSEMBLE** your Respiratory Outbreak Resource Kit **(Care Community Respiratory Resource Kit)**
☐ **REVIEW** supplies needed
☐ **UPDATE Contact List (Tool 6)** *
☐ **PROVIDE** information on COVID-19 vaccine, Influenza vaccines, Influenza/COVID treatment and Influenza prophylaxis within your Care Community (Tool 7)* ☐ Answer questions for clients and families ☐ Put together a list of names ☐ Identify anyone with a medical contraindication to influenza vaccine ☐ Check to see that other immunizations (e.g., pneumococcal vaccine) are up to date
☐ **PICK UP** or request Pharmacy to pick up Influenza Vaccine when it is available using the cold-chain method (Tool 8)
☐ **INFORM** pharmacy not to order vaccine on LTC site behalf as PH will have order for site put aside already
☐ **ORDER AND PICK UP** Pneumococcal Vaccine as required (Tool 8)
☐ **ORDER** Nasopharyngeal Swab Collection Kits from the BCCDC Laboratory **(**Tool 9)*
☐ **COLLECT** Nasopharyngeal swab, **COMPLETE** lab requisition, and **SUBMIT SAMPLE** to BCCDC (Tool 11)
☐ **OBTAIN** Secondary Packaging Per TRANSPORTATION OF DANGEROUS GOODS (Tool 12) *

OCTOBER/NOVEMBER
☐ **PREPARE** signage (Tool 13)
☐ **CHECK** with Pharmacy regarding their readiness to start anti-influenza medications if needed
☐ **REVIEW AND ENCOURAGE** Hand Hygiene and Respiratory etiquette *
☐ **ENSURE** Use of Routine Practices
☐ **BE READY TO IMPLEMENT** control measures for a SINGLE case of viral respiratory illness (including proper use of PPE) *
☐ **VACCINATE** staff, volunteers, students, and residents **(Tool 23)** *
☐ **Influenza specific - COMPILE, COMPLETE and SUBMIT the Fraser Health Influenza** Readiness Report to Public Health by the date listed on form use Cerberus file sharing service to send in the Readiness Report (if Cerberus not available, fax to **CD Admin Team at 604-507-5439) (Tool 22)**
☐ **ENCOURAGE** visitors and others to be immunized as recommended against influenza and COVID-19
☐ **REVIEW** vaccination status for new residents on admission
MAINTAIN: ☐ a List of Residents who have had this season's influenza and COVID-19 vaccine **(Tool 22)** * ☐ a List of Residents who have had pneumococcal vaccine, as recommended **(Tool 22)** **REMAINDER OF SEASON:** ☐ **MAINTAIN** the record of immunization rates of both staff and residents and update the Readiness Report **(Tool 22)** *

Care Community Respiratory Resource Kit

Assemble your influenza/COVID-19 kit:

- ☐ Access to the Fraser Health Respiratory Illness Protocol for Long Term Care Facilities
- ☐ List of all staff, volunteers, etc.
- ☐ List of all casual staff who may work in Care Community over the season
- ☐ List of residents (updated with new residents over the season)
- ☐ List of phone numbers, including after-hours numbers
- ☐ Adrenalin (epinephrine) kit for vaccination clinics
- ☐ Supply of nasopharyngeal swab kits and rapid antigen test kits for COVID-19
- ☐ Be sure to have a Care Community protocol outlining responsibilities for receiving telephone reports of lab results, notifying management, and implementing outbreak response in evenings and on weekends

How to Order Swab Kits: Refer to (Tool 9: Ordering Swab Collection Kits from BCCDC Public Health Microbiology and Reference Laboratory)

Be sure you have adequate Infection Prevention and Control supplies on-hand and know how to access extra supplies if needed urgently

- ☐ Hand soap (anti-bacterial soap is not required or recommended)
- ☐ Alcohol-based Hand Rub (70-90% ethyl alcohol base)
- ☐ PPE Holders/Carts
- ☐ Personal Protective Equipment
- ☐ Gowns (Level 2)
- ☐ Gloves
- ☐ Medical Masks
- ☐ Goggles or other acceptable eye protection (glasses do not count as eye protection)
- ☐ Tissues
- ☐ Surface disinfectants (wipes to clean equipment entering/exiting isolation room)
- ☐ Low-Level Hospital Grade Disinfectants (with a DIN number). See Low Level Disinfection Standard Operating Procedure
- ☐ Large Waste-bins
- ☐ Laundry hampers if using reusable Level 2 Gowns
- ☐ Signage (Tool 13: Signage to Use during the Respiratory Virus Season)

VIRAL RESPIRATORY ILLNESS AND OUTBREAK

TOOLKIT

(TOOLS 1 to 33)

Tool 1: Outbreak Prevention and Management Team

(Adapted from PICNet Respiratory Infection Outbreak Guidelines for Healthcare Facilities November 2018*)*

Organizational Leadership for infection prevention and control should be established and maintained in all health care settings, including Long Term Care facilities, to ensure effective and efficient outbreak prevention and management. Long Term Care facilities will find that formation of an *Outbreak Prevention and Management Team* is the best way to prevent, prepare for and manage viral respiratory or gastrointestinal outbreaks. Specific members of the Outbreak Prevention and Management Team are designated to:

- Know the Outbreak Prevention and Management Protocols well
- Communicate with Public Health when questions arise
- Ensure that actions recommended in the Protocols are used in the Care Community

Individuals should be designated to perform these functions such that there is coverage at all times, including after normal work hours, on weekends and on holidays.

Outbreak Prevention and Management Team (OPMT)

Individuals responsible for prevention and control efforts should review the strategic Pre-Season Planning, Preparation and Prevention CHECKLIST to update Care Community policies and practices and take all recommended preparative steps, especially:

- Prevention strategies
- Strategies to increase resident, staff, and Care Community resilience to viral outbreaks
- Surveillance steps to:
    - recognize a suspect respiratory illness outbreak
    - promptly take the appropriate actions, including collecting and submitting laboratory specimens,
    - promptly introducing all indicated infection control measures
- Contacting Public Health/Infection Prevention and Control **(Tool 2)**
- Working with your Infection Prevention and Control Practitioner on day-to-day prevention and control practices and special consultation as needed **(Tool 2)**

Though the number and designations of members of an OPMT may vary with the type and size of a Care Community, the following list is useful to consider in building an effective Respiratory Outbreak Prevention and Management Team:

- Care Community Medical Director
- Administrator
- Director of Nursing or Director of Long-Term Care
- Person in your Care Community who has responsibility for Infection Prevention and Control
- Housekeeping/Laundry Supervisor
- Food Services Supervisor
- Pharmacist or other representative from the Pharmacy that supplies the Care Community
- Front-Line Staff Member
- Union Representative
- Person who will be involved in Communications

Clear definitions, communication and assumption of specific roles and responsibilities are particularly important for effective Outbreak Prevention and Management.

Tool 2: Public Health & Infection Prevention and Control Public Health (PH)

Public Health

Public Health is available for all Long-Term Care Communities within the Fraser Health area (FH own and operated, affiliated, and private pay long-term care sites). PH will follow up with the site and work with you, in consultation with the Medical Health Officer (MHO), to ensure appropriate steps are taken to bring the cases under control quickly. The MHO or PH Case/Contact Investigator (CI) will notify others by sending the Respiratory Illness Outbreak Notification (RION) if an outbreak on a unit/Care Community is declared by the MHO due to Influenza or COVID-19

Contact Public Health Seven days a week including STATS: 0830-1930

- CALL 778-368-0123
- Press #1 and request to speak with the LTC HUB
- Upload Tool 27 to Cerberus file sharing service Reporting to Public Health- Fraser health Authority
- If you do not have Cerberus or if Cerberus is unavailable, fax Tool 27 to 604-587-4414. If you require a Cerberus account, please email your request to COVIDINTAKEHUB@fraserhealth.ca

Infection Prevention and Control (IPC)

Community Infection Prevention and Control Practitioners (IPC) are available to support Fraser Health Owned and Operated LTC and Affiliate communities when early detection of viral respiratory illness occurs. Sites should engage with their IPC practitioner routinely. When a viral respiratory illness outbreak is declared the PH Contact will refer to the Community Infection Prevention and Control Practitioners if further support is needed as outlined in the Influenza, COVID-19 and Non-Influenza/non-COVID-19 Checklists.

Tool 3: Antiviral Prophylaxis and Treatment for Residents

The client's most responsible provider (MRP) should ensure all appropriate blood work is completed. They should consult with their pharmacist to discuss the recommended antiviral prophylaxis and treatment dosage for influenza based on client's medical history (e.g., renal dialysis, allergies).

Sites should work with their pharmacist so the Care Community will be ready to give anti-Influenza medication on a few hours' notice to all residents that are eligible for treatment or prophylaxis.

- Oseltamivir treatment as soon as possible, preferably within 4 to 6 hours of recommendation;
- Oseltamivir prophylaxis as soon as possible, ideally within 24 hours of recommendation

A RION is not required for pharmacy to dispense antivirals. A letter is available (Tool 5) in this package outlining that pharmacies should not require a RION to dispense antivirals in the event of an outbreak

- This pre-printed order (PPO) for COVID-19 will be only valid for 14 days OR when an outbreak has been declared over, whichever is soon
    - After 14 days contact physician for assessment and a newly signed COVID PPO will be required
- Refer to Paxlovid DST for COVID-19 treatment. Please note there is no prophylaxis anti-viral for COVID-19 infections

Refer to following resources and Fraser Health Decision Supporting Tools (DST) for anti-viral prophylaxis and treatment recommendations:

Fraser Health Owned and Operated Sites	
Influenza	INFLUENZA DST
COVID-19	COVID-19 PPO PAXLOVID DST BCCDC: Treatments (bccdc.ca)
Affiliated and Non-Affiliated Sites	
Influenza COVID-19	Care homes that do have access to Fraser Health's internal website can access pre-printed orders and DSTs here: Long-Term Care Contracts and Services - Clinical Resources (fraserhealth.ca) • To gain access or questions contact the Regional Clinical Nurse Educator (CNE) for LTC (FHAResidentialClinicalNurseEducators@fraserhealth.ca)
Drug monographs and other resources	
Relenza (2018) Tamiflu Product Monograph (2022) Influenza Antiviral Medications – CDC Canadian Pandemic Influenza Plan for Health Sector	

Tool 4: Influenza Pre-Printed Order Template

This Pre-Printed Order Template is an example of enabling orders for each resident to cover standard recommendations regarding viral respiratory illness prevention and management. Every resident should have a completed pre-printed order by the end of September each year. These are to be reviewed annually and signed by the Medical Director for the Care Community or the most responsible provider. You may choose any format that works for you to design your pre-printed seasonal orders if it meets the requirements of the regulatory bodies for a valid pre-printed order.

- This TEMPLATE is to assist in development of pre-printed orders appropriate for your Care Community and has pre-printed orders for influenza preparedness, prevention, and response (including immunization, treatment, and prophylaxis). Many facilities utilize a single order to cover all items in the Pre-Printed Order template, including those that only used in an outbreak situation on the recommendation of the Medical Health Officer. In such situations, the physician still must review all items in the Order and clearly note any exceptions.
- For Fraser Health-operated facilities served by the Lower Mainland Pharmacy, use the Pre-Printed Routine Orders and the Pre-Printed Influenza Outbreak Orders
- Refer to Tool 3 for Influenza DST for guidance about anti-viral dosages
- This template also contains a reminder that a single dose of pneumococcal vaccine is indicated at age 65 years. If there is no acceptable record of having received pneumococcal vaccine, a dose should be given on moving into Long Term Care. If a resident has received a dose of pneumococcal vaccine and has any of the health conditions listed on the template, a one-time revaccination at 5 years after the initial dose is recommended

PHYSICIAN ORDERS ***TEMPLATE***
RESIDENTIAL INFLUENZA PROTOCOL

RESIDENT ADDRESSOGRAPH

MANDATORY ORDERS: PRECEDED BY BULLET ●

OPTIONAL ORDERS: CHECK APPROPRIATE BOXES
CROSS OFF and INITIAL IF NOT APPLICABLE

Drug and Food Allergies:

MRP Pneumococcal Vaccine Records	**Year Given**	**Given, but Year Unknown**	**Not known if Ever Given**	**Not Given**
Initial dose				
Once Only Re-vaccination				

INFLUENZA SEASON PROTOCOL

INDICATION	**MD ORDER FOR MEDICATION OR TEST**	**PLEASE CHECK √**	
Influenza Prevention	Annual influenza vaccination[1]	o YES	o NO
Pneumococcal Pneumonia Prevention[1]	**Pneumococcal polysaccharide vaccination**: Given at age 65 or on admission, whichever comes first **Once only revaccination at 5 years: refer to BCCDC Immunization Manual for eligibility**	**INITIAL DOSE** o YES o NO	**5 YR BOOSTER DOSE** o YES o NO o N/A
COVID-19 Prevention	Primary series + booster dose within the last 6 months	**PRIMARY SERIES COMPLETED** o YES	**BOOSTER DOSE: DATE:**
Influenza Outbreak Preparation[1]	**Serum Creatinine level** for calculation of estimated Creatinine Clearance (for residents not known to have impaired renal function, a result within the past 12 months as of the start of the viral illness season is acceptable)		
	Nasal swab for viral testing (to determine cause of outbreak)		
Influenza Outbreak Response[1]	Antiviral **Treatment**[2,4] of Cases (if can be done within time frame for benefit) and Antiviral **Prophylaxis**[2,4] of Well Residents	o YES	o NO
Influenza A (sensitive to Oseltamivir) and **Influenza B Outbreak[2]**	**OSELTAMIVIR**[2,4] For symptomatic patients: **Oseltamivir** treatment x 5 days For patients **without new or worse cough Oseltamivir** prophylaxis for 8 days if no new cases develop in outbreak area after 5 days of prophylaxis. If new cases develop between days 6 to 8 of prophylaxis, Medical Health Officer will determine duration.	o YES o YES	o NO o NO
Influenza A (sensitive to Oseltamivir) and **Influenza B Outbreak[2]** AND **Influenza** (resistant to Oseltamivir) **IF** recommended by public health)	**ZANAMIVIR**[2,3,4] **{Note: Zanamivir can only be used for patients who can use a diskhaler}** For symptomatic patients IF advised by Public Health due to resistance to Oseltamivir: **Zanamivir** treatment x 5 days For patients **without new or worse cough** IF advised by Public Health due to resistance to Oseltamivir: **Zanamivir** prophylaxis for 8 days if no new cases develop in outbreak area after 5 days of prophylaxis. If new cases develop between days 6 to 8 of prophylaxis, duration will be determined by Medical Health Officer	o YES o YES	o NO o NO

[1] As per Fraser Health Viral Respiratory Outbreak Protocol [2]Use on recommendation of Fraser Health Medical Health Officer
[3] There may be some restriction of use recommended [4]Recommended doses summarized in the Viral RI Outbreak Protocol and Toolkit

DATE:	MD SIGNATURE: **IF "NO" TO ANY OF THE OUTBREAK RESPONSE ORDERS, INDICATE REASON AND PROVIDE CONTACT NUMBER**

Tool 5: Letter to Pharmacies Regarding Influenza Antiviral Orders

Date: _____

Dear Pharmacist,

Long Term Care facilities within the Fraser Health region follow the Viral Respiratory Illness Outbreak Protocol and Toolkit when managing respiratory outbreaks. This protocol includes a preprinted order for influenza antiviral prophylaxis or treatment for confirmed influenza outbreaks and those that are highly suspected to be caused by influenza (Tool 3).

Influenza antivirals should be initiated when an influenza outbreak or an outbreak highly suspected to be caused by influenza is declared by Public Health. During peak influenza activity period, Public Health may presumptively initiate antivirals recognizing that there is a high pre-test probability that influenza is the causative virus. If it is confirmed that influenza virus is not the causative organisms, antivirals will be discontinued.

There have been some concerns in the past, expressed by pharmacists, to initiate influenza antivirals without the receipt of a respiratory illness outbreak notification (RION) from the Care Community. However, this can cause delays in initiating antivirals promptly, which can lead to further transmission of influenza. To avoid delays in starting antivirals as soon as possible, facilities may communicate outbreak information to the pharmacy verbally without an emailed RION. **Please initiate antivirals without a RION in these cases.** There is no requirement to receive the emailed RION prior to dispensing antivirals to a facility Care Community

The Viral Respiratory Illness Outbreak Protocol and Toolkit is available on the Fraser Health Website by searching "Respiratory Outbreaks" on fraserhealth.ca.

If you have any questions, please contact the Public Health at 778.368.0123

Thank you,

Tool 6: Template for List of Important Contact Numbers

Check your list of PHONE and FAX numbers

- Public Health Contact information (**Tool 2**)
- IPC Contact : AskIPCcommunity@fraserhealth.ca
- For Fraser Health Operated facilities*:* Central FAX number for Occupational Health
- Care Community Licensing Officer
- BCCDC Lab internet address and e-mail for sending Order for Nasal Swab Kits (**Tool 9**)
- BCCDC Laboratory FAX number for sending lab test information (**Tool 10**)
- Courier Service for sending Nasal Swabs for testing (**Tool 11**)
- Others to notify in event of an outbreak 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
Public Health Contact	778.368.0123 and press #1 and ask for LTC HUB	604-587-4414	Send documents to Public Health using the Cerberus file sharing service (see COVID-19 Resource Toolkit) ***NOTE:*** ONLY if you do not have Cerberus or if Cerberus is unavailable, fax Tool 27 to 604-587-4414 If you require a Cerberus account, please email your request to COVIDINTAKEHUB@fraserhealth.ca
Medical Health Officer On Call	604-527-4806		
Infection Prevention and Control	Ask IPC Community askIPCcommunity@fraserhealth.ca		
Health Unit Contact List			See below
BCCDC	kitorders@hssbc.ca	604-707-2606	Tool 9

Health Units Contact List for Vaccine Pick Up

Abbotsford Health Unit 104-34194 Marshall Road Abbotsford, BC V2S 5E4 **Ph:** 604-864-3400 **Fax:** 604-864-3410	**Agassiz Health Unit** Box 104, 7243 Pioneer Avenue Agassiz, BC V0M 1A0 **Ph**: 604-793-7160 **Fax:** 604-793-7161	**Burnaby Health Unit** 300-4946 Canada Way Burnaby, BC V5G 4H7 **Ph**: 604-918-7605 **Fax**: 604-918-7630
Chilliwack Health Unit 45470 Menholm Road Chilliwack, BC V2P 1M2 **Ph**: 604-702-4900 **Fax**: 604-702-4901	**Cloverdale Health Unit** #205-17700 56th Avenue Cloverdale, BC V3S 1C7 **Ph**: 604-575-5100 **Fax:** 604-574-3738	**Guilford Health Unit** 100-10233 - 153rd Street Surrey, BC V3R 0Z7 **Ph**: 604-587-4750 **Fax:** 604-587-4777
Hope Health Unit Box 176, 444 Park Street Hope, BC V0X 1L0 **Ph**: 604-860-7630 **Fax**: 604-869-2332	**Langley Health Unit** 110 – 6470 201 Street Langley, BC V2Y 2X4 **Ph**: 604-539-2900 **Fax**: 604-530-8138	**Maple Ridge Health Unit** 400-22470 Dewdney Trunk Road Maple Ridge, BC V2X 5Z6 **Ph**: 604-476-7000 **Fax:** 604-476-7077
Mission Health Unit 1st Floor, 7298 Hurd Street Mission, BC V2V 3H5 **Ph**: 604-814-5500 **Fax**: 604-814-5517	**New West Health Unit** 218 – 610 6th Street New Westminster, BC V3L 3C2 **Ph**: 604-777-6740 **Fax:** 604-525-0878	**Newton Health Unit** 200-7337 137th Street Surrey, BC V3W 1A4 **Ph**: 604-592-2000 **Fax**: 604-501-4814
North Delta Health Unit 11245-84th Avenue Delta, BC V4C 2L9 **Ph:** 604-507-5400 **Fax**: 604-507-4617	**North Surrey Health Unit** 220-10362 King George Hwy Surrey, BC V3T 2W5 **Ph:** 604-587-7900 **Fax**: 604-582-4811	**South Delta** 1826, 4949 Canoe Pass Way Delta, BC V4M 0B2 **Ph**: 604-952-3550 **Fax**: 604-940-8944
TriCities Health Unit 200-205 Newport Drive Port Moody, BC V3H 5C9 **Ph:** 604-949-7200 **Fax:** 604-949-7211	**White Rock Health Unit** Berkeley Pavilion 15476 Vine Avenue White Rock, BC V4B 5M2 **Ph:** 604-542-4000 **Fax:** 604-542-4009	

Tool 7: Information on Influenza/COVID Vaccines, Treatment and Prophylaxis—Educational Resources on the Internet

Fraser Health Website *Season specific information is placed on the Fraser Health website* https://www.fraserhealth.ca/ 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	Respiratory Outbreaks (Influenza, COVID-19, Non-Influenza/COVID-19) - Viral Respiratory Illness Outbreak Protocol and Toolkit - Assisted Living Toolkit for Prevention and Control of Gastrointestinal and Respiratory Illnesses - Online course: Viral Respiratory Illness and Gastrointestinal Illness (RI/GI) Outbreaks in Long Term Care (available through Learning Hub)
Learning Hub **CCRS Integrated**	Viral Respiratory Illness and Gastrointestinal Illness (RI/RI Outbreaks in Long Term Care (Course code: 23795) - General information on how to manage an outbreak in a Care Community, available resources to access and follow up to complete Seasonal Influenza Updates 2023-2024 (Course code: 31263) - Summary of influenza vaccine program for the upcoming year
HealthLink BC Files, Index Homepage Links *General information on Influenza, Pneumococcal and COVID-19 vaccines* HealthLink BC Files | HealthLink BC	Influenza Vaccine Health Files (12 a-e): - 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 Pneumococcal Vaccine Health File (62b) - Pneumococcal Polysaccharide Vaccine COVID-19 Immunization Health Files (124 a-c) - COVID-19 mRNA Vaccines - COVID-19 Protein Subunit Vaccines
National Advisory Committee on Immunization (NACI) Statement on Influenza at Canada Communicable Disease Review (CCDR) *The CCDR publishes the annual statement on influenza that is prepared for the NACI*	Canada Communicable Disease Report (CCDR) - Click on current year CCDR…Select National Advisory Committee on Immunization Statement on Influenza Immunization

Tool 8: Obtaining and Transporting Influenza and Pneumococcal Vaccine (including 'Cold-Chain' Guide)

Each season, your local Health Unit will provide a similar number of doses of seasonal influenza vaccine as your Care Community used the previous year. Please inform your local health unit if your need for influenza vaccine will be significantly different than last season

Vaccine Supply

Fraser Health Owned and Operated Facilities

- Care Community is located on hospital grounds - influenza vaccine is ordered by the hospital pharmacy, through Public Health, and it is picked up at the pharmacy by the onsite facility Care Community
- Care Community is not located on hospital grounds - influenza vaccine is ordered through public health and picked up from your local Health Unit (**Tool 8**)

Contracted and Private Pay Facilities (not Fraser Health Operated)

- Order influenza vaccine through public health and pick up influenza vaccine from your local Health Unit (**Tool 8**)

Be sure to:

- Check that your vaccine refrigerator and "minimum-maximum" thermometer are in good working order
- Check that you have a large enough, suitable, well-insulated cooler with a tightly fitting lid, enough freezer packs, and insulating materials
- Read and adhere to Transport and Storage instructions from the BC Centre for Disease Control (link below and "Handle Vaccines with Care" section copied on following page
- Monitor and record refrigerator temperature twice daily

Handle Vaccine with Care: Transport and Storage

1. Vaccine Storage and Handling Guide
2. Handle vaccines with care
3. Packing an insulated cooler (Remember to use insulating material between vaccine and ice pack so the vaccine does not freeze)
4. How to store vaccines in the refrigerator
5. What to do if the temperature is outside the 2˚C to 8˚C range
6. Refrigerator temperature log from and instructions
7. Cold chain checklist

Cold Chain Resources for Community Vaccine Providers

1. Vaccine and Cold Chain Management

Tool 9: Ordering Swab Collection Kits from BCCDC Public Health Microbiology and Reference Laboratory

To Order Swab Collection Kits for Influenza and COVID 19 ***Important reminder:*** Having the nasopharyngeal swabs on hand can save a day or two when trying to confirm the cause of an outbreak	1. Use the BCCDC order form found online at: http://www.elabhandbook.info/PHSA/Files/AdditionalFiles%2f2_20200529_064105_AdditionalFiles_2_20200525_063230_AdditionalFiles_2_20191021_025346_SAMPLE%20CONTAINER%20ORDER%20FORM%20-%20DCQM_Q07_4104F%201.00%20Version%206.1%20(May%202020).pdf a. Outbreak Kits > Influenza Like Illness 2. Complete the order form 3. Scan the completed order form 4. E-mail the scanned order form to kitorders@hssbc.ca or fax to 604-707-2606 5. Have available secondary packaging according to TRANSPORTATION OF DANGEROUS GOODS SPECIMENS (**Tool 12: Transportation of Dangerous Goods Information for Fraser Health and BCCDC Laboratories**)

If you are having difficulty obtaining your Swab Collection Kits, please inform your Public Health Contact (Tool 2)

NOTE:

- Each *Influenza-Like Illness Outbreak Kit* has six nasal swabs (each swab with its own viral transport medium)
  - One Influenza-Like Illness Outbreak Kit is usually enough for an outbreak
- Use the same process to Re-Order another Influenza-Like Illness Outbreak *Kit* if you have used the swabs from your initial kit
- Check and record expiry date on the Viral Transport Medium vial when you receive your *Influenza-Like* Illness Outbreak Kit if the viral transport medium expires, reorder a new Kit from BCCDC PHSA Laboratories
- **Rush Orders**: Orders must be placed by 1130 am for same day delivery. Please indicate courier name and account number on the form.
- Orders are processed Monday-Friday 0830-1630

Tool 10: BCCDC Virology Requisition (Sample)

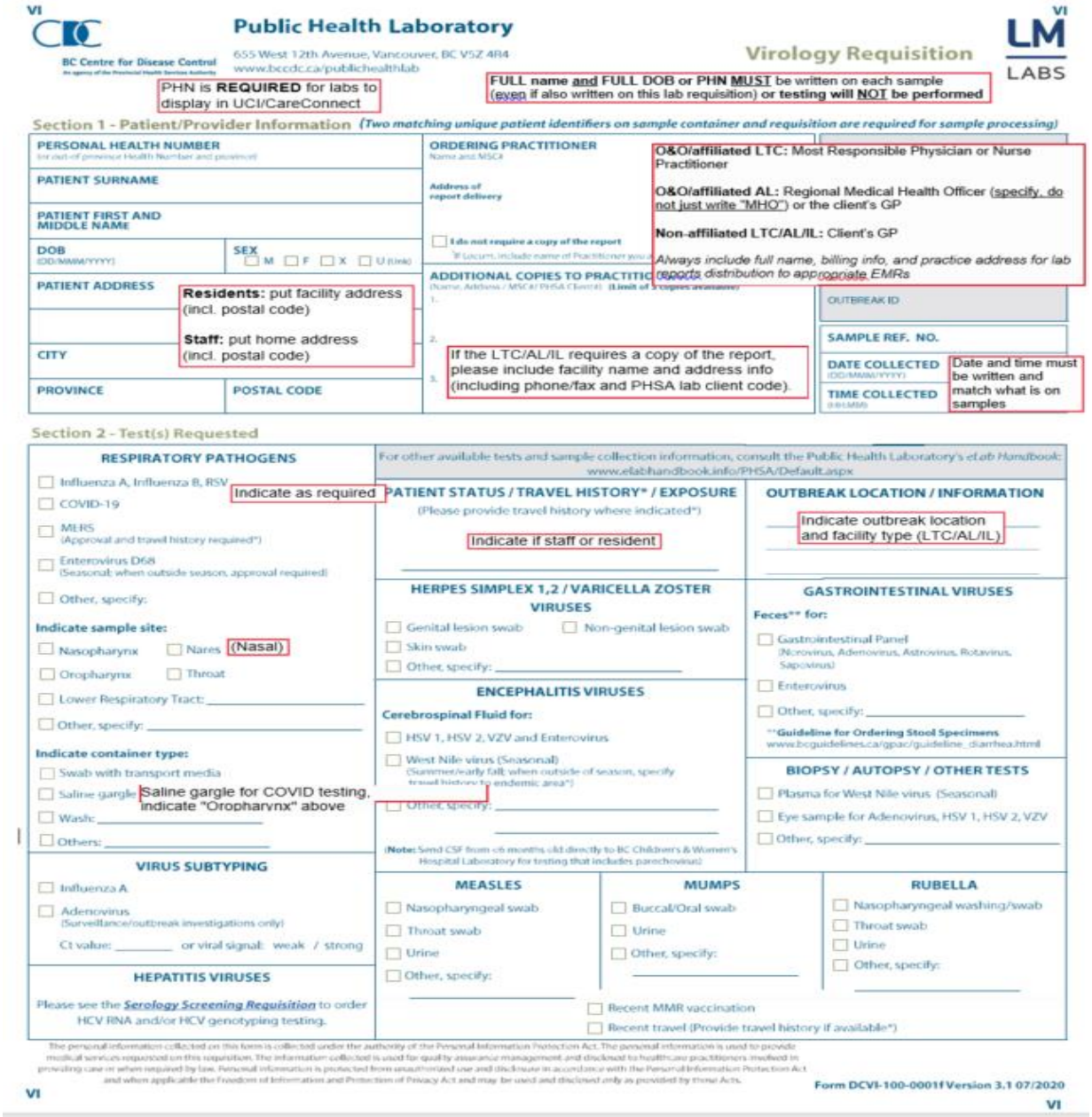
Instructions:

1. **Enclose** completed requisition(s) with the specimen(s) and ship to BCCDC.

   BCCDC: Public Health Laboratory
   Virology Laboratory
   655 WEST 12th AVENUE
   VANCOUVER, BC V5Z 4R4

   Tel: 604-707-2623
   Fax: 604-707-2605

2. A **maximum of six specimens** are accepted **per outbreak** (avoid submissions over multiple days).
3. Inform your MHO/PH contact



BC Centre for Disease Control
Public Health Laboratory
655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Virology Requisition

LM LABS

PHN is **REQUIRED** for labs to display in UCI/CareConnect

FULL name and FULL DOB or PHN MUST be written on each sample (even if also written on this lab requisition) **or testing will NOT be performed**

Section 1 - Patient/Provider Information *(Two matching unique patient identifiers on sample container and requisition are required for sample processing)*

PERSONAL HEALTH NUMBER
PATIENT SURNAME
PATIENT FIRST AND MIDDLE NAME
DOB (DD/MMM/YYYY)
SEX ☐ M ☐ F ☐ X ☐ U (Unk)
PATIENT ADDRESS
CITY
PROVINCE
POSTAL CODE

Residents: put facility address (incl. postal code)

Staff: put home address (incl. postal code)

ORDERING PRACTITIONER
Name and MSC#
Address of report delivery
☐ I do not require a copy of the report
If Locum, include name of Practitioner

O&O/affiliated LTC: Most Responsible Physician or Nurse Practitioner

O&O/affiliated AL: Regional Medical Health Officer (specify, do not just write "MHO") or the client's GP

Non-affiliated LTC/AL/IL: Client's GP

Always include full name, billing info, and practice address for lab reports distribution to appropriate EMRs

ADDITIONAL COPIES TO PRACTITIONER (Name, Address / MSC# / PHSA Client#) (Limit of 3 copies available)
1.
2.
3.

If the LTC/AL/IL requires a copy of the report, please include facility name and address info (including phone/fax and PHSA lab client code).

OUTBREAK ID
SAMPLE REF. NO.
DATE COLLECTED (DD/MMM/YYYY)
TIME COLLECTED (HH:MM)

Date and time must be written and match what is on samples

Section 2 - Test(s) Requested

RESPIRATORY PATHOGENS

☐ Influenza A, Influenza B, RSV
☐ COVID-19
☐ MERS (Approval and travel history required*)
☐ Enterovirus D68 (Seasonal: when outside season, approval required)
☐ Other, specify:

Indicate as required

Indicate sample site:
☐ Nasopharynx ☐ Nares (Nasal)
☐ Oropharynx ☐ Throat
☐ Lower Respiratory Tract: _____
☐ Other, specify: _____

Indicate container type:
☐ Swab with transport media
☐ Saline gargle
☐ Wash: _____
☐ Others: _____

Saline gargle for COVID testing, indicate "Oropharynx" above

VIRUS SUBTYPING

☐ Influenza A
☐ Adenovirus (Surveillance/outbreak investigations only)
Ct value: _____ or viral signal: weak / strong

HEPATITIS VIRUSES

Please see the ***Serology Screening Requisition*** to order HCV RNA and/or HCV genotyping testing.

For other available tests and sample collection information, consult the Public Health Laboratory's *eLab Handbook*: www.elabhandbook.info/PHSA/Default.aspx

PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE
(Please provide travel history where indicated*)

Indicate if staff or resident

OUTBREAK LOCATION / INFORMATION

Indicate outbreak location and facility type (LTC/AL/IL)

HERPES SIMPLEX 1,2 / VARICELLA ZOSTER VIRUSES

☐ Genital lesion swab ☐ Non-genital lesion swab
☐ Skin swab
☐ Other, specify: _____

ENCEPHALITIS VIRUSES

Cerebrospinal Fluid for:
☐ HSV 1, HSV 2, VZV and Enterovirus
☐ West Nile virus (Seasonal) (Summer/early fall; when outside of season, specify travel history to endemic area*)
☐ Other, specify: _____

(Note: Send CSF from <6 months old directly to BC Children's & Women's Hospital Laboratory for testing that includes parechovirus)

GASTROINTESTINAL VIRUSES

Feces for:**
☐ Gastrointestinal Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus)
☐ Enterovirus
☐ Other, specify: _____

***Guideline for Ordering Stool Specimens** www.bcguidelines.ca/gpac/guideline_diarrhea.html

BIOPSY / AUTOPSY / OTHER TESTS

☐ Plasma for West Nile virus (Seasonal)
☐ Eye sample for Adenovirus, HSV 1, HSV 2, VZV
☐ Other, specify: _____

MEASLES

☐ Nasopharyngeal swab
☐ Throat swab
☐ Urine
☐ Other, specify: _____

MUMPS

☐ Buccal/Oral swab
☐ Urine
☐ Other, specify: _____

RUBELLA

☐ Nasopharyngeal washing/swab
☐ Throat swab
☐ Urine
☐ Other, specify: _____

☐ Recent MMR vaccination
☐ Recent travel (Provide travel history if available*)

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and where applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

Form DCVI-100-0001f Version 3.1 07/2020

Tool 11: Swab Collection & PRE-PAID Shipping Information

For residents

Specimens will be processed for influenza, COVID-19, and respiratory syncytial virus (RSV) by nucleic acid testing first. A subset of specimens will be tested for other respiratory viruses by the Respiratory Virus Panel Luminex assay if initial influenza A/B and RSV are negative. Nasal and nasopharyngeal swabs are preferred but nasopharyngeal washes, suctions and other lower respiratory tract specimens are acceptable as well.

NOTE: Please ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab collected for a client, please select COVID-19, Influenza, and RSV on the requisition forms.

Collection Kits: Nasal/Nasopharyngeal swabs must be collected using a designated **Specimen Collection Kit**. These kits (swabs containing transport medium, biohazard bags and the BCCDC Virology Requisition) are provided by the BCCDC

➔ **To order collection kits:** Refer to Tool 9

➔ **Indications for Testing: Collect specimens from all symptomatic residents and staff**

Specimen collection:

- For personal protection, it is recommended that gloves, mask, and eye protection be worn while collecting specimen.
- Patients with copious discharge should be requested to gently clean their nose by washing or with tissue.
- Incline the patient's head as required and insert the cotton swab along the base of the nasal cavity to a depth of 2-4 cm into the nostril. Swab around the inside of the nostril and along the nasal septum by rotating the swab between fingers
- Place the swab into the accompanying vial of transport media and tighten the lid securely.
- **Label** the sample container with the patient's **full name** and **date of birth**.
- It is essential that the nasal passage be swabbed sufficiently firmly to collect infected cells rich in virus. Nasopharyngeal swabs inserted along the base of the nasal cavity (6cm or deeper) are excellent but may be more traumatic to the patient. Mucous discharge and throat swabs contain less virus and are discouraged.

Completing Lab Requisitions: **One** BCCDC Virology **requisition** must be completed for **each specimen**. Please include **PHN** and **date of birth** on requisition

In completing the requisition:

- Under **Test(s) Requested,** select appropriate sample type(s) (e.g., Influenza, RSV and COVID-19)

- Under **ORDERING PHYSICIAN**, enter the full name and address of the physician/Care Community to whom the final report will be sent - See Tool 10 sample BCCDC Virology requisition for what information to include based on type of Care Community
- Under **ADDITIONAL COPIES TO**: See Tool 10 sample BCCDC Virology requisition for what information to include). If desired, enter the name, address, and MSP number of the physician.

Submission of a completed BCCDC Virology Requisition with the specimens ensures that processing and reporting of findings is given highest priority.

NOTE: Nasopharyngeal swabs are to be sent to BCCDC for testing (including swabs collected by O&O sites).

Transportation of specimens: Assemble outbreak specimens and follow Packaging of Lab specimens and transportation of specimens. Send by routine same day or overnight delivery or if not available, by courier. Outside the Lower Mainland: DHL, 1-800-CALL-DHL (1-800-225-5345); bill to Acct. M45579. Lower Mainland: TForce, 1-877-345-8801: bill to Acct.2327

Reporting & Result Timeline:

Specimens received before 12:00 Monday to Friday	Results for influenza will be available by 20:00h the same day
Specimens received after 12:00 Monday to Thursday	Will be tested the following day
Specimens received after 12:00 Friday or on Saturday	Will be tested on Sunday
Specimens received on a statutory holiday	Will be tested on the following workday as outlined above

For inquiries: Please call **Results Line at (877)-747-2522 from 8:30am to 4:30pm Monday to Friday**.

Tool 12: Transportation of Dangerous Goods Information for Fraser Health and BCCDC Laboratories

Please see link below for the new procedure of packaging and transporting of lab specimens to Fraser Health Laboratories or to BC Centre for Disease Control (BCCDC) and refer to:

Fraser Owned and Operated Care Communities: Laboratory medicine and pathology

- Look under *General resources* > click *Transportation of Dangerous Goods (TDG) and resources* > click the blue SEARCH box, it will take a few moments for all the documents to load

Affiliated & Non-Affiliated Care Communities: Care homes that do have access to Fraser Health's internal website can access the resources here: Long-Term Care Contracts and Services - Clinical Resources (fraserhealth.ca)

- To gain access or questions contact the Regional Clinical Nurse Educator (CNE) for LTC (FHAResidentialClinicalNurseEducators@fraserhealth.ca)

Online Education for Transportation of Dangerous Goods – Land and Air

To access the online education Learning Hub course #8307 Transportation of Dangerous Goods – By Ground

1. Staff must create a Learning Hub account to access the course
2. Your browser must have Flash Player enabled – try different browsers (e.g., Internet Explorer, Google Chrome, Firefox, Safari etc.)
3. It is best to use a desktop computer instead of a mobile browser (e.g., smartphone, tablet)
4. Suggest taking notes throughout the course to help with completing the quiz
5. At the end of the course, print NHA – Certificate of Training. Printing the certificate is the only method to demonstrate completion.
6. After certificate is printed, learner signs certificate and provides to manager
7. Manager signs certificate and adds expiry date (3 years from date of issuance). Add "ISSUED IN FRASER HEALTH" and the address of the worksite where the employee works.
8. Manager retains original certificate and provides copy to staff member

COMPETENCY EVALUATION:

After staff member has completed the required education module and reviewed the standard operating procedure, they must demonstrate through a simulation that they understood the content of the procedure to the Manager or Manager Delegate (Supervisor /Educator).

Tool 13: Signage to Use during the Respiratory Virus Season

Viral Respiratory Illness Infection Prevention and Control Signage

Please print/photocopy and use the signs **on the following pages below,** as required.

- Enhanced Monitoring Measures
- Enhanced Monitoring Measures with Public Health Support
- COVID-19 Outbreak Poster
- Influenza Outbreak Poster

All Visitors and Staff

STOP

Enhanced Monitoring Measures in Place on Neighborhood

Do not enter if you feel sick.

Every visitor and staff should wear a medical mask at all times in resident care areas and public areas.

Check with staff if you have any questions.

Clean your hands:

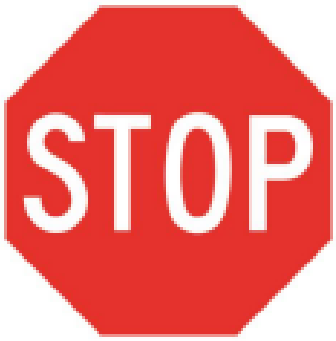
- **when you enter and exit the building**
- **when you enter and exit the unit**
- **when you enter and exit a room**

Thank you for your cooperation.

Infection Prevention and Control Oct 2023

fraserhealth
Better health. Best in health care.

All Visitors and Staff

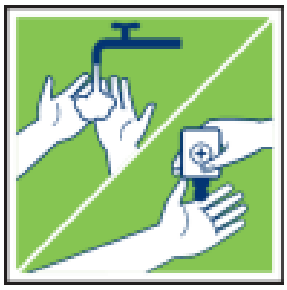


Enhanced Monitoring Measures with Public Health Support in Place on Neighborhood

Do not enter if you feel sick.

Every visitor and staff is required to wear a medical mask at all times in resident care areas and public areas.

There may be restrictions on visits. Please check with front desk or staff.



Clean your hands:

- **when you enter and exit the building**
- **when you enter and exit the unit**
- **when you enter and exit a room**

Thank you for your cooperation.

Infection Prevention and Control Oct 2023

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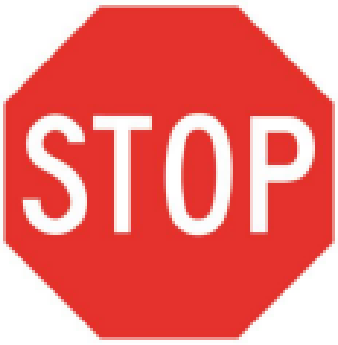
better health. Best in health care.

All Visitors and Staff

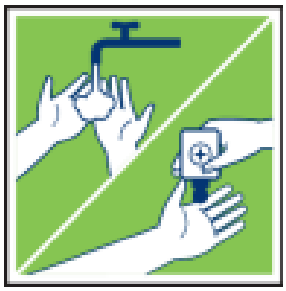


COVID Outbreak Measures in Place on Neighborhood

Do not enter if you feel sick.

Every visitor and staff is required to wear a medical mask at all times in resident care areas and public areas.

There may be restrictions on visits. Please check with front desk or staff.



Clean your hands:

- **when you enter and exit the building**
- **when you enter and exit the unit**
- **when you enter and exit a room**

Thank you for your cooperation.

Infection Prevention and Control Oct 2023

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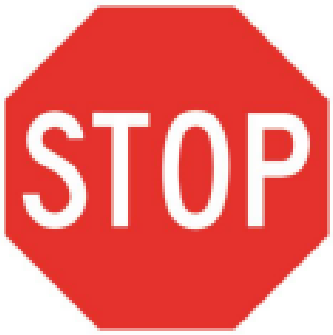
All Visitors and staff

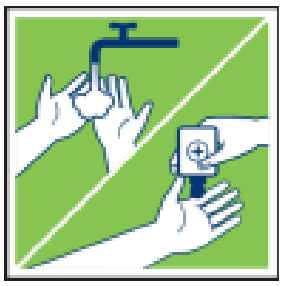


Influenza Outbreak Measures in Place on Neighborhood

Do not enter if you feel sick.

Every visitor and staff is required to wear a medical mask at all times in resident care areas and public areas.

There may be restrictions on visits. Please check with front desk or staff.



Clean your hands:

- **when you enter and exit the building**
- **when you enter and exit the unit**
- **when you enter and exit each room**

Thank you for your cooperation.

Infection Prevention and Control Oct 2023

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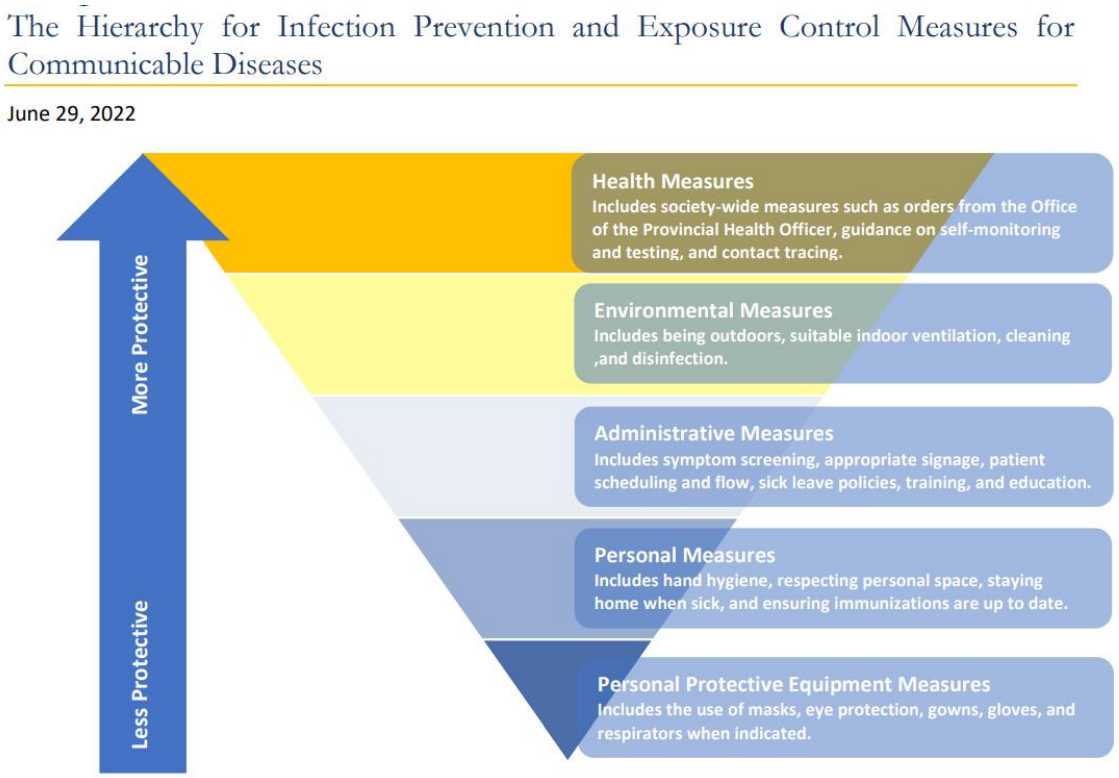
Tool 14: Measures for Minimizing the Risk of Viral Respiratory Illness in your Care Community



Infection Prevention and Exposure Control Measures

Implementing Infection prevention and exposure control measures helps create a safe environment for residents, health-care workers, volunteers, visitors, and the general public. The hierarchy of infection prevention and exposure control measures for communicable disease describes the steps to reduce transmission of infectious diseases. Control measures listed at the top are more protective than those at the bottom. See link below for complete description of measures.

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-guidance/Hierarchy_Infection_Prevention_Controls.pdf)

Tool 15: Routine Practices (Standard Precautions)

Routine Practices is the term used by Public Health Agency of Canada to describe the infection prevention and control practices used to prevent the transmission of infections in all health care settings. Some settings may use the term "Standard Precautions" (formerly known as universal precautions).

Routine Practices are infection control practices **used by all employees** and medical staff **at all times** in **all health care settings** to prevent exposure to all body substances from all persons.

Ref: Public Health Agency of Canada (PHAC). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*.; 2017. Accessed June 8, 2022. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html

Basic elements of Routine Practices:

1. Hand hygiene
2. Point of Care Risk Assessment
3. Respiratory hygiene
4. Risk reduction strategies
5. Education of staff/residents/family/visitors

Hand Hygiene

Fraser Health Hand Hygiene Information available on the Internet here

Hand hygiene is everybody's responsibility: Health Care Providers (HCPs), clients, visitors, and volunteers. Hand hygiene is the most effective way to prevent the transmission of microorganisms

- Compliance with hand hygiene recommendations requires continuous reinforcement
- Either soap and warm water or alcohol-based hand rub (ABHR) is an accepted method of hand hygiene
    - Soap and water are required if hands are visibly soiled
- Residents who can participate in self-care should be taught, encouraged, and reminded of the importance of hand hygiene before eating or preparing food, after using the toilet or other personal hygiene activities, before leaving their homes for common/public areas and when returning home from public places

Point-of-Care Risk Assessment

A Point-of-Care Risk Assessment is the evaluation of the interaction between the Healthcare Provider, the resident, and the environment to determine the potential for exposure to pathogens. Prior to any resident interaction, all HCPs have a responsibility to assess the infectious risk posed to themselves and to others (e.g., other residents/visitors/HCPs).

HCPs do risk assessments many times a day for their safety and the safety of others in the healthcare environment. During a viral Respiratory Illness Outbreak, HCPs should be vigilant in identifying risk of exposure to respiratory Viruses, especially when assisting those who are ill.

PICNET POCRA tool can be used as a reference to in assessing and mitigating exposure risks

Risk assessments for any interaction include:

- Staff to be aware of resident's symptoms and whether their symptoms may be consistent with an infectious process
- Whether the resident can follow instructions (e.g., cognitive abilities, mental health condition)
- The setting in which the interaction will take place (e.g., single room vs. multi-bed room vs. outpatient or communal area)
- The type of interaction (e.g., direct care vs. bringing something into the resident's room)
- The potential for contamination of themselves or any equipment used
- Identification of PPE required to prevent transmission
- Whether all secretion/excretions are contained (e.g., continence, wounds well covered)

Risk-Reduction Strategies

- Using personal protective equipment (PPE)
- Cleaning and disinfection of environment
- Using "single use only" equipment or cleaning and disinfection of reusable equipment **between use**
- Safe disposal of sharps and waste
- Safe laundry practices
- Resident placement, accommodation and flow
- Staff and resident immunization program

Education of Health Care Providers, Residents and Families/Visitors/Volunteers

- Employers should provide all health care providers general education on Care Community policies, which includes:
- Infection prevention and control best practices.
- Hand hygiene
- Chain of infection
- Environmental cleaning and disinfection
- Immunization program
- Occupational Health and Safety protocols

Additional Precautions

Additional precautions are used in addition to routine practices when an infection with a specific mode of transmission is suspected or confirmed.

These are specific and extra measures required in conjunction with routine practices to prevent transmission. Most Viral respiratory infections require Droplet Precautions. Droplet Precautions should be implemented for management of residents with suspected/probable and confirmed VRI for the duration of the communicable period. Please see Tool 24 for list of Common VRI pathogens

Tool 16: Droplet Precautions Poster

DROPLET PRECAUTIONS

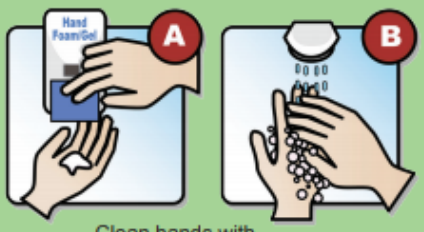
Families and Visitors:

STOP

Bed #

Please report to staff before entering

Clean hands before entering and when leaving room



Clean hands with
A) hand foam/gel or B) soap and water

Wear **mask and eye protection** when within **2 metres** of patient

If helping to care for the patient, put on **gown and gloves** before entering room, and remove them before leaving room.

Staff - Required:

- **Point of Care Risk Assessment**
- **Gown and gloves**
- Procedure mask with eye protection when within 2 metres of patient
- **Keep 2 metres between patients**

KEEP SIGN POSTED UNTIL ROOM CLEANED
HOUSEKEEPER will remove sign after Isolation Discharge cleaning

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PICNet
PROVINCIAL INFECTION CONTROL NETWORK OF BRITISH COLUMBIA
A program of the Provincial Health Services Authority

Tool 17: Aerosol Generating Procedure (AGP) Precautions Poster

Aerosol generating procedure

AEROSOL GENERATING PROCEDURE PRECAUTIONS

Family and Visitors: Please report to staff before entering

Bed #	
AGP signage can be removed at: (time at end of procedure + 1 hour post)	

Clean hands before entering and when leaving room

Staff:

+

Required during and for one hour post AGP:

- **Point of Care Risk Assessment**
- **Gown and gloves**
- **Face shield or goggles**
- **Fit-tested N95 Respirator**
- **Keep 2 metres between patients**

KEEP SIGN POSTED UNTIL ROOM CLEANED
HOUSEKEEPER will remove sign after Isolation Discharge cleaning

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June 2020

Tool 18: Personal Protective Equipment

Personal Protective Equipment

Everyone entering the room of an ill resident on Droplet Precautions must wear the following PPE when entering a room, giving direct care, performing environmental cleaning, delivering meal trays etc.

- Level 2 Gown
- Mask
- Eye Protection
- Gloves

If wearing a mask - in room	If wearing an N95 respirator - in hallway or anteroom
• Remove and discard mask • Perform hand hygiene • Put on a new mask and clean eye protection after leaving the room	• Remove and discard mask • Perform hand hygiene • Put on a new mask and clean eye protection after leaving the room

See Poster Below.

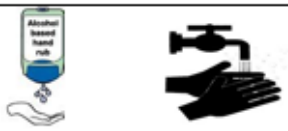
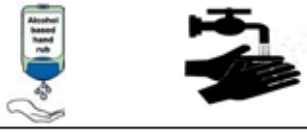
Donning and Doffing Personal Protective Equipment (PPE)

Donning PPE

1.	Perform hand hygiene	
2.	Put on gown • Tie neck and waist ties securely	
3.	Put on a procedure mask/N95 respirator • Place mask over nose and under chin • Secure ties, loops and straps • Mould metal piece to your nose bridge • Perform seal-check for N95 respirator	
4.	Put on eye protection/face shield • Put on eye protection/face shield and adjust to fit • Face shield should be fit over brows	
5.	Put on gloves • Put on gloves, taking care not to tear or puncture • Fit glove over cuff of gown	

Donning and Doffing Personal Protective Equipment (PPE)

Doffing PPE

1.	Remove gloves • Grab outside edge near the wrist and peel away, rolling the glove inside out • Reach under the second glove and peel away • Throw into garbage immediately	
2.	Perform hand hygiene	
3.	Remove gown • Untie the neck ties • Untie the waist ties • Pull the gown forward using the outer contaminated side at shoulder area • Turn inward and roll off the arms into a bundle • Place cloth gown in linen hamper. If disposable gown is used, place it in general waste	
4.	Perform hand hygiene	
5.	Remove eye protection/face shield • Make sure you only handle the back straps of the face shield. Avoid contact with front of face shield • Discard immediately into garbage • Make sure you only handle the sides of the goggles/glasses • Disinfect goggles/glasses if re-usable	
6.	Perform Hand Hygiene	

Donning and Doffing Personal Protective Equipment (PPE)

7.	If wearing a N95 respirator, it must be removed outside of the resident's room after closing the door • Pull bottom strap over the back of your head, followed by the top strap • Do not touch the front of the respirator • Discard immediately into garbage	
8.	Perform Hand Hygiene	 
9.	Remove procedure mask/ N95 respirator • Grab only the ties/ear loops/straps • Untie bottom tie then top tie or grasp straps or ear loops. • Pull forward off the head, bending forward to allow mask/respirator to fall away from the face. • Discard immediately into garbage.	 
10.	Perform hand hygiene	 

Tool 19: Enhanced Cleaning

Cleaning

Cleaning is the physical removal of foreign material such as dust, soil and/or organic material, including blood, secretions, excretions, and microorganisms. Cleaning is accomplished with water, detergents, and mechanical action.

Disinfection

Disinfection is the inactivation of disease-producing microorganisms using a hospital-grade disinfectant with a Health Canada approved Drug Identification Number (DIN).

Consult the Disinfectant Selection Guide

See **Tool 20** for information about disinfectants or access the PICNET Guidelines at: https://www.picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf

Enhanced Cleaning

Enhanced Cleaning is increased cleaning of objects and surfaces that people touch with their hands to at least 2 times per day.

Minimum twice daily cleaning of the affected unit or Care Community. The first routine clean/disinfection of the day is undertaken followed by a second environmental clean/disinfection, 6-8 hours after the first clean. The second cleaning/disinfection focuses on frequently touched surfaces and areas on the unit and in the affected resident rooms on Droplet Precautions

Commonly touched things and surfaces include taps, toilet handles, doorknobs, railings, thermostats, phones, light switches, tables, chairs, rails, walkers, blood pressure cuffs, stethoscopes, otoscopes, canister lids, clipboards, PDA's, pens, keyboards, etc.

- See **Tool 13** for Respiratory Illness Infection Prevention and Control Signage
- Please ensure Enhanced Cleaning is in place for the duration of the outbreak
- Use Health Canada Approved hospital grade disinfectants

Follow cleaning and disinfection best practices:

- Wear appropriate personal protective equipment (PPE) based on disinfectant SDS and when entering/cleaning the rooms of residents on Droplet/Contact precautions
- Work from clean to dirty; high to low areas. Clean rooms of unaffected rooms followed by rooms on Droplet/Contact Precautions
- Ensure there is a dedicated housekeeping cart for affected unit, which is not taken to other units/areas
- Follow Manufacturer's instructions for use (MIFU) on how to prepare, store and use cleaning and disinfection products

- Use a two-step process: first pass to clean the surface, followed by a second pass to disinfect the surface. If the disinfectant is validated by MIFU to be a disinfectant with cleaning agents, the same product can be used for both cleaning and disinfection, however, a two-step process must still be followed. Otherwise, use a pH-neutral cleaner followed by a disinfectant wipe
- Apply adequate friction to remove visible soil (cleaning) prior to disinfection of surfaces
- Ensure the surface remains wet for the disinfectant MIFU contact time

If a bucket of cleaning/disinfection solution is used, use fresh cloths for each resident space. Do not double dip the cloth in disinfectant solution

Isolation Discharge (Terminal) Cleaning/Disinfection:

A thorough cleaning and disinfection must occur in a resident room before Droplet/Contact precautions are discontinued on a resident or when a resident on Droplet/Contact precautions is discharged from the room. Remove and replace privacy curtains. Remove Droplet/Contact precaution signage after completion of cleaning.

Enhanced Cleaning Guidelines for RI/COVID Illness:

Frequently Touched Surfaces	Check off as completed
Cleaning agent to be used:	
1. Nursing Station:	
(a) Counters	
(b) Chairs	
(c) Light switches	
(d) Telephone(s)	
(e) Keyboard(s)	
(f) Nurse call monitoring system	
2. Medication Rooms:	
(a) Door (i.e., where hands commonly touch to push open)	
(b) Doorknob on entry and exit	
(c) Counters	
(d) Light switches	
(g) Sink	
3. Clean Utility/Storage Room:	
(a) Door and knob on entry and exit	
(b) Sink and counter	
4. Dirty Utility/Storage Room:	
(a) Door and knob on entry and exit	
(b) Sink and counter	
5. Staff Washroom(s):	

Frequently Touched Surfaces	Check off as completed
Cleaning agent to be used:	
(a) Sink basin and faucet	
(b) Toilet (lever/flush, horizontal surfaces, seat)	
(c) Floor	
(d) Soap dispenser	
(e) Paper towel dispenser	
(f) Light switch	
(g) Door and handles on entry and exit	
6. Staff Meeting Room(s):	
(a) Door and knob on entry and exit	
(b) Telephone	
7. Resident Common Areas:	
(a) Chairs and end tables	
(b) Kitchenette	
8. Hallways:	
(a) Mobile lifts	
(b) Resident doors and handles	
(c) Elevator buttons	
(d) Keypads	
(e) Handrails	
9. Resident Room Surfaces to be Cleaned:	
(a) Light switches	
(b) Bedrails	
(c) Bedside tables	
(d) Over-bed light	
(e) Over bed tables including framework	
(f) Bedside chairs	
(g) Wheelchair and/or walker	
(h) TV controller	
(i) Call button/ pull chord	
(j) Telephone	
10. Lavatory Surfaces:	
(a) Light switch	
(b) Safety – pull up bars	
(c) Faucets, sink, counter	
(d) Commode/toilet (lever/flush, horizontal surfaces, seat)	
(e) Door	

Frequently Touched Surfaces	Check off as completed
Cleaning agent to be used:	
(f) Floor	
11. Shelves and Items Handled Regularly	
12. Dedicated Laundry Hamper	
Employee Signature: _____ Date: _____ Time it took to complete: _____	
Supervisor Signature: _____ Date: _____	

Tool 20: Disinfectant Selection Guide

Disinfection Guidelines are posted on the PICNET Website at:

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

NOTES:

- Be sure that the disinfectant product has a DIN number
- 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

Equipment Cleaning Poster

Clean shared resident care equipment before and after use

- Disinfect **shared** resident care equipment **before** and **after** each resident use, including:
  - Walkers
  - Wheelchairs
  - Lifts
  - Vital signs machines
  - Thermometers
  - Stethoscopes
- Use hospital-grade disinfectant wipes

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Tool 21: Infection Prevention and Control Audit tools and Outbreak Debrief template

1. Hand Hygiene Audit Form

2. Personal Protective Equipment Audit

3. Fraser Health Environmental Audit Tool

4. Outbreak Debrief Template

The following table provides guidance on the frequency of IPC audits in Long-Term care settings during prevention, enhanced monitoring and Influenza, COVID-19 and GI Outbreaks.

IPC Audits	Frequency			Compliance
	Prevention	Enhanced Monitoring	Outbreak	
Hand Hygiene Audit	Monthly	Weekly	Daily	80% (if <80% repeat weekly during prevention)
PPE Audit	Monthly	Weekly	Daily	100%
Declutter Audit	6 months	6 months	At least once during the outbreak	N/A
Environmental Audit (e.g. glo-germ, ATP)	Monthly	Weekly	2x/week	90%
Soiled Utility Audit	Optional	Optional	Optional	N/A

Tool 22: Facility Influenza-Readiness Report

The Readiness Report is a provincial requirement. The LTC/AL facilities need to report this to Public Health using Cerberus file sharing service. It provides information that is important in terms of assessment of readiness and is important with respect to quality care.

Public Health is required to collate the information from the Readiness Reports and submit it to the BC Centre for Disease Control for:

- Assessment of province-wide preparedness; and
- A provincial summary reports

Consequently, Public Health and/or Long-Term Care is expected to follow up with you if your Readiness Report is not received.

The process of completing the Readiness Report is also a useful check for you to ensure that you are ready should you experience an Influenza Outbreak in your Care Community.

Submit to Public Health via Cerberus

FACILITY INFLUENZA-READINESS REPORT

(Please fill in all that applies to your Care Community)

FACILITY NAME:	**DATE COMPLETED:**	**FACILITY FAX:**
DIRECTOR OF CARE/ MANAGER OR ALTERNATE:	**TEL:**	**FACILITY BED COUNT:**
MEDICAL DIRECTOR:	**TEL:**	

Staff and Others *(Do not count people who will not be at the facility at all between November and the end of May)*	**TOTAL NUMBER OF PEOPLE**	**NO. VACCINATED AGAINST INFLUENZA SEASONAL**	**NO. WITH MEDICAL CONTRAINDICATION TO INFLUENZA VACCINE DOCUMENTED**
REGULAR STAFF			
CASUAL STAFF			
VOLUNTEERS			
CONTRACT WORKERS^ *(Not Facility or FH employees)*			

^STAFF WHO WORK FOR COMPANIES THAT HAVE BEEN CONTRACTED TO CARRY OUT SERVICES WITHIN THE FACILITY (PURCHASED SERVICES, SUCH AS CLEANING SERVICES).

DOES YOUR FACILITY HAVE PRE-PRINTED ORDERS TO:	
DELIVER INFLUENZA VACCINE TO RESIDENTS EACH YEAR?	**YES NO**
START OUTBREAK MEASURES, INCLUDING ANTI-INFLUENZA MEDICATIONS?	**YES NO**
OFFER PNEUMOCOCCAL VACCINE TO ALL ELIGIBLE RESIDENTS UPON ADMISSION?	**YES NO**
DOES YOUR FACILITY HAVE AN 'OUTBREAK PREVENTION AND MANAGEMENT TEAM'?	**YES NO**

***Pneumococcal vaccine* is given once, with one booster at five years *only* for those with asplenia, sickle cell disease, immunosuppressive disease or treatment, or chronic disease of the kidneys or liver. If no prior History of pneumococcal vaccine being given, then vaccinate.**

Neighbourhoods, Floors or other Specified Areas in Facility

NAME OF NEIGHBOURHOOD OR OTHER SPECIFIED AREA	**FLOOR**	**NO. OF RESIDENTS IN THIS AREA**	**NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST INFLUENZA THIS SEASON**	**NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST PNEUMOCOCCUS (*SEE NOTE ABOVE)**
TOTAL FOR ALL NEIGHBOURHOODS/AREAS:				

NOTES:

In the event that the Cerberus website is down, please fax a copy of your form to 604-507-5439

Influenza Immunization Readiness Report – Long Term Care Facilities
2023 – 2024 Season

Term	Instruction/Definition for Reporting
FACILITY NAME	Please print full name of the facility.
DATE COMPLETED	The date on which the long term care facility reports the number of immunized and total residents/staff.
DIRECTOR OF CARE/ MANAGER OR ALTERNATE	Please provide full name of the director/manager or alternative contact.
MEDICAL DIRECTOR	Please provide full name of the medial director.
TEL	Please provide telephone number for director/manager and medical director.
FACILITY BED COUNT	Total number of beds available at the facility for residents.
STAFF AND OTHERS	Do not count people who will not be at the facility at all between November and the end of May. Direct or indirect contact with patients or residents, regardless of whether they are health care providers. This includes administrative or non-patient care staff (e.g. medical records, housekeeping and dietary). This exclude medical residents and students.
REGULAR STAFF	Employed full-time or part-time staff who work on a regularly scheduled basis.
CASUAL STAFF	Employed staff that are not regularly scheduled to work other than during periods that such staff shall relieve a regular full-time or regular part-time employee and/or based on operational needs.
VOLUNTEERS	Not employed by the facility, Fraser Health, or contracted companies. A person who offers their time and labour to the facility (eg. music group helpers, daily mail delivery).
CONTRACT WORKERS	Staff who work for companies that have been contracted to carry out services within the facility (purchased services, such as cleaning services). Does not include facility or Fraser Health hired employees.
TOTAL NUMBER OF PEOPLE (Staff)	Provide total number of staff at the facility grouped by regular, casual, volunteer, and contracted staff.
NUMBER VACCINATED AGAINST INFLUENZA (Staff)	The number of staff at the residential care facility who have been immunized against influenza in the current season. Group by regular, casual, volunteer, and contracted staff.
NAME OF NEIGHBOURHOOD OR OTHER SPECIFIED AREA (Resident)	Please print full name of the units/neighbourhoods where residents reside in the facility.
NUMBER OF RESIDENTS IN THIS AREA (Resident)	The number of individuals living in the unit/neighbourhood. e.g. On December 19th, there were 86 residents residing at the Willow unit.
NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST INFLUENZA THIS SEASON (Resident)	The number of individuals living in the unit/neighbourhood who have been immunized against influenza in the current season (whether prior to admission or at the facility). e.g., 84 of the residents living in the Willow unit on November 19th had been immunized.
NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST PNEUMOCOCCUS (Resident)	Pneumococcal vaccine is given once, with one booster at five years only for those with asplenia, sickle cell disease, immunosuppressive disease or treatment, or chronic disease of the kidneys or liver. If no prior History of pneumococcal vaccine being given, then vaccinate.
DOES YOUR FACILITY HAVE PRE-PRINTED ORDERS TO:	4 questions related to facility outbreak preparedness. Please check off Yes or No to answer the questions.

Tool 23: Staff Influenza Immunization

The Provincial Influenza Prevention Policy is available at:
https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/influenza-information

This policy applies to all Health Authorities. It provides requirements and guidance regarding Influenza Immunization and other Influenza-related measures for Long Term Care Facilities. It aims to reduce the burden of influenza infection and resultant complications in residents, staff, and visitors in Long Term Care. The Provincial Health Officer announces each year the beginning of the Influenza Season and date from which the *Influenza Control Policy* takes effect. Consult the Provincial Influenza Prevention Policy annually for updates. Physicians providing care in Long Term Care facilities are included in this policy.

British Columbia also has a provincial Care Community Influenza Immunization Policy. It requires all health care settings to have a written staff influenza immunization policy in place. This Policy also includes information about the use of anti-influenza medications for prophylaxis (prevention) in Influenza Outbreak settings and situations in which exclusion from work in outbreak settings may occur if not immunized and not on prophylaxis.

Staff
The definition of staff should include casual and regular staff as well as contracted staff, volunteers and students who will be in the Care Community during the respiratory virus season.

Immunization Tracking
All health care settings should maintain annual records of staff influenza immunization. This should include name, date of birth, position (job), where in the Care Community they work and date of influenza immunization.

Annual Immunization
At the time of hiring or placement, information about the policy for annual influenza immunization should be provided to all persons carrying out activities in the Care Community. The policy for annual immunization against influenza should be reviewed with all staff members annually.

Staff Immunizations

Where to obtain a flu vaccine	Reporting of staff immunization
• Fraser Health Staff can book into a Fraser Health Staff Influenza Clinic • Attend a scheduled community clinic • Book an appointment with their family doctor or at a community pharmacy	Information on staff immunization should be maintained in a confidential manner and include: • Staff immunization status (including those who are immunized off-site) • Staff members who may be excluded from work in the event of an influenza outbreak

Staff who report a medical contraindication to influenza vaccine should be provided with information on anti-influenza prophylaxis and early treatment

INFLUENZA VACCINE

Staff Influenza Immunization/Anti-Influenza Prophylaxis List (for Care Community use only)

PERSON IN CHARGE OF PREPARING LIST OF STAFF INFLUENZA VACCINATION/ANTI-INFLUENZA PROPHYLAXIS:									TEL:	
			Complete only if staff are vaccinated at facility							
NAME OF WORKER/ VOLUNTEER/ STUDENT	EMPLOYER (If applicable)	FULL-TIME, PART-TIME, CASUAL, STUDENT, VOLUNTEER	INFLUENZA VACCINE NAME	LOT NO.	WHICH ARM?	DATE OF VACCINATION			REFUSED VACCINE?	MEDICAL CONTRAINDICATION TO INFLUENZA VACCINE
					R / L	DD	MM	YY	YES/NO	YES/NO

RESIDENT INFLUENZA IMMUNIZATION/ANTI-INFLUENZA PROPHYLAXIS LIST

PERSON IN CHARGE OF PREPARING LIST OF RESIDENT INFLUENZA VACCINATION/ANTI-INFLUENZA PROPHYLAXIS:									TEL:				DATE UPDATED:			
RESIDENT NAME	NEIGHBOURHOOD, FLOOR, OR OTHER SPECIFIED AREA	INFLUENZA VACCINE NAME	WHICH ARM?	DATE OF VACCINATION			INITIALS OF VACCINATOR	YEAR OF PNEUMO VACCINE	ESTIMATED CREATININE CLEARANCE	DATE SERUM CREATININE LEVEL DONE (WITHIN 1 YEAR IF CLINICALLY STABLE)			RENAL DOSING FOR ANTIVIRALS?		UP-TO-DATE ORDER FOR PROPHYLACTIC ANTI-INFLUENZA MEDICATIONS ON CHART?	
			R/L	DD	MM	YY			ML/MIN	DD	MM	YY	YES	NO	YES	NO

Tool 24: Helpful Information about Common Respiratory Viruses

Virus	Epidemiology	Incubation Period	Symptoms and symptoms duration	Period of communicability	
Influenza A (In Northern Hemisphere)	Between October and March Causes mild to severe symptoms Causes infection in all age groups with highest incidence in children; highest mortality in elderly and those with comorbidity Can infect animals and humans Causes most outbreaks	1-4 days (average = 3 days)	Fever, cough (often severe and may last longer than other symptoms), headache, muscle/joint pain, sore throat, prostration, and exhaustion. Gastro-intestinal symptoms may occur in children Duration: 2-7 days	3-5 days from clinical onset in adults (Average = 4 days); up to 7 days in young children Asymptomatic people may be infectious	Yearly vaccine (for Influenza A and B) Anti-influenza medications for prophylaxis and treatment: • Neuraminidase inhibitors for Influenza A and B (Oseltamivir or Zanamivir)
Influenza B (In Northern Hemisphere)	Between October and March Causes milder infection Mostly affects children Can cause outbreaks			3-5 days from clinical onset in adults (Average = 4 days); up to 7 days in young children Asymptomatic people may be infectious	
Parainfluenza virus **Types 1, 2, 3 and 4**	Entire year (little seasonal pattern) Predominately causes infection and outbreaks in young children and the elderly	2-6 days	Fever, cough, wheezing Croup	From shortly prior to clinical onset and for duration of active disease	Symptomatic treatment only

Virus	Epidemiology	Incubation Period	Symptoms and symptoms duration	Period of communicability	
Respiratory Syncytial virus (RSV)	Usually seasonal: winter and early spring Predominantly causes infection & outbreaks in young children and the elderly	2-8 days	Fever, cough, wheezing Bronchiolitis in children Pneumonia in adults	Shortly before clinical onset and duration of active disease. Viral shedding may persist for several weeks or longer after symptoms have subsided, especially in children	
Adenovirus	Usually fall and winter Causes infection in all ages	Usually 4-5 days, range 2-14 days for respiratory disease	Conjunctivitis, sore throat, fever, and other respiratory symptoms	From up to a week prior to clinical onset and for duration of active disease Viral shedding may persist for long time	Symptomatic treatment only
Common respiratory viruses, such as: **Rhinovirus** **Coronavirus** **Human Metapneumo-virus** **Echovirus, Coxsackievirus and other Enteroviruses**	Throughout the year with peaks in the spring and fall	Usually 2-3 days, but may be longer	'Common cold' type illness: Sneezing, runny nose, cough, sore throat, sinus congestion, malaise, headache, myalgia (muscle aches) and/or low-grade fever	Viral shedding usually most abundant during the first -3 days of clinical illness. Shedding usually ceases by 7-10 days, but may continue for up to 3 weeks	Symptomatic treatment only

Virus	Epidemiology	Incubation Period	Symptoms and symptoms duration	Period of communicability	
SARS-CoV-2	Epidemiology is evolving at the time of writing.	The incubation period for SARS-CoV-2 may differ depending on the variant. Pre-Omicron, the incubation period ranged from 2-14 days, with a median of 5 to 7 days. The incubation period for Omicron has a shorter median of 3 days (range 0-8 days) (11-14)	Cough and fever, loss of smell or taste, sore throat, fatigue, headache	Cases are most infectious during the few days before and after symptom onset. Transmissibility declines rapidly 2-3 days after symptom onset	
Bordetella Pertussis	Neither infection nor immunization provides lifelong immunity	7-10 days (range 5-21 days)	Mild URI with minimal or fever, progresses to cough then paroxysms of cough with inspiratory whoop a commonly followed by vomiting. Duration 6-10 weeks	From onset of early symptoms and first two weeks of cough	Immunization, chemoprophylaxis for all household contacts and close contacts regardless of age and immunization status. Antibiotic therapy for treatment
Legionella sp.	Acquired through inhalation of aerosolized contaminated water, NOT from person to person	2-10 days	Fever, cough progressive respiratory distress. Occurs most commonly in those who are elderly, immune-compromised or have underlying lung disease	Person to person transmission not documented	Antibiotic therapy for treatment

Virus	Epidemiology	Incubation Period	Symptoms and symptoms duration	Period of communicability	
Mycoplasma Pneumoniae	Worldwide non-seasonal. More common in school age and young adults	2-3 weeks (range 1-4 weeks)	Fever, acute bronchial cough non-productive initially	Duration of symptoms	Mild illness may resolve on its own, inherently resistant to beta-lactam agents
Chlamydia Pneumoniae	Throughout the year, no seasonality	21 days	Fever, sore throat, prolonged cough, headache, and malaise	Not defined	Antibiotics based on clinical picture

Adapted from PICNetBC 2018 and BCCDC 2022 VRI toolkit– Respiratory Outbreak Guidelines. Available at: http://www.picnet.ca/ Guidelines and Toolkits Tab or directly at: Respiratory-Infection-Outbreak-Guidelines-for-Healthcare-Facilities_November-2018.pdf (picnet.ca) for "Respiratory Infection Outbreak Guidelines for Healthcare Facilities"

Tool 25: Management of ill Residents during an Influenza Outbreak

For outbreaks of influenza only: If started within 48 hours of symptom onset, treatment may be helpful with Influenza A and Influenza B. Initiate treatment in accordance with Care Community protocol and pre-printed orders (**Tool 3**, **Tool 4**, **Tool 5**, **Tool 29**)

In a Care Community Influenza Outbreak, it may be recommended to provide anti-influenza treatment to residents with severe illness, even if started later than 48 hours after symptom onset--up to 96 hours after symptom onset. Consult with Facility Care Community Director or resident's most responsible provider (MRP) if resident is not improving or needs medical assessment. **If the influenza virus circulating is suspected to be resistant to Oseltamivir based on several factors assessed through daily reporting and follow up with the site, Public Health (PH) will re-assess the situation and provide recommendations.**

Prophylaxis following treatment: Treated residents will NOT switch to the use of anti-influenza medication for prophylaxis after their treatment is finished: When to Start Treatment and/or Prophylaxis for Influenza during an Outbreak

If a non-influenza, respiratory virus is known to be, or highly suspected to be, causing illness in the same Care Community during an influenza outbreak: Your Medical Director or PH may recommend that residents, who were ill with suspected influenza, but NOT laboratory confirmed, continue on the prophylactic dose of anti-influenza medication until the outbreak is declared over. This will be recommended ONLY if influenza is still considered to be circulating in the Care Community:

If more than one Influenza virus is causing illness during an outbreak (e.g., Influenza A and Influenza B): In such situations, your Medical Director or PH Outbreak Management Contact MAY recommend that ALL ill residents who have been treated with a 5-day treatment course of anti-influenza medication, including those who have been laboratory confirmed as having had influenza and have completed a 5 day course of treatment, continue on the prophylactic dose of the anti-influenza medication until the mixed influenza virus outbreak is declared over: Complicated Influenza Outbreak – Two Different Influenza Viruses are Circulating

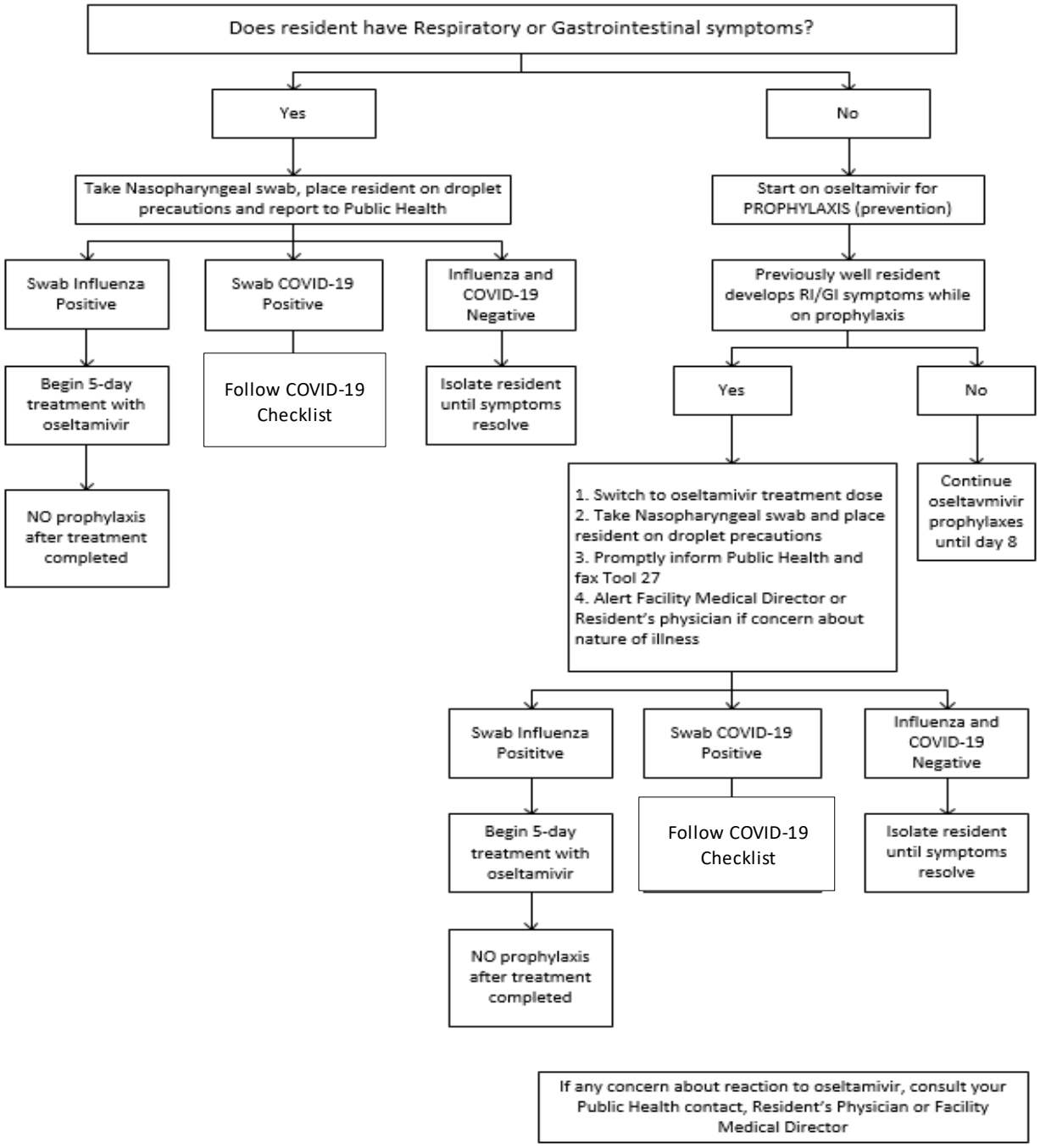
If more than one Influenza virus is causing illness during an outbreak and one is an Oseltamivir resistant strain: If an unusual situation like this occurs, there will be consultation about the wisdom of using or not using anti-influenza medications. PH will be in touch with your Care Community Medical Director to discuss and decide on the most appropriate approach.

Influenza Immunization following recovery
Unless there is a medical contraindication to influenza immunization, when recovered, any resident who was not previously vaccinated against influenza should be vaccinated with influenza vaccine if the influenza season is not yet over (due to potential for infection by a different influenza virus).

Tool 26: Flowcharts for Influenza Outbreaks

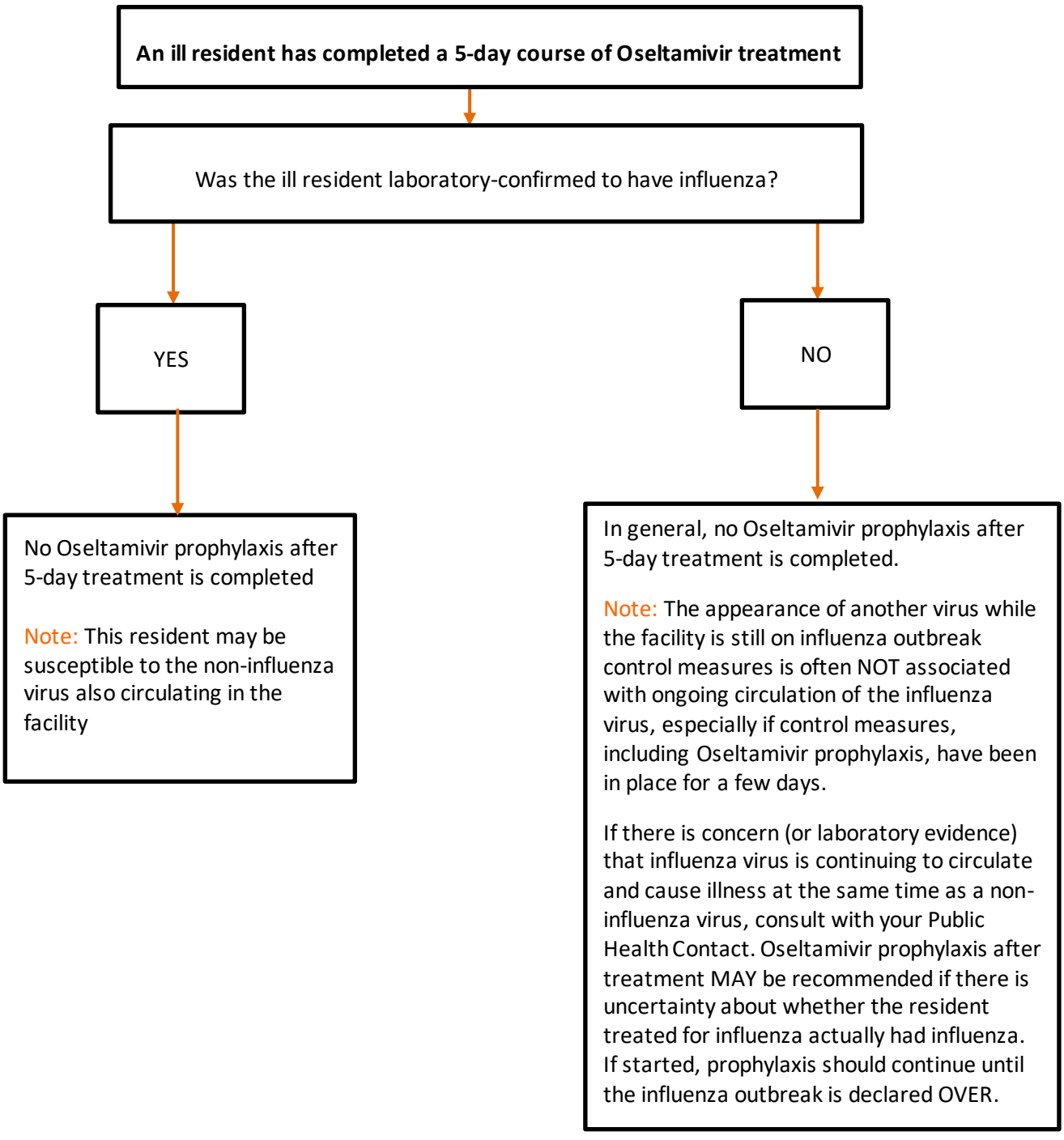
When to Start Treatment and/or Prophylaxis when an Influenza Outbreak has been declared and Control Measures Initiated

For use in the common situation in which A SINGLE INFLUENZA VIRUS type is believed to be causing the Outbreak (Influenza A or Influenza B virus).



Complicated Influenza Outbreak

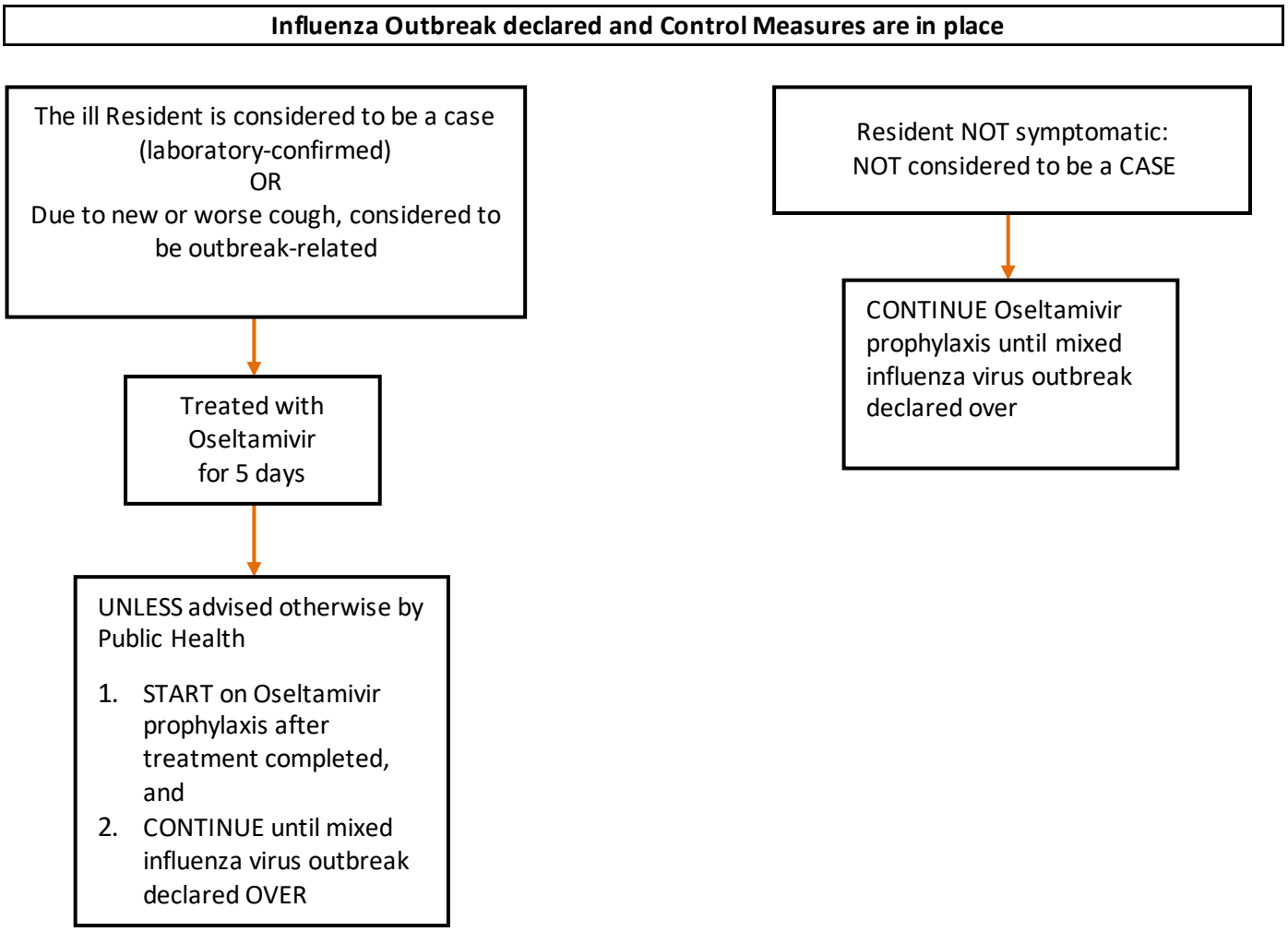
For use in a situation in which an Influenza outbreak is being managed with Influenza control measures (including Oseltamivir prophylaxis and treatment) in place, BUT BEFORE THE OUTBREAK IS DECLARED OVER, residents on prophylaxis develop new or worse cough AND testing confirms a non-influenza virus is also causing illness during the influenza outbreak (**Tool 24**)



In this situation, your Public Health Contact will work with you to decide when to declare the influenza outbreak over and switch to a Non Influenza outbreak

Complicated Influenza Outbreak – Two Different Influenza Viruses are Circulating

For use in a situation in which two different INFLUENZA Viruses are believed to be causing illness during the same Care Community outbreak. Though not common, every few years a Care Community may experience an outbreak caused by an influenza virus (usually an Influenza A virus) and, at the same time or before the outbreak is declared over, will receive laboratory confirmation of residents becoming ill with a different influenza virus (usually an Influenza B virus).



Tool 27: Resident Illness Report and Tracking Form - [Resident Illness Reporting]

Tool 27: RESIDENT Illness Report and Tracking Form

COMPLETE ONE FORM PER UNIT

***Please do not enter data for multiple units on one form!**

MANDATORY SECTIONS IN GREY

If you already have a Cerberus account, upload form here. If not, please email for an upload link at covidintakehub@fraserhealth.ca.
Guide to how to fill out and submit form here

SECTION A: ENTRY/UNIT/FACILITY INFORMATION			
Please Print Full Unit Name	**Unit Name:**		# Of Residents On Unit:
Please Print Full Name	**Facility Name:**		Unit Type: ☐ LTC ☐ AL/IL ☐ AL ☐ LTC/AL
Date Public Health Contact Notified: DD/MMM/YYYY	Time Public Health Contact Notified (HH:MM):		Date Antiviral Prophylaxis Initiated (FOR FLU ONLY): DD/MMM/YYYY
Form Completed By:	Telephone (Direct Line):	Telephone (After Hours):	

SECTION B: IMMUNIZATION INFORMATION		
Total # Of Residents In The Facility:	Total # Of Residents Vaccinated For Flu In The Facility:	Total # Of Residents Vaccinated For COVID In The Facility^:

^ Vaccinated for COVID-19 defined as: Primary series (3 doses) + 1 booster dose within the past 6 months

SECTION C: ENTRY INFORMATION						
DATE OF UPDATE: DD/MMM/YYYY	FIRST REPORT:	UPDATE #1:	UPDATE #2:	UPDATE #3:	UPDATE #4:	UPDATE #5:
	UPDATE #6:	UPDATE #7:	UPDATE #8:	UPDATE #9:	UPDATE #10:	UPDATE #11:

SECTION D: RESIDENT INFORMATION

Name Of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex	Age	Symptomatic*?	Date Onset Of First Symptom		Swab Taken?	Lab Result: If Swab Taken, Any Positive Test Result(s)? *Please leave blank if pending results*	Lab Result: Collection Date of FIRST Positive PCR Test		Lab Result: Name Of Virus Detected by PCR	Collection Date of FIRST Positive COVID RAT Test		If Applicable: Date Resident Isolated		If Applicable: Date Flu Antiviral Treatment Started		If Applicable: Date Resident Admitted To Hospital		If Applicable: Date Of Resident's Death	
		M/F		Y/N	MM	DD	Y/N		MM	DD		MM	DD	MM	DD	MM	DD	MM	DD	MM	DD
								☐ Yes ☐ No ☐ Indeterminate results only			☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV										
								☐ Yes ☐ No ☐ Indeterminate results only			☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV										
								☐ Yes ☐ No ☐ Indeterminate results only			☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV										
								☐ Yes ☐ No ☐ Indeterminate results only			☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV										
								☐ Yes ☐ No ☐ Indeterminate results only			☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV										
								☐ Yes ☐ No ☐ Indeterminate results only			☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV										
								☐ Yes ☐ No ☐ Indeterminate results only			☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV										
								☐ Yes ☐ No ☐ Indeterminate results only			☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV										

* VIRAL RESPIRATORY ILLNESS SYMPTOMS: including fever, cough (new or worse), sore throat or painful swallowing, body aches, extreme fatigue, diarrhea, difficulty breathing, nausea, vomiting, headache, loss of appetite, chills, and/or runny nose. SYMPTOMS MORE SPECIFIC TO COVID-19: Loss of sense of smell or taste.

fraserhealth VIRAL RESPIRATORY OUTBREAK PROTOCOL AND TOOLKIT FOR RESIDENTIAL CARE FACILITIES VERSION: July 6, 2023

PAGE ___ OUT OF ___

Additional Resources:

- How to complete Public Health Tool 27/28 Tips Document
- Reporting to Public Health- Fraser health Authority

Tool 28: Staff Illness Report and Tracking Form

Tool 28: STAFF Illness Tracking Form

COMPLETE ONE FORM PER FACILITY

Please track positive staff cases for internal management. This form is not required for reporting to Public Health but information on current and prior staff cases may be requested on an ad hoc basis.

SECTION A: ENTRY/FACILITY INFORMATION		
Please Print Full Name **Facility Name:**		Facility Type : ☐ LTC ☐ AL ☐ LTC/AL
Date Public Health Contact Notified: DD-MMM-YYYY		Time Public Health Contact Notified (HH:MM):
Form Completed By:	Telephone (Direct Line):	Telephone (After Hours):
Total # Of Staff In The Facility:	Total # Of Staff Vaccinated For Flu In The Facility:	Total # Of Staff Vaccinated For COVID In The Facility^:

^ Vaccinated for COVID-19 defined as: Primary series (3 doses) + 1 booster dose within the past 6 months

SECTION B: ENTRY INFORMATION						
DATE OF UPDATE: DD-MMM-YYYY	FIRST REPORT:	UPDATE #1:	UPDATE #2:	UPDATE #3:	UPDATE #4:	UPDATE #5:
	UPDATE #6:	UPDATE #7:	UPDATE #8:	UPDATE #9:	UPDATE #10:	UPDATE #11:

SECTION C: STAFF INFORMATION

Name Of Staff (Last Name, First Name)	Care Card Number (PHN)	Sex	Age	Unit/Floor/ Neighbourhood Worked on While Symptomatic *Please Print Full Name!*	Symptomatic*?	Date Onset Of First Symptom		Swab Taken ?	Lab Result: Collection Date of FIRST Positive PCR Test		Lab Result: Name Of Virus Detected by PCR	Lab Result: Collection Date of FIRST Positive RAT Test Taken		Date Last Worked At Facility	
		M/F			Y/N	MM	DD	Y/N	MM	DD		MM	DD	MM	DD
											☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV				
											☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV				
											☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV				
											☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV				
											☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV				
											☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV				
											☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV				
											☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV				

* VIRAL RESPIRATORY ILLNESS SYMPTOMS: including fever, cough (new or worse), sore throat or painful swallowing, body aches, extreme fatigue, diarrhea, difficulty breathing, nausea, vomiting, headache, loss of appetite, chills, and/or runny nose. SYMPTOMS MORE SPECIFIC TO COVID-19: Loss of sense of smell or taste.

If more rows needed, please continue on a new form and specify total number of pages: PAGE ___ OUT OF ___

fraserhealth VIRAL RESPIRATORY OUTBREAK PROTOCOL AND TOOLKIT FOR RESIDENTIAL CARE FACILITIES
VERSION: August 29, 2023

Tool 29: Letter to Physician: Staff Member Recommended to Take Anti-Influenza Medication for Prophylaxis during an Influenza Outbreak

A Letter to Physician for Staff Member recommended to take Anti-influenza Prophylaxis for an Influenza Outbreak' is on the following page. **Please photocopy and use as required.**

Oseltamivir (Tamiflu®) is the medication of choice for treatment or prophylaxis (as indicated) in Influenza outbreaks in care facilities UNLESS the causative influenza virus is confirmed to be Oseltamivir-resistant Influenza A/H1. Zanamivir (Relenza®) is an acceptable alternative.

PROCESS:

- Fill in the date AND the name of the staff member
- Provide the letter medication

NOTES:

PROPHYLAXIS (PREVENTION):

- To the Staff Member to give to the Physician who will be asked to prescribe the anti-influenza medication
- Prophylaxis is recommended for all unvaccinated staff members who are working in a Care Community during an influenza outbreak. The staff member is to use the medication for prophylaxis (prevention) UNTIL the outbreak is declared over
- **If a staff member develops new or worse cough or Influenza-like Illness while on prophylaxis, the staff member should consult with the physician immediately**
- **Calling ahead is important so that appropriate precautions can be taken to reduce risk of exposing others**

Updated guidance on the use of antivirals is available from the Association of Medical Microbiology and Infectious Disease Canada, https://www.ammi.ca/?ID=122&Language=ENG

fraserhealth

From the Office of the
Medical Health Officer

Type of Outbreak: Influenza A or B

Date: _____

Re: Influenza Antiviral Prophylaxis for _____

This person is recommended to take anti-influenza medication to **protect against getting influenza** because of an outbreak of influenza at her/his place of work. If no contraindication, please prescribe **Oseltamivir** as the medication of choice. Zanamivir (Relenza®) is an acceptable alternative. Amantadine is **NOT** recommended for prophylaxis or treatment of influenza sensitive to Oseltamivir. See product monographs for detailed prescribing information.

Please Mark the Prescription: "For Prevention during an Influenza Outbreak"

To contact the MHO in your area during working hours, call 604-587-3828 or 1-877-342-6467

Prophylaxis for Both Influenza A and B**: BASED** on prescribing information, the recommended dose of Oseltamivir for prophylaxis is 75 mg once daily for individuals 13 years of age and older. For individuals with compromised renal function, please contact your local pharmacist for an appropriate dosage of Oseltamivir. Therapy should begin within 2 days of exposure after the onset of symptoms in the index case.

Treatment for a confirmed case of Influenza A and B to be beneficial should begin within 48 hours of onset of symptoms.

Cautions and Contraindications:
Avoid use in pregnancy and lactation unless potential benefits outweigh potential risks to the fetus. Safety with hepatic impairment is not established. Probenecid doubles the active metabolite of Oseltamivir, but no dose adjustment is required.

Prescribing Oseltamivir (TAMIFLU®) Product monograph may be found at:
http://www.rochecanada.com/content/dam/roche_canada/en_CA/documents/Research/ClinicalTrialsForms/Products/ConsumerInformation/MonographsandPublicAdvisories/Tamiflu/Tamiflu_PM_E.pdf

Additional information is available from the Association of Medical Microbiology and Infectious Diseases Canada (AMMI) at: https://www.ammi.ca/?ID=122&Language=ENG

Public Health is actively assessing resident case trends at the employees' place of work when an influenza outbreak has been declared. If resistance to Oseltamivir is suspected, Public Health will assess and notify the Care Community if there are any changes to the antiviral recommendation. The employee would inform his/her/their most responsible provider to review any previously prescribed prophylaxis /treatment and adjust medications accordingly

Tool 30: Preventive Measures for Asymptomatic Staff during an Influenza Outbreak

Expectations regarding preventive measures for unaffected staff members (including contracted staff, volunteers, and students) during an influenza outbreak are contained in the Provincial Influenza Control Policy, the BC Care Community Influenza Immunization Policy, and its Question & Answer document

All staff, vaccinated or unvaccinated, should consider the following recommendations:

- Adherence to recommended infection prevention and control practices during outbreak
- Should practice continuous medical masking in resident care areas. A resident care area is any area in an LTC/AL that is accessible to residents.
- Extra vigilance in self-assessment (watch for signs and symptoms) and reporting at first signs of new cough or other signs and symptoms compatible with Influenza-Like Illness (ILI)
- In some situations, arrangements for early anti-influenza treatment at first sign of ILI may be recommended by their most responsible health care practitioner.
- Unvaccinated staff: recommended to take anti-influenza medication in the event of an outbreak
    - Staff members who will be using anti-influenza medication will need to obtain a prescription from their MRP
- Offer influenza vaccine to all non-immunized staff without medical contraindication to the vaccine (As per the BCCDC vaccine product information)
- Staff members who are pregnant or have other health conditions that put them at higher risk of complications from Influenza infection may want to consult with their most responsible provider (MRP)

Direct links to the specific documents are:

- Provincial Influenza Control Policy**:** Additional Influenza Information - Province of British Columbia (gov.bc.ca)

Unusual Situations: Management as Recommended by Public Health for Asymptomatic Staff:

In some situations (e.g., influenza vaccine not yet available, low rates of immunization coverage, inability to provide acceptable resident care due to staff shortage related to illness or potential exclusion), special considerations may be required and will be worked out in consultation between Care Community Administration, the Care Community Director, and Public Health

Tool 31: Acute Care to LTC/AL Transfer Document

Resident/Tenant transfer recommendations from Acute Care to LTC or Assisted Living (AL) Care Communities are based on:

- COVID-19/Influenza Exposure Status of Acute Care Unit and LTC/AL Unit/Neighborhood
- COVID-19/ Influenza Status of Patient

  - **Pathogens are not interchangeable within the table. Transfer guidance is based on transferring to/from units with the same pathogen (e.g. COVID-19 unit/neighborhood to COVID-19 unit/ neighborhood or Influenza unit/neighborhood to Influenza unit/neighborhood)**
  - Testing is only recommended for symptomatic residents/tenants
  - Units/neighborhoods that are on COVID-19 Enhanced monitoring measures may have additional Public Health (PH) measures in place that affect transfers to the receiving LTC Care Community, consult Public Health for guidance in these situations.
  - Acute Care Alert: A term used by acute care that is similar to Enhanced Monitoring status in LTC/AL Care Communities
  - **Respiratory Syncytial Virus** (RSV): no restrictions on admissions and transfers unless additional PH measures are in place at the MHO's discretion. Refer to the "Other Respiratory Checklist"

Guiding principles to consider regarding new moves into or moves back to the resident(s) home in the Care Community:

1. When deciding about a new move or a move back into a resident's home in a Care Community, somethings to consider are:
    a) Aiming to protect the health and safety of residents
    b) Respecting a resident's preference to reside at home
    c) The risks associated with moving in, but also with delaying a move in or prolonging time in hospital while awaiting return to the Care Community. In most cases, the decision should be a new or returning resident coming to the Care Community

2. In all cases, decisions about a move should include involvement of:
    a) The resident and/or decision maker of the resident to be aware of the risks and benefits associated with the decision
    b) The discharging or most responsible physician knowledgeable about the resident's health status
    c) The receiving Care Community physician/facility medical director

Patient Status: Positive for Influenza or COVID-19

Acute Care Unit	LTC/AL Unit	Transfer Recommendations

Outbreak or Alert	Outbreak or Enhanced Monitoring	• Can be transferred to LTC/AL if patient is medically stable and hospital care is no longer needed
		• Patient/substitute decision maker should be informed of the outbreak/enhanced monitoring status of the receiving Care Community and the transfer conditions:
		  • Transfer to a private room until isolation is completed
		  • No transfer if going to a multi-bed room while infectious, hold transfer until isolation has been completed
		  Make sure new or returning residents to the Care Community have been immunized/offered immunization against influenza/COVID-19 as per the most up-to-date recommendations
		Transfer from an acute care unit on Influenza Outbreak: ensure new or returning residents who started the anti-viral prophylaxis in the hospital are to continue with it and complete it as directed by the MRP

Outbreak or Alert	No Outbreak and/or No Enhanced Monitoring	
No Outbreak or Alert	Outbreak or Enhanced Monitoring	

Patient Status: Negative, Asymptomatic, or Not Tested for Influenza or COVID-19

Acute Care Unit	LTC/AL Unit	Transfer Recommendations

Outbreak or Alert	Outbreak or Enhanced Monitoring	• Resident/tenant can be transferred back to the unit
		• Patient/substitute decision maker should be informed of the outbreak/enhanced monitoring status of the receiving facility and the transfer conditions:
		  • Care community to screen for symptoms for 4 days from discharge or length of time of enhanced monitoring/outbreak whichever is longer
		  • Transfer ideally to a private room, especially roommates of a confirmed case

		• For transfer from an acute care unit on COVID-19 outbreak/alert, droplet precautions for 4 days on arrival to Care Community • Make sure new or returning residents to the Care Community have been immunized/offered immunization against influenza/COVID-19 as per the most up-to-date recommendations **Transferring to a unit on Influenza Outbreak:** • Make sure new or returning residents/tenants to the Care Community have started on anti-viral prophylaxis prior to the move unless they have had influenza due to the same strain in the last three months **or** refuse to take the prophylaxis • Those who started the anti-viral prophylaxis in the hospital are to continue it as directed by the MRP.
Outbreak or Alert	No Outbreak and/or No Enhanced Monitoring	**Acute Care Outbreak or Alert Status** • Patient/substitute decision maker should be informed of the transfer conditions: • Transfer to a private room • Screen for symptoms for 4 days from discharge • For transfer from an acute care unit on COVID-19 outbreak/alert, droplet precautions for 4 days on arrival to Care Community • If private room is not available, hold transfer until outbreak/alert is over or consult with Public Health if transfer is desired **Transferring from an acute care unit on Influenza Outbreak**: those who started the anti-viral prophylaxis in the hospital are to continue with it and complete it as directed by the MRP
No Outbreak or Alert	Outbreak or Enhanced Monitoring	**LTC/AL Enhanced Monitoring Status:** • Transfer/admission to the affected unit (preferably when the situation at the LTC/AL is settling down) • Patient/substitute decision maker should be informed of the outbreak/enhanced monitoring status and the transfer conditions: • Make sure new or returning residents to the Care Community have been immunized/offered immunization against influenza/COVID-19 as per the most up-to-date recommendations

		LTC/AL Outbreak Status: **Affected Unit:** • Patient can be transferred with MHO approval only. Please contact Public Health if transfer is desired **COVID-19 Outbreak**: If patient has recovered from PCR confirmed COVID-19 within 60 days, transfer can occur **Influenza Outbreak**: If transfer approved by the MHO, consult Public Health for anti-viral recommendations

Approved by Public Health Medical Health Officer Dr. Jing Hu October 2023

FOR TRANSFERS WITHIN your Care Community, consult Public Health Contact (Tool 2). This includes moving a client to or from an area WITH a declared INFLUENZA outbreak to or from a completely separate (see below) area/neighbourhood WITHOUT a declared INFLUENZA outbreak.

Definition of Completely Separate Areas of a Care Community —Guidance for Implementation of Control Measures

Completely separate areas means:

- Physically separate
- No movement of people (i.e., staff, visitors, service providers, others) between or through the areas
- No movement of services and equipment (e.g., equipment, books, recreational material, wheelchairs, meal carts, housekeeping carts etc.) between the areas.

Completely separate unaffected areas are exempt from outbreak control measures if complete separation can be maintained from affected areas.

If a complete separation from the affected area is not achievable, all areas should initiate and maintain outbreak control measures.

NOTE: *Decisions regarding areas under Control Measures are determined in consultation with Public Health Contact after the site risk assessment*

As Your Care Community Gets Closer to the End of the Outbreak:

Remain on the alert for possible new cases of cough

If staff or residents are experiencing new onset RI symptoms after a period with no new cases or there are changes in severity or pattern of illness, review surveillance and control measures. Consult with Public Health Contact **Tool 2**. Additional testing may be indicated if there is suspicion that a different virus might be causing the new infections.

Tool 32: Resident Transfer Form: Care Community to Emergency Department (CommuniCARE)

Guidelines for Use: The Resident Transfer Form is to be used by RN/RPN/LPN to provide information about a resident being transferred from Long Term Care to the emergency room (ER). It is a method of communicating essential information about a resident's condition to ensure that care requirements are safely met. As part of the **CommuniCARE *process***, there is **regular communication between the Care Community and the hospital** emergency or inpatient areas.

The Transfer Form MUST indicate if there is an OUTBREAK of any kind in your Care Community

General Considerations

- An RN/RPN/LPN to complete the Resident Transfer Form and send with **each** resident being transferred to an ER
- After the form is completed, take a photocopy for the resident's record, and send the original with the resident to the receiving hospital site
- The **ER** Form (both the original and copy) is a permanent part of the Health Record

FH Users may access the transfer form using this link on the Intranet:
https://pulse/clinical/dst/Pages/dst.aspx?dstID=5894

External Users (contracted sites*)* may access the transfer form through the password protected Extranet using this link: NUXX105077B_ResidentCareFacilit (fraserhealth.ca)

Tool 33: Declaring an Outbreak Over Influenza A and/or Influenza B Outbreak

- For a Seasonal Influenza A or B Outbreak, Antiviral Prophylaxis will remain in place until Day 8, when Day 0 is the Day Prophylaxis was started
- Other Outbreak Control Measures will remain in place until Day 10, when the Outbreak can be Declared Over

RATIONALE:

A person with Influenza usually sheds virus for 3-5 days. If this virus infects someone else, it usually takes 1 to 3 days to show symptoms, 3 to 5 days shedding + 1 to 3 days for a newly infected person to show symptoms = 4 to 8 days*

Due to the incubation and transmission periods, it is expected that new cases of influenza will continue to occur for up to 5 days after prophylaxis has been started. However, it is unusual to see new cases more than five full days after prophylaxis has been started. Consequently, antiviral prophylaxis can be stopped on Day 8 (when Day 0 is the day it was started), and the outbreak can be declared over on Day 10.

All new symptomatic residents should be swabbed to determine whether they are true influenza cases, whether there is resistance to the antivirals, or whether a non-influenza virus is also circulating.

Consult with your Public Health Contact for advice about stopping the antiviral prophylaxis and declaring the outbreak over **(Tool 2).**

Day outbreak declared	Day 0 Antiviral prophylaxis started	Days 1-5 Expect new influenza cases	Days 6-7 Expect no new influenza cases – if cases arise swab and consult	Day 8 Stop antiviral prophylaxis	Day 10 Stop other outbreak control measures OUTBREAK DECLARED OVER

Contact Public Health (Tool 2), via the Respiratory Illness Outbreak (RION) notification e-mail, will inform Fraser Health Long Term Care, Assisted Living and Specialized Populations (RCALSP) Contracts and Services and Care Community Licensing that the Influenza Outbreak has been declared over and that Outbreak Control Measures have been terminated.

COVID-19 and Other Viral Respiratory Illness

- Refer to the appropriate checklists below for guidance

CHECKLISTS

1. Influenza One Case Check List (Resident)
2. Influenza Outbreak Control Measures Checklist (Influenza A and B)
3. Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Resident Case(s)
4. Staff Case(s) Checklist in LTC/AL: Influenza and/or COVID-19
5. Other Respiratory Illness (Non-Influenza/Non Covid-19)
6. Suspect Case Checklist (Influenza, COVID-19, and/or other Respiratory Illness)

Influenza One Case Check List (Resident)

The following checklist outlines measures to be implemented by the site when a resident tests positive for Influenza

This checklist is used for Care Communities that are **NOT currently on Influenza Outbreak**

For the purposes of this document, the term ***client*** is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides in the Care Community

NOTE: If **BOTH** COVID-19 and Influenza are identified on swab results, contact Public Health and:

1. Follow the checklist below
   AND
2. Refer to the Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Client Case(s) and contact PH, as needed

Ongoing Case Detection and Confirmation

Testing and Reporting to Public Health

- Care Community should **report** confirmed cases using the Tool 27 (Residents)
  - Maintain separate **report and tracking** lists of confirmed positive clients See Public Health Tool 27: Resident Illness Report and Tracking Form
- Submit Tool 27 daily to Public Health via Cerberus or if Cerberus is unavailable fax to: 604-587-4414. For information on how to use Cerberus or fill out Tool 27, see Reporting to Public Health- Fraser health Authority

NOTE: Please ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, please select COVID-19, Influenza, RSV on the requisition form and/or any other testing recommended by the client's most responsible provider

Remain alert and assess for new cases twice daily
Review with Public Health if exposure management is not progressing as expected

Confirmed Client Cases

Isolate and place on Droplet Precautions (see: Droplet Precautions Poster) through their infectious period (5 days from symptom onset)

- If client is taken out of their room, provide a medical mask to the client if tolerated and assist in cleaning their hands as required
- Provide tray service to client case(s) in their room during isolation period

NOTE: Roommates of a confirmed case are to isolate in the room as they have a high likelihood of becoming a case

Post **Droplet Precaution signage** outside the client's room (**see:** Droplet Precautions Poster)

- Use appropriate **personal protective equipment** to deliver care to the symptomatic client
- Only essential Aerosol Generating Procedures (AGP) are to be performed (Tool 17)
  - Follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE

N95 respirator is not required for Droplet Precautions only

Treatment: Start treatment as advised by client's primary care provider and/or medical director. Further assessment and treatment may be indicated; antivirals should be started within 48 hours of symptom onset

Ensure ongoing serious illness conversations are occurring as appropriate with Substitute Decision Maker, goals of care are aligning with management and client's MOST is current & up to date.

Ensure Care Community (and Medical Director, delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client's goals of care

Confirmed Staff Case(s) or Symptomatic Staff

- Staff who are symptomatic prior to coming to work are to stay home
- Staff that present to work with symptoms, or begin to experience symptoms during their shift are to inform the supervisor, leave the worksite immediately and get tested if needed
- If worksite collects the specimen, ensure to put on the lab requisition and sample "HCW LTC"
- Treatment: start treatment as advised by your primary care provider

Return to Work Guidance

Staff are to stay home when sick and can return to work when:

- Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications

Upon returning to work, all staff must do the following:

- Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved
- Continue to follow current IPC recommendations and measures

For more details, refer to Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness

Symptomatic Client(s)

Nursing staff (LTC and AL) obtain a nasopharyngeal (NP) swab (preferred) or Rapid Antigen Test (POC) specimen for **symptomatic** clients:

If unable to obtain a nasopharyngeal swab, a saline gargle sample may be appropriate

- For Instructions on how to collect a nasopharyngeal swab or saline gargle sample see Specimen Collection Process the swab/gargle should be obtained as soon as possible and sent to BCCDC
- Label requisition "LTC" to ensure prioritized testing

- **Isolate** the client in their room and **Implement Droplet Precautions** for the duration of their infectious period (5 days from symptom onset)
- Provide tray service in their room during isolation

Care Community Measures

Preventive Measures for asymptomatic staff and clients

Promote hand hygiene and respiratory etiquette

Active symptom screening twice per shift:

- Care Community to have a low threshold for testing any symptomatic clients or staff
- All clients on the affected unit/floor with no symptoms should continue twice daily screening
- All staff to be screened at beginning and during shift
  - Screen staff for RI symptoms
  - Staff screening of each other must occur during the shift.

Prophylaxis: Start anti-viral prophylaxis as advised by Public Health (in consultation with your Care Community Medical Director, if applicable) (Tool 3)

Place **personal protective equipment** and hand hygiene station outside the room for staff use prior to entering the room (Tool 18)

- Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed clients

Dedicate **equipment** for the symptomatic client (e.g., thermometer, BP cuff, stethoscope, and commode) as much as possible

- Ensure all shared equipment is cleaned and disinfected between users with a hospital grade disinfectant (Tool 19)
- Refer to Health Canada COVID-19 Approved Disinfectants: Health Canada COVID-19 Approved Disinfectant

	Nursing staff (LTC only) obtain a **nasopharyngeal (NP) swab** specimen if clients become symptomatic (Tool 11): For Instructions on how to collect a nasopharyngeal swab see Specimen Collection Process • The swab should be obtained as soon as possible and sent to BCCDC • Label requisition "LTC" to ensure prioritized testing
	Cleaning: Inform housekeeping to start enhanced cleaning • Twice daily cleaning of the affected unit/floor including high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment) (Tool 19) • Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes
	Masking & PPE • HCWs, visitors, contractors and volunteers should practice continuous medical masking in resident care areas. A resident care area is any area in an LTC/AL that is accessible to residents. • Masking is required when it is directed by FH Public Health
	Communal dining can continue, ensuring the appropriate infection prevention and control precautions are being followed
	Group activities can continue at the discretion of the Leadership Team
	Ambassadors • Present at Care Community entrances to perform active screening on visitors for signs and symptoms of illness • Ambassadors will provide medical masks to everyone entering a resident care area and will direct everyone to perform hand hygiene upon entry
	Visitation • Visitors are permitted on the unit • Visitors must follow appropriate infection control measures (e.g., Droplet Precautions) • Visitors should follow current provincial masking guidance/direction. Masking is required when it is directed by FH Public Health
	Notify leaders for the Care Community (Director of Care/AL Site Manager and/or Facility Care Community Director)
	Cohorting staff assignment is recommended but not required • Staff working with symptomatic clients should avoid working with clients who are well • If cohorting not possible, provide care to asymptomatic clients first, then to the confirmed positive clients • These principles also apply to housekeeping staff
Immunizations	
	• **Review and adhere** to Fraser Health Influenza Control Policy • Review Immunizations for clients and staff, vaccinate as per Provincial guidance • Unvaccinated staff who have recovered from a respiratory illness can still benefit from influenza vaccination, even if they had influenza, as it is expected to have two or more strains of influenza circulated in the community each season (Tool 8, Tool 23)
Ending Measures	
	Consult Public Health to discuss when measures can be discontinued

Influenza Outbreak Control Measures Checklist (Influenza A and B)

The following checklist outlines measures to be implemented by the Care Community when there are confirmed Influenza A or B cases and an outbreak has been declared

For the purposes of this document, the term ***client*** is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides in the Care Community

Ongoing Case Detection and Confirmation	
Testing and Reporting to Public Health:	
	• Care Community should **report confirmed** cases using the Tool 27 (Residents) daily ○ Maintain separate **report and tracking** lists of confirmed positive clients See Public Health Tool 27: Resident Illness Report and Tracking Form daily to Public Health via Cerberus or if Cerberus unavailable fax to 604-587-4414 • **For information on how to use Cerberus or fill out Tool 27, see** Reporting to Public Health- Fraser health Authority **NOTE:** Please ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, please select COVID-19, Influenza, RSV on the requisition forms and/or any other testing recommended by the client's most responsible provider • **Remain** alert and assess for new cases twice daily • **Review** with Public Health (Tool 2) if outbreak management is not progressing as expected
Who to Notify of Outbreak	
	☐ Community Care Facility Licensing (if a licensed Care Community or Fraser Health Long Term Care Contracts and Services (if operating under Hospital Act)
	☐ Any Care Community/institution that received a resident from you (include transfers up to two days before onset of illness in the first case)
	☐ BC Ambulance, HandyDART and other similar transportation suppliers, oxygen services, laboratory services and other service providers of any outbreak control measures that may affect their provision of services if called to your Care Community
	☐ Your ACCESS Coordinator (or equivalent placement service such as Centralized Referral Coordinator for Mental Health Facilities) regarding any restrictions on moves into your Care Community or transfers
	☐ Notify non-Care Community staff, professionals, and service providers of the Outbreak status to ensure appropriate precautions are taken
	☐ Community Infection Control Practitioner (askIPCCommunity@fraserhealth.ca)
	☐ Notifying families: • Site to notify families and provide letter
Confirmed Client Case(s)	
	Initiate **Droplet Precautions** for the symptomatic client(s)
	Roommates are to isolate and remain in the same room with the ill resident as they have a high likelihood of becoming a case.
	Only essential Aerosol Generating Procedures (AGP) should be performed. All high risk AGPs require donning an N95 respirator. This is in addition to eye protection, gown, and gloves. Follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE.

	Post **Droplet precaution signage** outside the client's room (see Droplet Precautions Poster)
	Use appropriate **personal protective equipment** (which includes a gown, surgical/medical mask, eye protection, and gloves) to deliver care to the symptomatic client • N95 respirator is not required for Droplet Precautions only
	Provide tray service to client case(s) in their room during isolation
	Place Personal Protective Equipment (PPE) and Hand Hygiene station outside the room for staff use prior to entering the room – see personal protective equipment for recommended precautions
	Continue to ensure proactive goals of care conversations are occurring and client MOST is up to date.
	Ensure Care Community (and Medical Director, their delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client's goals of care
	Ensure that ongoing serious illness conversations are occurring as appropriate with Substitute Decision Maker, and goals of care are aligning with management
	Treatment: Start treatment as advised by Public Health (in consultation with your Care Community Medical Director, if applicable) (Tool 3)
	Follow pre-printed orders • Tool 4 – Pre-Printed Order Template • Tool 3: Anti-Viral Treatment Prophylaxis Treatment for Residents
Confirmed Staff case(s) or Symptomatic Staff	
	• Staff who are symptomatic prior to coming to work are to stay home • Staff that present to work with symptoms, or begin to experience symptoms during their shift are to inform the supervisor, leave the worksite immediately and get tested if needed • If worksite collects the specimen, ensure to put on the lab requisition and sample "HCW LTC" **Return to Work Guidance** Staff are to stay home when sick and can return to work when: • Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications Upon returning to work, all staff must do the following: • Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved • Continue to follow current IPC recommendations and measures For more details, refer to Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness
Symptomatic Client(s)	
	Nursing staff (LTC and AL) obtain a nasopharyngeal (NP) swab (preferred) or Rapid Antigen Test (POC) specimen for **symptomatic** clients: If unable to obtain a nasopharyngeal swab, a saline gargle sample may be appropriate • For Instructions on how to collect a nasopharyngeal swab or saline gargle sample see Specimen Collection Process the swab/gargle should be obtained as soon as possible and sent to BCCDC • Label requisition "LTC" to ensure prioritized testing • **Isolate** the client in their room and **implement Droplet Precautions** • Provide tray service in their room during isolation

Care Community Measures

Preventive measures for asymptomatic staff and clients	
	Promote hand hygiene and respiratory etiquette
	Active symptom Screening twice per shift: • Care Community to have a low threshold for testing any symptomatic residents or staff • Beginning and during shift for all staff -screen for RI symptoms

Prophylaxis	
	Residents: • Start prophylaxis as advised by Public Health (Tool 3, Tool 4) (in consultation with your Care Community Medical Director, if applicable) • Antiviral prophylaxis should be continued for EIGHT DAYS from when they are first initiated in the area of the Care Community under Influenza outbreak measures • If new cases are appearing after 72 hours of the introduction of control measures, including anti-influenza prophylaxis, consult with Public Health to review your situation. **Staff:** • Prophylaxis for staff to be arranged by their primary care physician. Tool 29 (Letter to Physician) • Immunized and unimmunized staff: Tool 23
Immunization	
	Adhere to Fraser Health Influenza Control Policy (Tool 7) Information on Influenza Vaccines, Treatment and Prophylaxis – Educational Resources on the Internet)
	Residents who are not vaccinated against influenza should be vaccinated (unless there is a medical contraindication to vaccination, or the influenza season is over).
Education	
	Teach staff, volunteers, residents' families and visitors about signs and symptoms and prevention of influenza • Tool 7: Information on Influenza Vaccines, treatment, and Prophylaxis • Tool 13: Signage for Use throughout the Respiratory Virus Season • Tool 15: Routine Practice
Admissions and transfers	
	Refer to Tool 31 for admissions and transfers guidance
	Use ER transfer form for all transfers to acute care (Tool 32)
Additional control measures	
	Communal Dining on the affected unit(s) can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g., physical distancing, staggered meal times, hand hygiene, enhanced cleaning)
	Group Activities are at the discretion of the Leadership Team. Public Health may provide additional and/or amended guidance, dependent on the outbreak situation • Consider low risk group activities (e.g., arts and crafts, card games, bingo), ensuring appropriate infection control measures are being followed (e.g., physical distancing, hand hygiene, enhanced cleaning)

	• High Risk group activities (e.g., singing, large group gatherings) should be deferred, if possible
	Signage: Post outbreak and precautions signage (Tool 13)
	Isolate and implement Droplet Precautions for any symptomatic or confirmed positive clients. Asymptomatic clients are not required to isolate/but must remain on unit during outbreak (Tool 16)
	Cohorting staff assignment is recommended but not required • Staff working with symptomatic clients avoid working with clients who are asymptomatic. • If cohorting is not possible, provide care to asymptomatic clients first, then to the symptomatic
	Visitation • Essential visits allowed on the affected unit(s) • Designated visitor is permitted on the affected unit ○ Designated visitation on the affected unit(s) may be placed on hold at the discretion of the MHO • Visitors must follow appropriate infection Control measures (e.g., Droplet Precautions) • Visitors should follow current provincial masking guidance/direction. Masking is required when it is directed by FH Public Health, for example, when the unit has a RI outbreak
	Enhanced cleaning of floor, unit and/or neighbourhood • Twice daily cleaning throughout the affected unit/floor including high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment) • Contact housekeeping to ensure enhanced cleaning for the duration of the outbreak • Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes • Enhanced Cleaning (Tool 19) • Disinfectant Selection Guide (Tool 20)
	Cleaning and disinfection of equipment • Dedicate equipment when possible • Ensure all shared equipment is cleaned and disinfected between users with a hospital grade disinfectant (Tool 20)
	Masking & PPE • HCWs, visitors, contractors and volunteers should practice continuous medical masking in resident care areas. A resident care area is any area in a LTC/AL that is accessible to residents • Masking is required when it is directed by FH Public Health, for example, when the unit has a RI outbreak
	Ambassadors • Present at Care Community entrances to perform active screening on visitors for signs and symptoms of illness • Ambassadors will provide medical masks to everyone entering a resident care area and will direct everyone to perform hand hygiene upon entry
Adherence to Infection Prevention and Control Practices	
	• **Adherence** to infection prevention and control practices: Remind staff and visitors to use hand hygiene before and after contact with each resident. Post signs requiring droplet/contact precautions with ill residents and use of PPE (gloves, gowns, masks, and eye protection) appropriately.

Declaring the Outbreak Over

	Consult with your Public Health Contact (Tool 2) • An Influenza outbreak will usually be declared over on the 10th day from the start of antiviral prophylaxis • Antiviral prophylaxis can be discontinued on the 8th day from the start of antiviral prophylaxis (Tool 33) • Consult with your local IPC to schedule outbreak debrief within 2 weeks of outbreak declaration

Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Resident Case(s)

The following checklist outlines measures to be implemented by the Care Community when one or more positive resident COVID-19 case(s) is identified. It includes the follow up processes for:

- Enhanced Monitoring (Self-Management or with Public Health Support)
- Enhanced Monitoring with additional measures (no outbreak declared)
- Outbreak declared

For the purposes of this document, the term ***client*** is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides in the Care Community

NOTE: The Enhanced Monitoring measures may be revised by Public Health at any time.

*If **BOTH** COVID-19 and Influenza are identified on swab results, follow this checklist for COVID-19 **AND** Consult your PH contact for additional influenza measures required*

Ongoing Case Detection and Confirmation

Testing and Reporting to Public Health - Confirmed Positive Client(s) and/or Staff

- Care Community should report **confirmed** cases using the Tool 27 (Residents) daily
  - Maintain separate **report and tracking** lists of confirmed positive clients See Public Health Tool 27: Resident Illness Report and Tracking Form daily to Public Health via Cerberus or if Cerberus unavailable fax to 604-587-4414
- **For information on how to use Cerberus or fill out Tool 27, see** Reporting to Public Health- Fraser health Authority

NOTE: Please ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, please select COVID-19, Influenza, RSV on the requisition forms and/or any other testing recommended by the client's most responsible provider

- **Remain** alert and assess for new cases twice daily
- **Review** with Public Health (Tool 2) if transmission management is not progressing as expected

Testing

- PCR test (NP) (preferred) or rapid antigen test (RAT)
- PCR is the preferred test especially during influenza season
  - If using Rapid Antigen Test (RAT), the initial test is negative and symptoms persist, switch to PCR test. If continue with RAT, retest 48 hours later PCR test will pick up other respiratory viruses (influenza and RSV), RAT will only detect COVID-19
- When Rapid Antigen Test is positive in a symptomatic person, it is considered a true positive. **No additional PCR testing is required. No testing of asymptomatic residents or staff unless directed by Public Health**

Symptomatic Client(s)

- Nursing staff (LTC and AL only) obtain a nasopharyngeal (NP)(preferred) swab or Rapid Antigen Test (POC) specimen for **symptomatic** clients:
- If unable to obtain a nasopharyngeal swab, a saline gargle sample may be appropriate
  - For Instructions on how to collect a nasopharyngeal swab or saline gargle sample see Specimen Collection Process the swab/gargle should be obtained as soon as possible and sent to BCCDC

	○ Label requisition "LTC" to ensure prioritized testing ○ **DO NOT** include on Tool 27 unless confirmed positive by PCR or POC • **Isolate** the client in their room and **Implement Droplet Precautions** Droplet Precautions Poster • Provide tray service in their room during isolation
Symptomatic Staff	
	• Staff who are symptomatic prior to coming to work are to stay home • Staff that present to work with symptoms, or begin to experience symptoms during their shift are to inform supervisor, leave the worksite immediately and get tested if needed • Follow return to work guidance (see below)
Site Coordination	
	• Initiate a Coordinating Team Meeting (which may include the Director of Care, Clinical Lead, other site leadership staff, and other external providers), as needed, to discuss questions and concerns related to transmission and to coordinate mitigation measures being taken
Confirmed COVID-19 Case(s) –Enhanced Monitoring Measures	
Client Case(s)	
	Isolate the case in their room for at least 5 days from symptom onset regardless of vaccination status and **Implement Droplet Precautions** NOTE: Roommates of a confirmed case are to isolate in the room as they have a high likelihood of becoming a case
	Post **Droplet Precautions** signage at the door of the affected client's room (see Droplet Precautions Poster)
	Place a **PPE**, hand hygiene and disinfectant wipes station and laundry hamper outside the cases' rooms for the use of staff/visitors entering and leaving the room
	Implement COVID-19 **care plan** for clients as appropriate
	Treatment Therapy for COVID-19: Care Community medical director and/or client's most responsible provider (MRP) to review BCCDC COVID-19 Treatments for most up to date recommendations (Tool 3)
	Continue to ensure **proactive goals of care** conversations are occurring and client MOST is up to date. Ensure Care Community (and Medical Director, their delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client's goals of care
	Ensure that ongoing **serious illness conversations** are occurring as appropriate with Substitute Decision Maker, and goals of care are aligning with management
Return to Work Guidance (For suspected or confirmed viral respiratory illness including COVID-19, influenza, and RSV)	
	Staff are to stay home when sick and can return to work when: • Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications Upon returning to work, all staff must do the following: • Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved • Continue to follow current IPC recommendations and measures For more details, refer to Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness
Care Community Measures	

	Isolate and implement Droplet Precautions for any symptomatic or confirmed positive clients
	Active symptom screening of staff is recommended twice per shift, of residents twice a day • Staff to screen before and during the shift for RI symptoms • Staff to stay home if sick and if symptoms develop at work, leave work, and get tested if needed • Care Community to have a low threshold for testing of any symptomatic residents
	Cohorting staff assignment is recommended but not required • Staff working with symptomatic clients avoid working with clients who are well. • If cohorting not possible, provide care to asymptomatic clients first, then to the confirmed positive COVID-19 client(s)
	Enhanced cleaning of affected unit/neighbourhood (Tool 19) • Twice daily cleaning throughout the affected unit/floor/neighbourhood including high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment) • Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes
	Remind clients/staff/visitors of hand hygiene and respiratory etiquette
	Masking & PPE • HCWs, visitors, contractors and volunteers should practice continuous medical masking in resident care areas. A resident care area is any area in an LTC/AL that is accessible to residents. • Masking is required when it is directed by FH Public Health, for example, when the unit is on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures or on outbreaks.
	Continue to ensure adequate **supply** of PPE, swabs, and hand hygiene materials (Tool 15)
	Alert regular **PPE** supplier that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required
	Ensure **delivery staff** (e.g., linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit
	Dedicate **housekeeping** cart to the affected unit(s)
	Avoid **garbage and soiled linens** traversing from the affected unit through other units; take directly to holding areas/loading dock
	Ambassadors • Present at Care Community entrances to perform active screening on visitors for signs and symptoms of illness • Ambassadors will provide medical masks to everyone entering a resident care area and will direct everyone to perform hand hygiene upon entry
	Visitation • Visitors are allowed unless otherwise advised by public health. Sites to follow BCCDC guidelines for visitor guidance • Visitors will be screened for signs and symptoms of illness by an ambassador at Care Community entrance • Visitors who are unwell should be encouraged not to visit unless deemed necessary • Visitor must follow appropriate infection control measures when visiting a client that is on Droplet Precautions • Visitors should follow current provincial masking guidance/direction. Masking is required when it is directed by FH Public Health, for example, when the unit is on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures.

	Communal Dining Self-Management: • Communal dining on the affected unit(s) can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g., physical distancing, staggered meal times, hand hygiene, pre-set the tables and cutlery, remove shared items, dispense food by staff onto plates for residents, enhanced cleaning) • Symptomatic residents or confirmed cases should receive tray service Public Health Support • Communal dining on the affected unit to be stopped • Serve meals to all clients in-room via tray service (serve confirmed clients last) • If in-room meal service not possible: ○ Serve asymptomatic group first in common dining area AND clean dining area particularly high touch areas when finished and THEN serve symptomatic/confirmed clients, AND clean and disinfect dining area particularly high touch areas • Maintain physical distancing as much as possible
	Group Activities Self-Management: • Group Activities are at the discretion of the Leadership Team. Consult Public Health for additional guidance if needed • Consider low risk group activities (e.g., arts and crafts, card games, bingo), ensuring appropriate infection control measures are being followed (e.g., physical distancing, masking, hand hygiene, enhanced cleaning) • High Risk group activities (e.g., singing, large group gatherings, bus outings) should be deferred or cancelled Public Health Support Group Activities to be stopped on the affected unit(s)
	Admission/Transfers – Tool 31 Continue with admissions/transfers to the affected unit **without** approval from MHO.
Communicate	
	Facilities to send out Enhanced Monitoring letters as needed to families and staff
When to Stop Enhanced Measures at the Care Community	
	Care Community can stop enhanced measures 7 days after the last positive resident case on the affected unit(s) is identified **UNLESS** otherwise directed by Public Health

Confirmed COVID-19 Case(s) – Enhanced Monitoring with Additional Measures (no outbreak declared)

NOTE: Public Health will indicate if Enhanced Monitoring with Additional Measures are to be implemented based on case trends and transmission.

- These measures are at the discretion of the Medical Health Officer and are in addition to the measure for units on **Enhanced Monitoring with Public Health Support**
- A **Quality Partner (QP)** may be recommended at the discretion of the Medical Health Officer
  - If QP recommended, Public Health will complete the referral

NOTE: If additional measures and/or outbreak is declared, a screener designate may be deployed to support screening. **Consult Quality Partner as needed, if recommended.**	
Additional Care Community Measures	
	Admissions and Transfers • To the affected unit(s) are to be on hold until approved by the MHO • Admissions/transfers to **unaffected** units to continue
	Site Coordination Continue Coordinating Team meetings including Quality Partners, Public Health, and/or Infection Control as needed
	Daily check- ins with Public Health to implement additional measures as directed
When to Stop Enhanced Measures at the Care Community	
	Care Community will be advised by Public Health when all Enhanced Measures may be discontinued
Outbreak Declared by MHO Public Health will indicate to site when an outbreak is declared. This is at the discretion of the Medical Health Officer and is based on case and transmission trends, severity of the illness, etc. If an outbreak is declared, a screener designate may be deployed to support screening, **consult your Quality Partner.** Once declared, Enhanced Monitoring measures with additional measures noted above remain in place except for the revised Care Community measures for outbreak listed below:	
Outbreak Care Community Measures	
	Admissions and Transfers • To the affected unit(s) are to be on hold until approved by the MHO • Admissions/transfers to **unaffected** units to continue
	Visitation • Visitation on the affected unit(s) may be placed on hold at the discretion of the MHO
	Communication • Public Health will provide the initial letter to the Care Community for outbreaks
	Activate **site** Emergency Operations Centre **(EOC)** with *at a minimum* the Director of Care, the Care Community Medical Director (if applicable) and the FH assigned site EOC lead
	Post COVID-19 **outbreak signage** throughout the Care Community on doors, desk, boards, etc.
	Discuss with Public Health daily to implement additional infection control measures as directed
	Notify non-Care Community staff, professionals, and service providers of the outbreak status to ensure appropriate precautions are taken
	Notify BC Ambulance, HandyDART and other similar transportation suppliers, oxygen services, laboratory services and other service providers of any outbreak control measures that may affect their provision of services if called to your Care Community
When to Stop Enhanced Measures at the Care Community	
	Care Community will be advised by Public Health when outbreak may be declared over

Staff Case(s) Checklist in LTC/AL: Influenza and/or COVID-19

The following checklist outlines the measures to be implemented by the site when there are ONLY staff cases identified at the Care Community and NO client (resident/tenant) cases

Once a client case(s) is identified, Care Community should follow the Enhanced Monitoring and/or Outbreak Declared Checklist for COVID-19 or the Influenza One Case Checklist (Resident) for Influenza, as that checklist will supersede this one

For the purposes of this document, the term ***client*** is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides at the Care Community.

Staff Case Identified, Ongoing Case Detection and Confirmation	
Testing - Confirmed Positive Staff	
	Remain alert and assess for new cases twice daily
	Review with Public Health Contact if the management of the exposure at your site is not progressing as expected
	Testing • Discuss PCR testing, if symptomatic, with most responsible provider (MRP) ○ PCR test will pick up other respiratory viruses (influenza and RSV), RAT will only detect COVID-19 • When Rapid Antigen Test is positive in a symptomatic person, it is considered a true positive. (No additional PCR testing is required) • **No testing of asymptomatic staff unless directed by Public Health**
Symptomatic Client(s)	
	Refer to the appropriate checklist
Symptomatic Staff	
	• Staff who are symptomatic prior to coming to work are to stay home • Staff that present to work with symptoms, or begin to experience symptoms during their shift are to inform their supervisor, leave the worksite immediately and get tested (at worksite if possible) • Rapid Point of Care testing can be used if available on site (COVID-19 only)
COVID-19 Staff Cases	
	Determine whether staff member worked while infectious based on the following: 1. Did the staff member work during their infectious period (i.e., 2 days before and 5 days after they developed symptoms) 2. If they did not work during their infectious period, there is no exposure to the Care Community. **If the staff member worked while infectious, follow this checklist for preventative and infection control measures**
Influenza Staff Cases	
	• **Treatment:** start treatment as advised by your primary care provider (Tool 29)

Other RI (e.g., RSV, enterovirus, etc.)	
	• Staff with onset of symptoms compatible with RI infection should report to their supervisor promptly and arrange to get tested • Staff unvaccinated for influenza who have recovered from a non-influenza viral respiratory illness can still benefit from influenza vaccination
Return to Work Guidance (For suspected or confirmed viral respiratory illness including COVID-19, influenza, and RSV)	
	Staff are to stay home when sick and can return to work when: • Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications Upon returning to work, all staff must do the following: • Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved • Continue to follow current IPC recommendations and measures For more details, refer to Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness
Care Community Measures	
	Active symptom screening of staff is recommended twice per shift, of residents twice a day • Staff to screen before and during the shift for RI symptoms • Staff to stay home if sick and if symptoms develop at work, leave work, and get tested onsite if possible • Care Community to have a low threshold for testing of any symptomatic residents or staff
	Enhanced cleaning of floor and/or neighborhood (Tool 19) • Twice daily cleaning throughout the affected unit/floor/neighbourhood including high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment) • Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes
	Remind clients/staff/visitors of **hand hygiene** and **respiratory etiquette**
	Masking & PPE • HCWs, visitors, contractors and volunteers should practice continuous medical masking in resident care areas. A resident care area is any area in a LTC/AL that is accessible to residents • Masking is required when it is directed by FH Public Health, for example, when the unit has a RI outbreak, on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures
	Ambassadors • Present at Care Community entrances to perform active screening on visitors for signs and symptoms of illness • Ambassadors will provide medical masks to everyone entering a resident care area and will direct everyone to perform hand hygiene upon entry
	Continue to ensure adequate **supply** of PPE, swabs, and hand hygiene materials (Tool 15)
	Alert regular **PPE** supplier that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required
	Ensure **delivery staff** (e.g., linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit

	Dedicate **housekeeping** cart to the affected unit(s)
	Avoid **garbage and soiled linens** traversing from the affected unit through other units; take directly to holding areas/loading dock
	Communal Dining for residents and staff on the affected unit(s) can continue
	Visitation • Visitors are allowed unless otherwise directed by MHO • Visitors will be screened for signs and symptoms of illness by an ambassador at Care Community entrance. Visitors who are unwell should be encouraged not to visit unless deemed necessary • Visitors must follow appropriate Infection Control measures • Visitors should follow current provincial masking guidance/direction. Masking is required when it is directed by FH Public Health, for example, when the unit has a RI outbreak, on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures
	Group Activities • Group activities can continue in the affected unit(s)
	Admission/Transfers • Continue with admissions/transfers to the affected unit **without** approval from MHO
When to Stop Additional Measures at the Care Community	
	COVID-19 • Monitoring can end 7 days after the last positive staff member(s) last worked if no other cases are identified **Influenza** • Monitoring can end 5 days after the last positive staff member(s) last worked on site if no other cases are identified **Other VRI** • Monitoring can end 5 days after the last positive staff member(s) last worked on site if no other cases are identified

Other Respiratory Illness (Non-Influenza/Non Covid-19)

Refer to Tool 24 for a list of other respiratory viral illnesses

The following checklist outlines measures to be implemented by the Care Community when there are symptomatic clients with non-influenza and non-COVID-19 cases and/or an outbreak has been declared by Public Health

For the purposes of this document, the term ***client*** is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides in the Care Community

NOTE:

If COVID-19 and/or Influenza are identified on swab results, follow the appropriate checklists for Influenza and/or COVID 19:

- Consult your PH contact for additional measures required
- Refer to the most appropriate checklist(s) above

Ongoing Case Detection and Surveillance

Testing and Reporting to Public Health:

Reporting to Public Health:

- Care Community should report confirmed cases using the Tool 27 (Residents)
- Maintain separate **report and tracking** lists of confirmed positive clients
  - See Tool 27: Resident Illness Report and Tracking Form
- If directed by Public Health, submit Tool 27 daily via Cerberus or if Cerberus is unavailable fax to: 604-587-4414.
- For information on how to use Cerberus or fill out Tool 27 – see Reporting to Public Health- Fraser health Authority

Testing:

- If any of the swab results are positive for influenza and/or COVID-19, follow the appropriate checklist in the Checklist Section.

NOTE: Please ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, please select COVID-19, Influenza, RSV on the requisition forms and/or any other testing recommended by the client's most responsible provider

Ongoing Surveillance

- If a significant difference in pattern or severity of illness is noted (e.g., new cases are affected differently than early cases), additional viral testing should occur and should be reviewed with Public Health
- Remain alert and assess for new cases twice daily

Review problem solving with your Public Health Contact (Tools 2) if management of illness spread is not progressing as expected

- Designate a staff member and back-up to be responsible for daily tracking and updates

Engage with Infection Control to review and assess current infection control measures being taken to reduce spread/transmission

Public Health may conduct regular daily check-ins with the site depending on the situation occurring there. Sites will self-manage exposure(s) unless directed otherwise.

If check-ins required, PH will:

- Confirm sites are following recommendations provided by infection control
- Consult with the MHO when measures can be discontinued
- Follow up on additional questions or concerns brought forward by the site, and/or other external providers

Case Detection

Confirmed Client Case(s)

- Isolate the client in their room and Implement Droplet Precautions for the duration of their infectious period
- If client is taken out of their room, provide a mask to the client if tolerated and assist in cleaning their hands as required
- Provide tray service to clients in their room during the isolation period

- Post Droplet Precautions signage at the door of the affected client's room (see Droplet Precautions Poster)
- Use appropriate **personal protective equipment** (which includes a gown, surgical/medical mask, eye protection, and gloves) to deliver care to the symptomatic client (Tool 18)

- Continue to ensure proactive goals of care conversations are occurring and client MOST is up to date
- Ensure Care Community (and Medical Director, their delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client's goals of care

Confirmed Staff Case(s)

- Staff who are symptomatic prior to coming to work are to stay home
- Staff that present to work with symptoms, or begin to experience symptoms during their shift are to inform the supervisor, leave the worksite immediately and get tested if needed
- Staff unvaccinated for influenza and who have recovered from a non-influenza viral respiratory illness can still benefit from influenza vaccination (Tool 23)

Return to Work Guidance

Staff are to stay home when sick and can return to work when:

- Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications

Upon returning to work, all staff must do the following:

- Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved
- Continue to follow current IPC recommendations and measures

For more details, refer to Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness

Care Community Measures

Preventive measures for asymptomatic clients and staff

- Place personal protective equipment (gowns, gloves, masks, eye protection) and hand hygiene station outside the room for staff use prior to entering the room (Tool 18)
- Promote hand hygiene and respiratory etiquette (Tool 15)

- Care Community to have a low threshold for testing any symptomatic clients or staff
- Recommend screening at beginning and during shift for all staff and clients for RI symptoms

Education:

- Teach staff, volunteers, residents' families and visitors of the signs and symptoms of respiratory illness, including respiratory etiquette and hand hygiene.

Admission and Transfers

- There are no formal restrictions on admissions/transfers. Receiving facilities and transport personnel should be made aware of the status of the resident(s) and affected unit(s)

Additional Control Measures

	Post signage: • If mild illness, decide if there is value to be gained from the use of viral respiratory outbreak alert posters to advise visitors of the outbreak and precautions to use. If serious illness, recommend using outbreak signage to advise visitors of the outbreak and precautions to use (Tool 13)
	Ambassadors • Present at Care Community entrances to perform active screening on visitors for signs and symptoms of illness • Ambassadors will provide medical masks to everyone entering a resident care area and will direct everyone to perform hand hygiene upon entry
	Visitation • Visitors are allowed unless otherwise directed by MHO • Visitors will be screened for signs and symptoms of illness by an ambassador at Care Community entrance • Visitors who are unwell should be encouraged not to visit unless deemed necessary • Visitors must follow appropriate infection Control measures (e.g., Droplet Precautions) • Visitors should follow current provincial masking guidance/direction. Masking is required when it is directed by FH Public Health
	Group Activities • If **mild illness**, consider limiting group activities to well residents • If **serious illness**, recommend suspending large communal social activities, consider smaller group activities limited to well residents
	Cohorting staff assignment is recommended but not required • Staff working with symptomatic clients avoid working with clients who are asymptomatic • If cohorting not possible, provide care to asymptomatic clients first, then to the positive/ symptomatic client(s)
	Dedicate equipment for the symptomatic client (e.g., thermometer, BP cuff, stethoscope, and commode) as much as possible • Equipment that cannot be dedicated must be cleaned and disinfected (using Accel intervention wipes, Cavi wipes or Sani Cloth) before subsequent reuse (Tool 20) • Provide disinfectant wipes
	Masking & PPE • HCWs, visitors, contractors and volunteers should practice continuous medical masking in resident care areas. A resident care area is any area in a LTC/AL that is accessible to residents • Masking is required when it is directed by FH Public Health
What Needs to Be Done When Declaring a Respiratory Illness Exposure Over	
	Respiratory illness exposure period may be declared over 7 days from the last case. Consult Public Health to determine when precautions/measures can be discontinued

Outbreak Declared

Outbreak Declaration	
	An outbreak may be declared at the discretion of the Medical Health Officer (MHO)
Who to Notify	
	Community Care Facility Licensing (if a licensed facility) or Fraser Health Long Term Care Contracts and Services (if operating under Hospital Act

	Any Care Community /institution that received a resident from you (include transfers up to two days before onset of illness in the first case)
	BC Ambulance, HandyDART and other similar transportation suppliers, oxygen services, laboratory services and other service providers of any outbreak control measures that may affect their provision of services if called to your Care Community
	Notify non-Care Community staff, professionals, and service providers of the Outbreak status to ensure appropriate precautions are taken
Outbreak Declared Over	
	Public Health will advise the site when the outbreak can be declared over. This decision is at the discretion of the Medical Health Officer (Tool 41)
	Outbreak may be declared over 7 days after the onset of illness in the last case. • This may vary depending on the virus or viruses causing the outbreak (Tool 33) • Respiratory Illness Outbreak Notifications (RIONs) are not sent for Non-Influenza or Non COVID-19 Outbreaks • An Outbreak debrief may be scheduled with your Local IPC at the discretion of IPC

Suspect Case Checklist (Influenza, COVID-19, and/or other Respiratory Illness)

The following checklist outlines measures to be implemented by the Care Community when there are symptomatic client(s) and/or staff

NOTE: This checklist is to be used for sites that are **NOT currently on Enhanced Monitoring or Outbreak**

For the purposes of this document, the term ***client*** is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides in the Care Community

Suspect Case Initial Steps

Symptomatic client(s) and/or staff

Testing

- LTC nursing staff obtain a NP swab to test **symptomatic** client
  - PCR is the preferred test especially during influenza season (Tool 11)
  - If RAT is used and is negative and symptoms persist, re-test 48 hours later using PCR test
  - PCR test will pick up other respiratory viruses (influenza and RSV), RAT will only detect COVID-19

NOTE: Please ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, please select COVID-19, Influenza and RSV on the requisition form and/or any other testing recommended by the client's most responsible provider

- When a RAT is collected and positive (No confirmatory PCR testing is required)
  - If unable to obtain a NP swab, a saline gargle sample may be appropriate
  - For Instructions on how to collect a nasopharyngeal swab or saline gargle sample see Specimen Collection Process
  - The swab/gargle should be obtained as soon as possible and sent to BCCDC
- Label requisition "LTC" to ensure prioritized testing
- **No testing of asymptomatic clients or staff unless directed by Public Health**
- No reporting to Public Health is required until a positive, known pathogen, has been identified

Symptom screening:

- Care Community to have a low threshold for testing any symptomatic clients or staff
- All clients on the affected unit/floor with no symptoms should continue with daily screening
- All staff encouraged to self-screen for RI symptoms

Symptomatic Staff

- Staff who are symptomatic prior to coming to work are to stay home and get tested
- Staff that present to work with symptoms, or begin to experience symptoms during their shift are to inform supervisor and get tested if able to do so
- See Staff Checklist for return to work guidance

Symptomatic Clients

- **Test and isolate** the client within their room, to minimize exposure risk to other clients and staff
- If client is taken out of their room, provide a surgical/medical mask to the client if tolerated and assist in cleaning their hands as required
- Symptomatic clients awaiting test results should be provided meals in their room during isolation

Care Community Follow Up	
	Initiate Droplet Precautions for the symptomatic clients • Only essential Aerosol Generating Procedures (AGP) should be performed • All AGP require donning a N95 respirator. This is in addition to eye protection, gown and gloves. Follow Aerosol Generating Procedure- Standard Operating Procedure regarding appropriate PPE • **N95 respirator is not required for Droplet Precautions only**
	Post **droplet signage** at the door of the affected client's room (see Droplet Precautions Poster)
	Ambassadors • Present at Care Community entrances to perform active screening on visitors for signs and symptoms of illness • Ambassadors will provide medical masks to everyone entering a resident care area and will direct everyone to perform hand hygiene upon entry
	Visitation is allowed when there are suspect cases on a unit • Visitors will be screened for signs and symptoms of illness by an ambassador at Care Community entrance. Visitors who are unwell should be encouraged not to visit unless deemed necessary • Visitors must follow appropriate infection Control measures (e.g., Droplet Precautions) • Visitors should follow current provincial masking guidance/direction. Masking is required when it is directed by FH Public Health
	Masking & PPE • HCWs, visitors, contractors and volunteers should practice continuous medical masking in resident care areas. A resident care area is any area in a LTC/AL that is accessible to residents. • Masking is required when it is directed by FH Public Health
	Place **personal protective equipment** and **hand hygiene** station outside the room for staff use prior to entering the room – see personal protective equipment for recommended precautions (Tool 18)
	Hand hygiene: Staff should follow meticulous hand hygiene practices following the 4 moments of hand hygiene and when doffing PPE • Instruct, educate, and enable all clients to clean their hands before eating, after toileting and before coming out of their room (Tool 15)
	Cohort staff: Cohort staff assignment as much as possible • Staff working with symptomatic clients should avoid working with clients who are asymptomatic • As much as possible, staff providing care/treatment to multiple clients within the Care Community should begin with unaffected units/clients and progress to affected units/clients • The same principle will also apply to housekeeping staff
	Dedicate **equipment** for the symptomatic client (e.g., thermometer, BP cuff, stethoscope, and commode) as much as possible • Equipment that cannot be dedicated must be cleaned and disinfected (using Accel intervention wipes, Cavi wipes or Sani Cloth) before subsequent reuse. • Provide disinfectant wipes

	• Refer to Health Canada Approved Disinfectants (Tool 20)
	Cleaning: Inform housekeeping of the need for enhanced cleaning (Tool 19) • Twice daily cleaning of the affected unit/floor including high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment). • Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes
	Notify client's primary care provider to determine if further assessment and treatment is indicated
	Notify client's family/substitute decision-maker regarding the situation, if needed
	Notify leaders for the Care Community (Director of Care/AL Site Manager and/or Facility Care Community Director)
Test Result Follow Up	
Negative for COVID-19, Influenza, RSV and/or Other RI pathogens	
	• **Clients** – may be removed from isolation and Droplet Precautions once asymptomatic • All additional measures implemented can be discontinued
Positive for Influenza	
	Refer to the following checklist: • Influenza One Case Check List (Resident) or • Influenza Outbreak Control Measures Checklist (Influenza A and B) • Complete and/or update Tool 27 (client) with results and send to Public Health
Positive for Influenza and RSV	
	Refer to the following checklist: • Influenza One Case Check List (Resident) or • Influenza Outbreak Control Measures Checklist (Influenza A and B) • Complete and/or update Tool 27 (client) with results and send to Public Health
Positive for COVID-19	
	PCR Positive for COVID-19 or Rapid Antigen Test (RAT) positive for COVID-19 • **Client case(s),** refer to Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Resident Case • Complete and/or update Tool 27 (client) with results and send to Public Health
Positive for COVID-19 and Influenza or RSV	
	PCR Positive for COVID-19 **and** influenza or RSV • **Client case(s)**, refer to: a. COVID-19: Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Resident Case b. Influenza: Influenza One Case Check List (Resident) or Influenza Outbreak Control Measures Checklist (Influenza A and B) • Complete and/or update Tool 27 (client) with results and send to Public Health
Positive for RSV and/or Other Respiratory Illness	
	Refer to the following checklist: • Other Respiratory Illness (Non-Influenza/Non Covid-19)