



VIRAL RESPIRATORY ILLNESS & OUTBREAK PROTOCOL AND TOOLKIT

LONG TERM CARE Fraser Health Owned & Operated and Affiliated Sites *January 2025*

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 \(RI Toolkit\)- 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

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Introduction

This document provides guidance for Viral Respiratory Illness and outbreaks that are primarily spread through close-range droplets in LTC settings. Although senior's assisted living (AL) units/facilities are not within the scope of these guidelines, the recommended measures may be partially or fully extended to AL units/facilities that are located within or functionally connected to a LTC facility, at the discretion of the Medical Health Officer.

This Protocol includes information, tools and Checklists for preventing and managing Influenza, COVID-19 and other viral Respiratory illness and outbreaks (e.g., RSV) in Long term care.

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 the following and is to be used for residents unless otherwise specified:

1. [Flowchart](#) to guide the use of the appropriate Checklists
2. [Suspect Case Checklist \(Influenza, COVID-19, and/or other Respiratory illness\)](#)
3. [Influenza One Case Check List](#)
4. [Influenza Outbreak Control Measures Checklist \(Influenza A and B\)](#)
5. [COVID-19 Enhanced Monitoring/Outbreak Checklist – 1 or more positive resident case\(s\)](#)
6. [Other Respiratory illness \(Non Influenza/Non COVID-19\) Checklist](#)
7. [Staff Case\(s\) Checklist in LTC: Influenza and/or COVID 19](#)

NOTE: 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 resident's primary care provider when warranted due to a specific resident's condition

Toolkit (Tool 1-32)

The Toolkit is a collection of Tools designed to assist in using the Protocol and referenced in the [Checklists](#). Some Tools are references to materials 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. Tools may be added or amended from time to time. Tools do not have page numbers to allow easy changes to the Tools as needed.

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, influenza or other viral respiratory infections. Consider the following symptoms:

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

** These symptoms are more specific to COVID-19

See: **Helpful information about common respiratory viruses (see [Tool 31](#))**

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 septicemia 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 Follow Up Definitions

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

Influenza Outbreak	Two or more confirmed resident cases within 7 days on a unit or floor – may vary depending on facility layout and movement of HCWs/residents.
COVID-19 Enhanced Monitoring Self-Management (*)	Care Community to self-manage 1 or more resident COVID-19 cases by following measures listed in the COVID-19 Enhanced Monitoring (EM) Check List – One or more Case <ul style="list-style-type: none"> Public Health (PH) will review the submissions of Tool 27 on weekdays (M-F 0830-1630) and determine if there are concerning trends and if PH support is required.
COVID-19 Enhanced Monitoring with Public Health Support (*)	In addition to the Care Community following COVID-19 Enhanced Monitoring (EM) Check List – One or more Case : <ul style="list-style-type: none"> PH will contact the Care Community and assess if there is need for additional interventions Additional measures may be recommended at the discretion of the Medical Health Officer
COVID-19 Outbreak	Outbreak declaration is at the discretion of by 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)	Outbreak declaration is at the discretion of the MHO and is based on the situation reported by the Care Community to Public Health. Public Health will consider the following for an outbreak declaration: <ul style="list-style-type: none"> Staff and/or residents on a unit/neighborhood/floor 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, management of cases and infection control measures will be at the unit level. There may be units in the care community that are on different measures. As well, depending on Care Community layout and movement of staff/residents between units, two or more units may be put on the same measures.

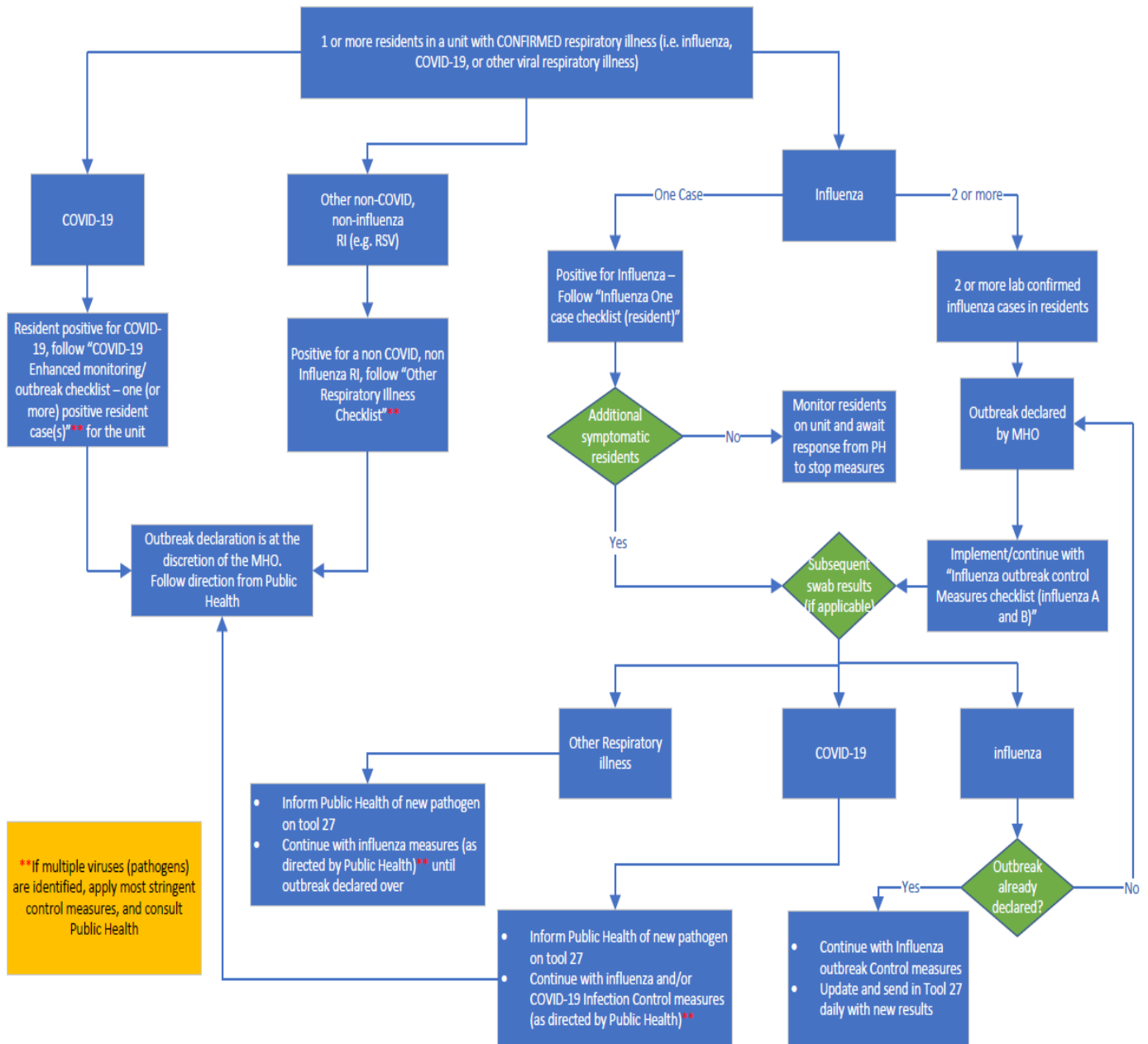
Staff cases - COVID-19 and Influenza

- 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.

Flowchart for Viral Respiratory Illness Measures

For each of the scenarios outlined in the flowchart, it is 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, or a resident may have a bacterial infection and need medical assessment, etc.

Please note, “unit” also refers to neighbourhood in the flowchart.



Pre-Season Planning, Preparation and Prevention Checklist

AUGUST/SEPTEMBER
<input type="checkbox"/> DESIGNATE the Outbreak Prevention and Management Team for your Care Community and 'Prepare' (Tool 1)
<input type="checkbox"/> RECORD contact information for your Public Health Contact (Tool 2)
<input type="checkbox"/> UPDATE Physician Pre-printed Orders for influenza immunization, pneumococcal immunization (if needed) and antiviral medications (Tool 20) – Influenza only
<input type="checkbox"/> PROVIDE your Pharmacy with residents' weights, ages, gender, and serum creatinine levels for calculation of anti-influenza medication doses (Tool 20) – Influenza only
<input type="checkbox"/> REVIEW Source Controls: Engineering and Administrative
SEPTEMBER
<input type="checkbox"/> FAMILIARIZE yourself with the current Fraser Health Respiratory Outbreak Protocol and Toolkit
<input type="checkbox"/> DISCARD previous paper or electronic versions of the Toolkit and replace them with the most recent version.
<input type="checkbox"/> ASSEMBLE your Respiratory Outbreak Resource Kit (Care Community Respiratory Resource Kit)
<input type="checkbox"/> REVIEW supplies needed
<input type="checkbox"/> UPDATE Contact List (Tool 3)
<input type="checkbox"/> PROVIDE information on COVID-19 vaccine, Influenza vaccines, Influenza/COVID treatment and Influenza prophylaxis within your Care Community (Tool 4) <ul style="list-style-type: none"> <input type="checkbox"/> Answer questions for residents and families <input type="checkbox"/> Put together a list of names of staff and residents (see Tool 6) <input type="checkbox"/> Identify anyone with a medical contraindication to influenza vaccine <input type="checkbox"/> Check to see that other immunizations (e.g., pneumococcal vaccine) are up to date
<input type="checkbox"/> Order Influenza and COVID-19 vaccine (minimum 2 days prior to clinic date) via https://fhobservatory.checkbox.ca/pph-vaccine-requests
<input type="checkbox"/> INFORM pharmacy not to order COVID-19 or Influenza vaccine on LTC site behalf as PH will have order for site put aside once LTC Care Community sends in order
<input type="checkbox"/> PICK UP or request Pharmacy to pick up Influenza and COVID-19 Vaccine when it is available using the cold-chain method (Tool 5)
<input type="checkbox"/> Any changes in Vaccine order or clinic dates contact: COVIDoutreachcoordinators1@fraserhealth.ca
<input type="checkbox"/> ORDER AND PICK UP Pneumococcal Vaccine as required (Tool 5)
<input type="checkbox"/> Check expiry dates on any prior Nasopharyngeal Swab Collection Kits Care Community

<input type="checkbox"/> Discard of any expired kits <input type="checkbox"/> ORDER Nasopharyngeal Swab Collection Kits from the BCCDC Laboratory (Tool 7)
<input type="checkbox"/> OBTAIN Secondary Packaging Per TRANSPORTATION OF DANGEROUS GOODS (Tool 10)

OCTOBER/NOVEMBER
<input type="checkbox"/> PREPARE signage (Tool 11)
<input type="checkbox"/> CHECK with Pharmacy regarding their readiness to start anti-influenza medications if needed
<input type="checkbox"/> REVIEW AND ENCOURAGE Hand Hygiene and Respiratory etiquette (<i>note this is part of routine practice throughout the year</i>)
<input type="checkbox"/> Director of Care or Site Lead to obtain password for password protected Tool 27 and put in a spot staff are able to access
<input type="checkbox"/> BE READY TO IMPLEMENT control measures for a SINGLE case of viral respiratory illness. Review checklist for potential measures to be implemented
<input type="checkbox"/> VACCINATE staff, volunteers, students, and residents (Tool 6)
<input type="checkbox"/> ENCOURAGE visitors and others to be immunized as recommended against influenza and COVID-19
<input type="checkbox"/> REVIEW vaccination status for new residents on admission and offer vaccination opportunities if not up-to-date
MAINTAIN (Tool 6): <input type="checkbox"/> a List of Residents who have had this season's influenza and COVID-19 vaccine <input type="checkbox"/> a List of Residents who have had pneumococcal vaccine, as recommended <input type="checkbox"/> a List of Staff who have had this season's influenza and COVID-19 vaccine REMAINDER OF SEASON: <input type="checkbox"/> MAINTAIN the record of immunization rates of both staff and residents as PH may ask for an update later in the season when there is an outbreak or concern about transmission

Care Community Respiratory Resource Kit

Assemble your Respiratory illness (e.g. influenza/COVID-19) kit which includes:

- Bookmarking or saving as a favorite on your computer the Fraser Health Respiratory Illness Protocol for Long Term Care Communities
- 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 **see: How to Order Swab Kits:** Refer to ([Tool 7: Ordering Swab Collection Kits from BCCDC Public Health Microbiology and Reference Laboratory](#))
- Have a Care Community protocol outlining responsibilities for:
 - receiving telephone reports of lab results
 - notifying management
 - implementing outbreak response on evenings, weekends or STATs

How to Order Swab Kits: Refer to ([Tool 7: 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

- Liquid Hand soap Note: - *anti-bacterial soap is not required or recommended*
- Alcohol-based Hand Rub (70-90% ethyl alcohol base)
- [PPE Holders/Carts](#)
- Gowns (Level 2)
- Gloves (S, M, L, XL)
- Medical Masks
- Goggles or other acceptable eye protection (glasses do not count as eye protection)
- Tissues
- Low-level Hospital Grade disinfectants with DIN (pre-moistened wipes to clean and disinfect medical equipment and high touch surfaces)
- Large Waste-bins
- Laundry hampers
- Signage ([Tool 11: Signage to Use during the Respiratory Virus Season](#))

CHECKLISTS

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

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)

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	
Testing and Reporting	
	<p>Testing</p> <p>LTC nursing staff obtain a NP swab to test symptomatic client. (Tool 9)</p> <ul style="list-style-type: none"> • 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. • For Instructions on how to collect a nasopharyngeal swab sample, see “Specimen Collection Process” <ul style="list-style-type: none"> ○ Swab should be obtained as soon as possible and sent to BCCDC ○ Label requisition “LTC” to ensure prioritized testing – See Lab Requisition tool 8 • No testing of asymptomatic clients unless directed by Public Health • No reporting to Public Health is required until a positive, known pathogen, has been identified <p>Reporting</p> <ul style="list-style-type: none"> • Report confirmed resident cases daily by email using the password protected Tool 27, including weekends and stat holidays. <ul style="list-style-type: none"> ○ Refer to Fraser Health Website for Tool 27 and instructions: Tool 27: Resident Illness Report and Tracking Form
Symptomatic Clients	
	<ul style="list-style-type: none"> • Post droplet precautions signage at the door of the affected client's room (see Droplet Precautions Poster) • Isolate the client in their room to minimize exposure risk to other clients and staff • Provide tray service in their room to symptomatic clients awaiting test results • 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 <p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • Use appropriate personal protective equipment to deliver care to the symptomatic client – see Donning and Doffing (Tool 15) • Place Personal Protective Equipment (PPE) and Hand Hygiene station outside the room for staff use prior to entering the room – see Droplet Precautions poster for recommended precautions

	<ul style="list-style-type: none"> • If performing AGPs, follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE • Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed cases and/or symptomatic clients • Notify <ul style="list-style-type: none"> ○ client’s primary care provider to determine if further assessment and treatment is indicated ○ client’s family/substitute decision-maker regarding the situation, if needed ○ leaders for the Care Community (Director of Care and/or Facility Care Community Director)
Symptomatic Staff	
	<ul style="list-style-type: none"> • Staff who are symptomatic <u>prior</u> to coming to work are to stay home and follow return to work guidance. • Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home. Then follow return to work guidance. • See Staff Checklist for return to work guidance
Care Community Preventative Measures	
	<p>Symptom Screening:</p> <ul style="list-style-type: none"> • All clients on the affected unit/floor with no symptoms should continue daily screening <ul style="list-style-type: none"> ○ Care Community to have a low threshold for testing any symptomatic clients • Staff to continue with self-screening and monitor for VRI signs and symptoms
	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • 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 15, Tool 13) • Follow current provincial masking guidance • Add other PPE based on Point of Care Risk Assessment
	<p>Hand hygiene and Respiratory etiquette</p> <ul style="list-style-type: none"> • Promote hand hygiene and respiratory etiquette • Staff are to follow following the 4 moments of hand hygiene • Instruct, educate, and enable all clients to clean their hands before eating, after toileting and before coming out of their room (Tool 13)
	<p>Cleaning and Disinfection</p> <p>Care Staff to</p> <ul style="list-style-type: none"> • Contact housekeeping to implement enhanced cleaning • Dedicate equipment when possible • Ensure all shared equipment is cleaned and disinfected between use with a hospital grade disinfectant (Tool 17) <p>Housekeeping to do:</p> <p>Enhanced cleaning of affected room(s) on the unit/neighbourhood (Tool 16)</p> <ul style="list-style-type: none"> • Twice daily cleaning of the affected room(s) including high-touch surfaces (doorknobs, faucets in

	<p>bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment)</p> <ul style="list-style-type: none"> • Use Disinfectant Selection Guide (Tool 17)
	<p>Cohorting staff is recommended but not required</p> <ul style="list-style-type: none"> • Staff working with symptomatic clients avoid working with clients who are asymptomatic. • Cohorting is not possible <ul style="list-style-type: none"> • If not compromising care, provide care to asymptomatic clients first, then to the symptomatic clients • The same principle will also apply to housekeeping staff
	<p>Visitation</p> <ul style="list-style-type: none"> • Is allowed when there are suspect cases on a unit • Visitors must follow appropriate infection Control measures (e.g., Droplet Precautions) • Visitors should follow current provincial masking guidance/direction.
Education	
	<ul style="list-style-type: none"> • Tool 13: Routine Practices • Tool 14: Additional Precautions (droplet precautions)
Immunization	
	<ul style="list-style-type: none"> • 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 or COVID-19 vaccination, even if they had influenza/COVID-19
Test Result Follow Up	
Negative for COVID-19, Influenza, RSV and/or Other RI pathogens	
	<ul style="list-style-type: none"> • Discontinue precautions, isolation, and additional measures once client’s symptoms are resolved
Positive for Influenza, COVID-19, RSV or other RI or multiple pathogens:	
	<ul style="list-style-type: none"> • Complete and/or update Tool 27 (client) with results and send to Public Health by email • Follow up based on number of pathogens circulating. <ul style="list-style-type: none"> ○ Only one pathogen circulating: <ul style="list-style-type: none"> ▪ Follow the appropriate checklist based on the pathogen (e.g. influenza or COVID-19 etc.). ○ More than one pathogen circulating: <ul style="list-style-type: none"> ▪ Initially follow the checklist with the most stringent measures (e.g. follow Influenza checklist if influenza and RSV are co-circulating) ▪ Confirm with Public health when measures can be discontinued <p>Checklists:</p> <ul style="list-style-type: none"> ○ Influenza One Case Check List (Resident) ○ Influenza Outbreak Control Measures Checklist (Influenza A and B) ○ COVID-19 Enhanced Monitoring/Outbreak Declared Checklist – One (or more) Positive COVID-19 Resident Case ○ Other Respiratory Illness (Non-Influenza/Non Covid-19)

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 this checklist
AND
2. Refer to the Enhanced Monitoring/Outbreak Declared Checklist – One (or more) Positive COVID-19 Client Case(s)

Confirmed Client Case Follow up	
Confirmed Client Cases	
	<p>Isolate and place on Droplet Precautions (see: Droplet Precautions Poster) through their infectious period (5 days from symptom onset)</p> <ul style="list-style-type: none"> • Post Droplet Precaution signage outside the client’s room (see: Droplet Precautions Poster) • 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. <p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • Use appropriate personal protective equipment to deliver care to the symptomatic client. – see Donning and Doffing (Tool 15) • Place Personal Protective Equipment (PPE) and Hand Hygiene station outside the room for staff use prior to entering the room – see Droplet Precautions poster for recommended precautions • Only essential Aerosol Generating Procedures (AGP) are to be performed (Tool 17) <ul style="list-style-type: none"> ○ Follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE <p>Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed cases and/or symptomatic clients</p> <p>Treatment:</p> <ul style="list-style-type: none"> • Follow pre-printed orders for Influenza (Tool 19, Tool 20) <ul style="list-style-type: none"> ○ Start treatment as advised by Public Health and in consultation with client’s primary care provider or your Care Community Medical Director. Further assessment and treatment may be indicated; antivirals should be started within 48 hours of symptom onset. <p>Ensure to notify leaders for the Care Community (Director of Care/Facility Care Community Director)</p>
Roommate(s) of the confirmed case	
	<ul style="list-style-type: none"> • Isolate in their room as they have a high likelihood of becoming a case • Asymptomatic roommate(s) of the confirmed influenza resident case: <ul style="list-style-type: none"> ○ Prophylaxis: Start anti-viral prophylaxis as advised by Public Health (in consultation with client’s

	<p>primary care provider or your Care Community Medical Director , if applicable) (Tool 19, Tool 20)</p> <ul style="list-style-type: none"> • Symptomatic Roommate(s): <ul style="list-style-type: none"> ○ Presumptive Treatment: Start treatment as advised by Public Health and in consultation with client’s primary care provider or your Care Community Medical Director. Further assessment and treatment may be indicated; antivirals should be started within 48 hours of symptom onset (Tool 19, Tool 20) ○ Follow instructions for symptomatic client in this checklist for testing, reporting and PPE ○ Test results for client are negative for Influenza –change from treatment dose to prophylaxis dose
Staff Case/symptomatic staff	
	<p>See Staff Checklist</p> <ul style="list-style-type: none"> • Staff who are symptomatic <u>prior</u> to coming to work are to stay home and follow return to work guidance. • Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home. Then follow return to work guidance
Ongoing Case Detection	
Symptomatic Client	
	<p>Isolate the client in their room and Implement Droplet Precautions</p> <ul style="list-style-type: none"> • Post Droplet Precautions signage at the door of the affected client's room (see Droplet Precautions Poster) during isolation <p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • Use appropriate personal protective equipment to deliver care to the symptomatic client. – see Donning and Doffing (Tool 15) • Place Personal Protective Equipment (PPE) and Hand Hygiene station outside the room for staff use prior to entering the room – see Droplet Precautions poster for recommended precautions • If performing AGPs, follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE • Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed and/or symptomatic clients <p><u>Testing and Reporting to Public Health</u></p> <p>Testing</p> <p>LTC Nursing staff obtain a nasopharyngeal (NP) swab for symptomatic clients:</p> <ul style="list-style-type: none"> • For Instructions on how to collect a nasopharyngeal swab sample, see “Specimen Collection Process” • Swab should be obtained as soon as possible and sent to BC Centre of Disease and Control (BCCDC) • Label the requisition “LTC” to ensure prioritized testing – See Lab requisition (Tool 8) • Ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, select COVID-19, Influenza, RSV on the requisition form and/or any other testing recommended by the client’s most responsible provider. <p>Reporting</p> <ul style="list-style-type: none"> • Report confirmed resident cases daily by email using the password protected Tool 27, including weekends and stat holidays.

	<ul style="list-style-type: none"> ○ Refer to Fraser Health Website for Tool 27 and instructions: Tool 27: Resident Illness Report and Tracking Form
Care Community Measures	
Preventive Measures	
	<p>Symptom screening:</p> <ul style="list-style-type: none"> • All clients on the affected unit/floor with no symptoms should continue twice daily screening. <ul style="list-style-type: none"> ○ Care Community to have a low threshold for testing any symptomatic clients • Staff to continue with self-screening and monitor for VRI signs and symptoms. • See: Symptomatic client or symptomatic staff section of checklist as applicable
	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • 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 15, Tool 13) • Follow current provincial masking guidance • Add other PPE based on Point of Care Risk Assessment
	<p>Hand Hygiene and Respiratory etiquette</p> <ul style="list-style-type: none"> • Promote hand hygiene and respiratory etiquette • Staff are to follow the 4 moments of hand hygiene <p>Instruct, educate, and enable all clients to clean their hands before eating, after toileting and before coming out of their room (Tool 13)</p>
	<p>Cleaning and Disinfection</p> <p>Care staff to:</p> <ul style="list-style-type: none"> • 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 each use with a hospital grade disinfectant (Tool 17) <p><u>Housekeeping:</u></p> <ul style="list-style-type: none"> • Follow guidance in Tool 16 <p>See: Cohorting staff assignment in checklist</p>
	<p>Cohorting staff is recommended but not required</p> <ul style="list-style-type: none"> • Staff working with symptomatic clients should avoid working with clients who are well • Cohorting is not possible <ul style="list-style-type: none"> ○ If not compromising care, provide care to asymptomatic clients first, then to the confirmed positive clients
	<p>Communal dining can continue, ensuring the appropriate control measures are being followed (e.g. see Care Community Measures in this section)</p>
	<p>Group activities can continue</p>
	<p>Visitation</p> <ul style="list-style-type: none"> • Visitors are permitted on the unit • Visitors must follow appropriate control measures (e.g., Droplet Precautions) • Visitors should follow current provincial masking guidance/direction

	Review with Public Health if exposure management is not progressing as expected
Immunizations	
	<ul style="list-style-type: none"> • 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 4)
Education	
	<p>Teach staff, volunteers, residents' families and visitors about signs and symptoms and prevention of influenza.</p> <ul style="list-style-type: none"> • Tool 4: Information on Influenza Vaccines, treatment, and Prophylaxis • Tool 11: Signage for Use throughout the Respiratory Virus Season • Tool 13: Routine Practices • Tool 14: Additional Precautions (droplet precautions)
Ending Measures	
	Consult Public Health to discuss when control measures can be discontinued or Public Health will inform the care community based on Tools submitted

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

Confirmed Case Follow up

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

- Post **Droplet Precautions** signage at the door of the affected client's room (see [Droplet Precautions Poster](#))
- If client needs to go 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.

PPE (personal protective equipment)

- Use appropriate **personal protective equipment** (which includes a gown, medical mask, eye protection, and gloves) to deliver care to the symptomatic client - see Donning and Doffing ([Tool 15](#))
- Place [Personal Protective Equipment \(PPE\)](#) and [Hand Hygiene](#) station outside the room for staff use prior to entering the room – see Droplet Precautions poster for recommended precautions
- Only essential Aerosol Generating Procedures (AGP) should be performed. ([Tool 14](#))
- Follow [Aerosol Generating Procedure \(AGP\) Standard Operating Procedure](#) regarding appropriate PPE
- Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed and/or symptomatic clients.

Treatment:

- **Follow pre-printed orders for Influenza** ([Tool 19](#), [Tool 20](#))
Start treatment as advised by Public Health and in consultation with client’s primary care provider or your Care Community Medical Director. Further assessment and treatment may be indicated; antivirals should be started within 48 hours of symptom onset

Ensure Leaders for the Care Community (Director of Care or Facility Care Community Director) are notified

Confirmed Staff case(s) or Symptomatic Staff

- See “[Staff Checklist](#)”
- Staff who are symptomatic prior to coming to work are to stay home and follow return to work guidance below
- Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home.
- Follow return to work guidance
- Treatment: as advised by staff member’s primary care provider

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 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 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: <ul style="list-style-type: none"> • Site to notify families and provide letter
Ongoing Case Detection	
Roommate(s) of confirmed case	
	<ul style="list-style-type: none"> • Isolate and remain in the same room with the ill resident as they have a high likelihood of becoming a case • Asymptomatic – see Preventative measures/prophylaxis in this checklist • Symptomatic - see symptomatic client section in this checklist
Symptomatic Client(s)	
	<ul style="list-style-type: none"> • Isolate the client in their room and implement droplet precautions • Post Droplet Precautions signage at the door of the affected client's room (see Droplet Precautions poster) • Provide tray service in their room during isolation • Initiate presumptive anti-influenza treatment for symptomatic clients as advised by Public Health (in consultation with client's primary care provider or your Care Community Medical Director or, if applicable) (Tool 19) <p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • Use appropriate personal protective equipment to deliver care to the symptomatic client. – see Donning and Doffing (Tool 15) • Place Personal Protective Equipment (PPE) and Hand Hygiene station outside the room for staff use prior to entering the room – see Droplet Precautions poster for recommended precautions <ul style="list-style-type: none"> ○ If performing AGPs, follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE ○ Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed and/or symptomatic clients.

	<p>Testing and Reporting to Public Health</p> <p>Testing</p> <p>LTC Nursing staff to obtain a nasopharyngeal (NP) swab (preferred) for symptomatic clients:</p> <ul style="list-style-type: none"> ○ For Instructions on how to collect a nasopharyngeal swab sample see “Specimen Collection Process” ○ Swab should be obtained as soon as possible and sent to BCCDC ○ Label requisition “LTC” to ensure prioritized testing – see sample requisition (Tool 8) <ul style="list-style-type: none"> ● Ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, select COVID-19, Influenza, RSV on the requisition form and/or any other testing recommended by the client’s most responsible provider. <p>Reporting</p> <ul style="list-style-type: none"> ● Report confirmed resident cases daily by email using the password protected Tool 27, including weekends and stat holidays. <ul style="list-style-type: none"> ○ Refer to Fraser Health Website for Tool 27 and instructions: Tool 27: Resident Illness Report and Tracking Form
Care Community Measures	
Site Coordination	
	<p>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</p>
Preventive Measures	
	<p>Prophylaxis Residents:</p> <ul style="list-style-type: none"> ● Start prophylaxis as advised by Public Health (in consultation with client’s primary care provider or your Care Community Medical Director, if applicable) (Tool 3, Tool 4) ● 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 lab confirmed cases are appearing after 72 hours of the introduction of control measures, including anti-influenza prophylaxis, Public Health will connect with Care Community <p>Staff:</p> <ul style="list-style-type: none"> ● Prophylaxis for staff to be arranged by their primary care physician. Tool 23 (Letter to Physician) <ul style="list-style-type: none"> ○ See Tool 22 for “Preventative measures for asymptomatic staff during an influenza outbreak” regardless of influenza immunization status
	<p>Symptom Screening:</p> <ul style="list-style-type: none"> ● All clients on the affected unit/floor with no symptoms should continue twice daily screening <ul style="list-style-type: none"> ○ Care Community to have a low threshold for testing any symptomatic clients ● Staff to continue with self-screening and monitor for VRI signs and symptoms .
	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> ● 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 15, Tool 13)

	<ul style="list-style-type: none"> • Follow current provincial masking guidance • Add other PPE based on Point of Care Risk Assessment
	<p>Hand Hygiene and respiratory etiquette</p> <ul style="list-style-type: none"> • Promote hand hygiene and respiratory etiquette • Staff are to follow the 4 moments of hand hygiene • Instruct, educate, and enable all clients to clean their hands before eating, after toileting and before coming out of their room (Tool 13)

Immunization

	<ul style="list-style-type: none"> • 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 4) • Review Immunizations for clients, vaccinate as per Provincial guidance • Clients who are not vaccinated against influenza should be vaccinated (unless there is a medical contraindication to vaccination, or the influenza season is over)
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Additional control measures

	<p>Signage: Post outbreak signage (Tool 11)</p>
	<ul style="list-style-type: none"> • Alert regular PPE supplier that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required • Continue to ensure adequate supply of PPE, swabs, and hand hygiene materials (Tool 15)
	<p>Cleaning and Disinfection</p> <p>Care staff</p> <ul style="list-style-type: none"> • Contact housekeeping to ensure enhanced cleaning for the duration of the outbreak • Dedicate equipment when possible • Ensure all shared equipment is cleaned and disinfected between use with a hospital grade disinfectant (Tool 17) <p>Housekeeping to do:</p> <p>Enhanced cleaning of floor, unit and/or neighbourhood</p> <ul style="list-style-type: none"> • 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) • Enhanced Cleaning (Tool 16) • Disinfectant Selection Guide (Tool 17) • See cohorting staff assignment in checklist
	<p>Dedicate housekeeping cart to the affected unit(s)</p>
	<p>Take garbage and soiled linens directly to holding areas/loading dock</p> <p>Avoid traversing from the affected unit through other units</p>

	Ensure delivery staff (e.g., linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit
	Remind visitors of hand hygiene and respiratory etiquette
	IPC Audits <ul style="list-style-type: none"> • Perform PPE, UV and hand hygiene audits as per audit frequency table • Report results to IPC
	Cohorting staff assignment is recommended but not required <ul style="list-style-type: none"> • Staff working with symptomatic clients avoid working with clients who are asymptomatic. • Cohorting is not possible <ul style="list-style-type: none"> • If not compromising the care, provide care to asymptomatic clients first, then to the symptomatic <p>This principle also applies to Housekeeping Staff</p>
	Communal Dining on the affected unit(s): <ul style="list-style-type: none"> • Tray services, if possible, to all residents on the unit • If unable to provide tray service, communal dining can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g., physical distancing, staggered mealtimes, hand hygiene, enhanced cleaning)
	Group Activities. <ul style="list-style-type: none"> • Group activities (e.g., large group gatherings) are to be stopped
	Visitation <ul style="list-style-type: none"> • Visitors are allowed on the unit • Visitor must follow appropriate infection control measures when visiting a client that is on Droplet Precautions • Visitors should follow current provincial masking guidance/direction.
Education	
	Teach staff, volunteers, residents' families and visitors about signs and symptoms and prevention of influenza <ul style="list-style-type: none"> • Tool 4: Information on Influenza Vaccines, treatment, and Prophylaxis • Tool 11: Signage for Use throughout the Respiratory Virus Season • Tool 13: Routine Practices • Tool 14: Additional Precautions (droplet precautions)
Admissions and transfers	
	<ul style="list-style-type: none"> • Refer to Tool 29 for admissions and transfers guidance. • Use ER transfer form for all transfers to acute care (Tool 30)
Declaring the Outbreak Over	
	Consult with your Public Health Contact (Tool 2) for when control measures can be discontinued

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| | <ul style="list-style-type: none">• 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 26)• Consult with your local IPC to schedule outbreak debrief within 2 weeks of outbreak declaration to determine if outbreak debrief is required within 2 weeks of outbreak declaration to determine if outbreak debrief is required |
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COVID-19 Enhanced Monitoring/Outbreak Declared Checklist – One (or more) Positive 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)
- COVID-19 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: 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*

Confirmed Case Follow up

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

- Post **Droplet Precautions** signage at the door of the affected client's room
- 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.

PPE (personal protective equipment)

- Use appropriate **personal protective equipment** (which includes a gown, medical mask, eye protection, and gloves) to deliver care to the symptomatic client - see Donning and Doffing ([Tool 15](#))
- Only essential Aerosol Generating Procedures (AGP) should be performed. Follow [Aerosol Generating Procedure \(AGP\) Standard Operating Procedure](#) regarding appropriate PPE.
- Place [Personal Protective Equipment \(PPE\)](#) and [Hand Hygiene](#) station outside the room for staff use prior to entering the room – see [Droplet Precautions poster](#) for recommended precautions
- Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed clients

Treatment for COVID-19:

- Care Community medical director and/or client’s primary care provider to review [BCCDC COVID-19 Treatments](#) for most up to date recommendations ([Tool 19](#))

Ensure Leaders for the Care Community (Director of Care or Facility Care Community Director) are notified.

Symptomatic Staff/Staff case(s)

See [Staff Case Checklist](#)

- Staff who are symptomatic prior to coming to work are to stay home and follow return to work guidance
- Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene,

	<p>contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home.</p> <ul style="list-style-type: none"> • Follow return to work guidance.
<h2>Ongoing Case Detection</h2>	
<h3>Roommate(s)</h3>	
	<ul style="list-style-type: none"> • Roommates of a confirmed case (asymptomatic or symptomatic) are to isolate in the room as they have a high likelihood of becoming a case • See below: Symptomatic clients as applicable
<h3>Symptomatic Clients</h3>	
	<ul style="list-style-type: none"> • Isolate the client in their room to minimize exposure risk to other clients and staff • Post Droplet Precautions signage at the door of the affected client's room • Provide tray service in their room during isolation <p>PPE (personal protective equipment)</p> <ul style="list-style-type: none"> • Use appropriate personal protective equipment (which includes a gown, medical mask, eye protection, and gloves) to deliver care to the symptomatic client - see Donning and Doffing (Tool 15) • If performing AGPs, follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE. • Place Personal Protective Equipment (PPE) and Hand Hygiene station outside the room for staff use prior to entering the room – see Droplet Precautions poster for recommended precautions • Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed clients <p>Testing and Reporting to Public Health</p> <p>Testing</p> <ul style="list-style-type: none"> • LTC Nursing staff obtain a nasopharyngeal (NP) swab for symptomatic clients: <ul style="list-style-type: none"> ○ For Instructions on how to collect a nasopharyngeal swab sample, see “Specimen Collection Process” ○ Swab should be obtained as soon as possible and sent to BCCDC ○ Label requisition “LTC” to ensure prioritized testing – see sample requisition (Tool 8) ○ Ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, select COVID-19, Influenza, RSV on the requisition form and/or any other testing recommended by the client’s most responsible provider. ○ PCR test (NP) should be done, not RAT testing <p>Reporting</p> <ul style="list-style-type: none"> • Report confirmed resident cases daily by email using the password protected Tool 27, including weekends and stat holidays. <ul style="list-style-type: none"> ○ Refer to Fraser Health Website for Tool 27 and instructions: Tool 27: Resident Illness Report and Tracking Form

Care Community Measures	
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 (Tool 32)
Preventive Measures	
	<p>Symptom Screening:</p> <ul style="list-style-type: none"> All clients on the affected unit/floor with no symptoms should continue twice daily screening <ul style="list-style-type: none"> Care Community to have a low threshold for testing any symptomatic clients Staff to continue with self-screening and monitor for VRI signs and symptoms Anyone who is symptomatic, see symptomatic client or staff section of checklist as applicable
	<p>PPE (personal protective equipment)</p> <ul style="list-style-type: none"> 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 15, Tool 13) Follow current provincial masking guidance Add other PPE based on Point of Care Risk Assessment Universal masking is required for all staff and visitors when a unit is on Enhanced Monitoring with Public Health Support or on COVID 19 outbreaks
	<p>Hand Hygiene and respiratory etiquette</p> <ul style="list-style-type: none"> Promote hand hygiene and respiratory etiquette Staff are to follow the 4 moments of hand hygiene Instruct, educate, and enable all clients to clean their hands before eating, after toileting and before coming out of their room
Immunization	
	<ul style="list-style-type: none"> Review Immunizations for staff, vaccinate as per Provincial guidance Unvaccinated staff who have recovered from a respiratory illness can still benefit from COVID-19 vaccination, even if they had COVID-19 Review Immunizations for clients, vaccinate as per Provincial guidance Clients who are not vaccinated against COVID-19 should be vaccinated (unless there is a medical contraindication to vaccination)
Additional Control measures	
	Signage: post appropriate signage (Tool 11)
	<ul style="list-style-type: none"> Alert regular PPE supplier that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required Continue to ensure adequate supply of PPE, swabs, and hand hygiene materials (Tool 15)
	<p>Cleaning and Disinfection</p> <p>Care Staff to</p> <ul style="list-style-type: none"> Contact housekeeping to ensure enhanced cleaning for the duration of the enhanced monitoring

	<p>or outbreak</p> <ul style="list-style-type: none"> • Dedicate equipment when possible • Ensure all shared equipment is cleaned and disinfected between use with a hospital grade disinfectant (Tool 17) <p>Housekeeping to do:</p> <p>Enhanced cleaning of affected unit/neighbourhood (Tool 16)</p> <ul style="list-style-type: none"> • 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) • Enhanced Cleaning (Tool 16) • Use Disinfectant Selection Guide (Tool 17) • See cohorting staff assignment in checklist
	<p>Dedicate housekeeping cart to the affected unit(s)</p>
	<p>Take garbage and soiled linens directly to holding areas/loading dock Avoid traversing from the affected unit through other units</p>
	<p>Ensure delivery staff (e.g., linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit</p>
	<p>Remind visitors of hand hygiene and respiratory etiquette</p>
	<p>IPC Audits</p> <ul style="list-style-type: none"> • Perform PPE, UV and hand hygiene audits as per audit frequency table • Report results to IPC
	<p>Cohorting staff assignment is recommended but not required</p> <ul style="list-style-type: none"> • Staff working with symptomatic clients avoid working with clients who are asymptomatic. • Cohorting not possible <ul style="list-style-type: none"> ○ If not compromising care provide care to asymptomatic clients first, then to the symptomatic clients • This principle also applies to Housekeeping Staff
	<p>Communal Dining</p> <p>Self-Management:</p> <ul style="list-style-type: none"> • Communal dining on the affected unit(s) can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g., staggered meal times, physical distancing, 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 <p>Public Health Support</p> <ul style="list-style-type: none"> • Generally communal dining on the affected unit to be stopped • Serve meals to all clients in-room via tray service (serve confirmed cases last) • If in-room meal service not possible or not desired by the site for all residents on the unit:

	<ul style="list-style-type: none"> ○ Serve asymptomatic group in common dining area ensuring appropriate infection control measures are being followed (e.g., staggered meal times, physical distancing, hand hygiene, pre-set the tables and cutlery, remove shared items, dispense food by staff onto plates for residents, enhanced cleaning) and serve meals to symptomatic residents or confirmed cases in room via tray service OR ○ Based on consultation with PH and IPC, may 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 <ul style="list-style-type: none"> ● Maintain physical distancing as much as possible
	<p>Group Activities</p> <p>Self-Management:</p> <p>Public Health and IPC may provide additional and/or amended guidance, dependent on the situation on the unit(s)</p> <ul style="list-style-type: none"> ● May continue low risk group activities (e.g., small group activities such as 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., large group gatherings) should be deferred <p>Public Health Support</p> <ul style="list-style-type: none"> ● Group Activities to be stopped on the affected unit(s)
	<p>Visitation</p> <ul style="list-style-type: none"> ● Visitors are allowed on the unit ● Visitor must follow appropriate infection control measures when visiting a client that is on Droplet Precautions ● Visitors should follow provincial masking guidance/direction. ● Universal masking is required when it is directed by FH Public Health, for example, when the unit is on Enhanced Monitoring with Public Health Support.
Education	
	<p>Teach staff, volunteers, residents’ families and visitors about signs and symptoms and prevention of COVID-19</p> <ul style="list-style-type: none"> ● Tool 4: Information on Influenza Vaccines, treatment, and Prophylaxis ● Tool 11: Signage for Use throughout the Respiratory Virus Season ● Tool 13: Routine Practices ● Tool 14: Additional Precautions (droplet precautions)
Admissions and Transfers	
	<ul style="list-style-type: none"> ● Continue with admissions/transfers to the affected unit as per Tool 29 without approval from MHO except in the following circumstance. <p><u>Transmission control is not progressing as expected and PH/MHO indicates additional measures are required</u></p>

	<ul style="list-style-type: none"> • 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
Communicate	
	<ul style="list-style-type: none"> • Facilities to send out Enhanced Monitoring letters as needed to families and staff
	<ul style="list-style-type: none"> • Review with Public Health (Tool 2) if transmission management is not progressing as expected • Weekdays check- in may be required with Public Health to implement additional measures as directed • A Quality Partner (QP) may be recommended at the discretion of the Medical Health Officer <ul style="list-style-type: none"> ○ If QP recommended, Public Health will complete the referral
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 (e.g. if additional measures are recommended by Public Health)
<p>Outbreak Declared by MHO</p> <p>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.</p> <p>Once declared, Enhanced Monitoring measures with additional measures noted above remain in place except for the revised Care Community measures for outbreak listed below:</p>	
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 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 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
Outbreak Care Community Measures	
	Post COVID-19 outbreak signage
	Discuss daily with Public Health and IPC any additional control measures to implement
	Visitation

	Visitation on the affected unit(s) may be placed on hold at the discretion of the MHO
	<p>Admissions and Transfers</p> <ul style="list-style-type: none"> • To the affected unit(s) are to be on hold until approved by the MHO • Admissions/transfers to <u>unaffected</u> units to continue
When to Stop Outbreak 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 - Confirmed	
COVID-19 Staff Cases	
	<p>Determine whether staff member worked while infectious based on the following:</p> <ol style="list-style-type: none"> 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	
	<ul style="list-style-type: none"> • Treatment: as advised by staff members primary care provider (Tool 23)
Other RI Staff Cases (e.g., RSV, enterovirus, etc.)	
	<ul style="list-style-type: none"> • Staff with onset of symptoms compatible with RI infection should report to their supervisor promptly and arrange to get tested if needed • Staff who have recovered from a non-influenza viral respiratory illness can still benefit from influenza vaccination
Symptomatic Staff (including Return to Work Guidance (For suspected or confirmed viral respiratory illness including COVID-19, influenza, and RSV)	
	<ul style="list-style-type: none"> • Staff who are symptomatic prior to coming to work are to stay home and follow return to work guidance below • Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home. Then follow return to work guidance below. • Influenza Treatment <ul style="list-style-type: none"> ○ As advised by staff members primary care provider <p>Return to work Guidance: Staff can return to work when:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved

	<ul style="list-style-type: none"> ○ 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
Ongoing Case Detection	
	<p>Symptom Screening:</p> <p>Clients</p> <ul style="list-style-type: none"> • All clients on the affected unit/floor with no symptoms should continue twice daily screening. <ul style="list-style-type: none"> ○ Care Community to have a low threshold for testing any symptomatic clients. • Symptomatic client: <ul style="list-style-type: none"> ○ See symptomatic client section of appropriate checklist (based on what is circulating e.g. influenza, COVID-19 or other respiratory illness) <p>Staff</p> <ul style="list-style-type: none"> • Staff to continue with self-screening and monitor for VRI signs and symptoms . If clinical illness and symptoms develop: <ul style="list-style-type: none"> ○ Stay away from work ○ Inform their supervisor ○ Discuss testing with primary care provider • Staff to stay home if sick and if symptoms develop at work, leave work
	<p>Staff Testing</p> <p><u>Symptomatic staff:</u> Staff member to discuss PCR testing with primary care provider</p> <p><u>Asymptomatic staff:</u> No testing of asymptomatic staff unless directed by Public Health</p>
Care Community Measures	
	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • Follow current provincial masking guidance • Add other PPE based on Point of Care Risk Assessment • Universal masking is required for all staff and visitors when a unit is on COVID-19 Enhanced Monitoring with Public Health Support or COVID-19 outbreaks
	<p>Cleaning and Disinfection</p> <p>Housekeeping to do:</p> <p>Enhanced cleaning of staff areas (staff room, nursing station, staff bathrooms)</p> <ul style="list-style-type: none"> • Routine daily cleaning of high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment) • Use Disinfectant Selection Guide (Tool 17)
	Remind clients/staff/visitors of hand hygiene and respiratory etiquette
	Communal Dining for residents and staff on the affected unit(s) can continue
	<p>Group Activities</p> <ul style="list-style-type: none"> • Group activities can continue in the affected unit(s)
	Visitation

	<ul style="list-style-type: none"> • Visitors are allowed on the unit • Visitors must follow appropriate Infection Control measures • Visitors should follow current provincial masking guidance/direction. • Universal masking is required when it is directed by FH Public Health, for example, when the unit has a COVID-19 outbreak, or is on COVID-19 Enhanced Monitoring with Public Health Support
	<p>Admission/Transfers</p> <ul style="list-style-type: none"> • Continue with admissions/transfers to the affected unit without approval from MHO
When to Stop Additional Measures at the Care Community	
	<p>COVID-19</p> <ul style="list-style-type: none"> • Monitoring can end 7 days after the last positive staff member(s) last worked if no other cases are identified <p>Influenza</p> <ul style="list-style-type: none"> • Monitoring can end 5 days after the last positive staff member(s) last worked on site if no other cases are identified <p>Other VRI</p> <ul style="list-style-type: none"> • 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 31](#) 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

Confirmed Client Case

- Isolate the client in their room and implement [Droplet Precautions](#) for the duration of their infectious period
- Post **Droplet Precautions** signage at the door of the affected client's room
- 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

PPE (Personal Protective Equipment)

- Use appropriate **personal protective equipment** (which includes a gown, medical mask, eye protection, and gloves) to deliver care to the symptomatic client - see Donning and Doffing ([Tool 15](#))
- Only essential Aerosol Generating Procedures (AGP) should be performed. Follow [Aerosol Generating Procedure \(AGP\) Standard Operating Procedure](#) regarding appropriate PPE.
- Place [Personal Protective Equipment \(PPE\)](#) and [Hand Hygiene](#) station outside the room for staff use prior to entering the room – see [Droplet Precautions poster](#) for recommended precautions
- Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed and/or symptomatic clients

Hand hygiene:

- Staff are to follow the 4 moments of hand hygiene
- Instruct, educate, and enable all clients to clean their hands before eating, after toileting and before coming out of their room (Tool ??)

Ensure Leaders for the Care Community (Director of Care/AL Site Manager and/or Facility Care Community Director) are notified.

Confirmed Staff Case/Symptomatic Staff	
	<p>See Staff Checklist</p> <ul style="list-style-type: none"> • Staff who are symptomatic <u>prior</u> to coming to work are to stay home • Staff who have recovered from a non-influenza viral respiratory illness can still benefit from influenza vaccination (Tool 6) • Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home. • Follow return to work guidance.
Ongoing Case Detection	
Roommate(s) (asymptomatic or symptomatic)	
	<ul style="list-style-type: none"> • Isolate and remain in the same room with the ill resident as they have a high likelihood of becoming a case • See Symptomatic clients in this checklist as applicable
Symptomatic clients	
	<ul style="list-style-type: none"> • Isolate the client in their room to minimize exposure risk to other clients and staff <ul style="list-style-type: none"> ○ Post Droplet Precautions signage at the door of the affected client's room (see Droplet Precautions Poster) ○ Provide tray service in their room during isolation <p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • Use appropriate personal protective equipment to deliver care to the symptomatic client. – see Donning and Doffing (Tool 15) • Place Personal Protective Equipment (PPE) and Hand Hygiene station outside the room for staff use prior to entering the room – see Droplet Precautions poster for recommended precautions • If performing AGPs, follow Aerosol Generating Procedure (AGP) Standard Operating Procedure regarding appropriate PPE • Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed and/or symptomatic clients <p>Testing and Reporting to Public Health:</p> <p>Testing</p> <p>LTC Nursing staff to obtain a nasopharyngeal (NP) swab (preferred) for symptomatic clients:</p> <ul style="list-style-type: none"> ○ For Instructions on how to collect a nasopharyngeal swab sample see “Specimen Collection Process” ○ Swab should be obtained as soon as possible and sent to BCCDC ○ Label requisition “LTC” to ensure prioritized testing – see Tool 8 <ul style="list-style-type: none"> • 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. • PCR test (NP) is recommended • If any of the swab results are positive for influenza and/or COVID-19, follow the appropriate checklist in the Checklist Section.

	<p>Reporting to Public Health</p> <ul style="list-style-type: none"> • Report confirmed RSV (respiratory syncytial virus) cases daily by email using the Tool 27 Resident Illness Report and Tracking Form <ul style="list-style-type: none"> ○ Refer to Fraser Health Website for Tool 27 and instructions: Tool 27: Resident Illness Report and Tracking Form ○ Submit Tool 27 to Public Health by email. ○ Maintain separate client tracking list of other confirmed positive Respiratory viruses. If directed by Public Health, submit Tool 27 by email.
<p>Surveillance</p>	
	<ul style="list-style-type: none"> • If a significant difference in pattern or severity of illness is noted (e.g., new cases are affected differently than early cases), initiate additional viral testing and review with Public Health • Remain alert and assess for new cases twice daily
	<ul style="list-style-type: none"> • Review problem solving with your Public Health Contact (Tool 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
	<p>Engage with Infection Control to review and assess current infection control measures being taken to reduce spread/transmission</p>
	<p>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.</p> <p>If check-ins required, PH will:</p> <ul style="list-style-type: none"> ○ Confirm sites are following recommendations provided by infection prevention and control ○ Follow up on additional questions or concerns brought forward by the site, and/or other external providers ○ Consult with the MHO when measures can be discontinued
<p>Care Community Measures</p>	
<p>Preventive measures</p>	
	<p>Symptom Screening:</p> <p>Clients</p> <ul style="list-style-type: none"> • All clients on the affected unit/floor with no symptoms should continue twice daily screening <ul style="list-style-type: none"> ○ Care Community to have a low threshold for testing any symptomatic clients <p>Staff</p> <ul style="list-style-type: none"> • Staff to continue with self-screening and monitor for VRI signs and symptoms • Staff to stay home if sick and if symptoms develop at work, leave work <p>Anyone who is symptomatic, see symptomatic client or staff section of checklist as applicable</p>
	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • 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 15, Tool 13) • Follow current provincial masking guidance

	<ul style="list-style-type: none"> • Add other PPE based on Point of Care Risk Assessment
	<p>Hand hygiene and Respiratory Etiquette</p> <ul style="list-style-type: none"> • Promote Hand hygiene and respiratory etiquette with staff and visitors • Staff are to follow the 4 moments of hand hygiene • Instruct, educate, and enable all clients to clean their hands before eating, after toileting and before coming out of their room (Tool 15)
Additional Control Measures	
	<p>Post signage:</p> <ul style="list-style-type: none"> • If mild illness, decide if there is value to be gained from the use of viral respiratory alert posters to advise visitors of the situation and precautions to use. If serious illness, recommend posting alert posters signage to advise visitors of the situation and precautions to use (Tool 11)
	<p>Cleaning and Disinfection</p> <p>Care Staff to</p> <ul style="list-style-type: none"> • Contact housekeeping to ensure enhanced cleaning for the duration of the situation or RSV enhanced monitoring/outbreak • Dedicate equipment when possible • Ensure all shared equipment is cleaned and disinfected between use with a hospital grade disinfectant (Tool 17) <p>Housekeeping to do:</p> <p>Enhanced cleaning of affected unit/neighbourhood (Tool 16)</p> <ul style="list-style-type: none"> • 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) • Enhanced Cleaning (Tool 16) • Use Disinfectant Selection Guide (Tool 17) • See cohorting staff assignment in checklist
	Alert regular PPE supplier that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required. ensure adequate supply of PPE, swabs, and hand hygiene materials at all times
	Ensure delivery staff (e.g., linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit
	<p>Cohorting staff assignment is recommended but not required</p> <ul style="list-style-type: none"> • Staff working with symptomatic clients avoid working with clients who are asymptomatic • Cohorting not possible, <ul style="list-style-type: none"> ○ If not compromising care, provide care to asymptomatic clients first, then to the positive/symptomatic client(s) <p>This principle also applies to Housekeeping Staff</p>

	<p>Communal Dining</p> <ul style="list-style-type: none"> • Communal dining on the affected unit(s) can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g., staggered meal times, physical distancing, 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
	<p>Group Activities</p> <p>Public Health and IPC may provide additional and/or amended guidance, dependent on the situation on the unit(s)</p> <ul style="list-style-type: none"> ○ May continue low risk group activities (e.g., small group activities such as 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., large group gatherings) should be deferred
	<p>Visitation</p> <ul style="list-style-type: none"> • Visitors are allowed on the unit • Visitors must follow appropriate infection Control measures (e.g., Droplet Precautions) • Visitors should follow provincial masking guidance/direction. • Masking is required when it is directed by FH Public Health
Admissions and Transfers	
	<ul style="list-style-type: none"> • 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)
Education	
	Teach staff, volunteers, residents' families and visitors of the signs and symptoms of respiratory illness, including respiratory etiquette and hand hygiene
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 for RSV cases 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)
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
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 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
	<p>Outbreak may be declared over 7 days after the onset of illness in the last case.</p> <ul style="list-style-type: none"> • This may vary depending on the virus or viruses causing the outbreak • 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

VIRAL RESPIRATORY ILLNESS AND OUTBREAK

TOOLKIT (TOOLS 1 to 32)

Tool 1: Outbreak Prevention and Management Team

Outbreak Management Team (OMT)

Organizational Leadership for infection prevention and control should be established and maintained. Having a multi-disciplinary outbreak management team (OMT) facilitates outbreak prevention and prompt responses to minimize the impact of viral respiratory outbreaks.

Specific members of the Outbreak Prevention and Management Team are designated to:

- Know the current 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.

- Care Community is to have:
 - A written process for VRI outbreak management which is available to all HCWs.
 - The process should include membership of the OMT with current names and contact information and be reviewed and updated annually.
- Once an outbreak is declared, the OMT should be mobilized to coordinate the facility's response. Institutions should ensure roles and responsibilities are clearly outlined.

OMT duties at the facility level include:

- Supporting outbreak prevention and preparation.
 - review the strategic Pre-Season Planning, Preparation and Prevention CHECKLIST to update Care Community policies and practices and take all recommended preparative steps
 - Surveillance steps to:
 - recognize a suspect respiratory illness outbreak
 - promptly take the appropriate actions, including collecting and submitting laboratory specimens,
 - 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](#))
- Guiding facility level Enhanced Monitoring and/or outbreak response by:
 - promptly take the appropriate actions, including collecting and submitting laboratory specimens,
 - Reviewing cases in order to determine source of VRI and factors affecting transmission within the facility
 - Implementing control measures in proportion to the level of transmission;
 - Supporting quality improvement activities such as hand hygiene and PPE assessments;
 - Connecting with IPC and PH on prevention control practices
 - Ensuring staffing requirements for response during the day and after hours are adequate/appropriate; and
 - Sending outbreak/EM related communication as needed
 - Daily Check in's/updates with staff and external partners as needed

- Schedules, leads, and facilitates an outbreak/EM debrief meeting after an outbreak is declared over, to identify and communicate lessons learned, implement any actions and following up on recommendations

Outbreak/EM Debriefs

Outbreak/EM debrief will be scheduled at the discretion of the site, site IPC, and PH for sites with:

- Sizable transmissions
- Significant impact
- Noticeable gaps in IPC practices, communication or coordination

See [Tool 32](#) for:

- Initial and follow up meeting and debrief meeting templates
- Roles and Responsibilities of the different teams

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/clinical operations or Director of Long-Term Care
- Resident care coordinator/manager
- Person in your Care Community who has responsibility for Infection Prevention and Control
- Housekeeping/Laundry Supervisor/manager
- Food Services Supervisor/manager
- 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
- Public health Nurse representative
- MHO or their official designate
- Administrative support personnel
- Workplace health and safety (WHS) representative
- Others as needed or as appropriate:
 - Supply chain representative
 - Facilities maintenance and operations representative
 - Risk management/client relations representative

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

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

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 CD PHN will notify others by sending the Respiratory Illness Outbreak Notification (RION) if an outbreak on a unit/Care Community is declared by the MHO

Public Health

Contact Public Health Monday – Friday 0830-1630 (see box below for after hours/weekends and STAT holidays)

- First Case at the Care community,
 - Email password protected Tool 27 to
 - Covidintakehub@fraserhealth.ca
 - Copy to:
 - CDPHNs@fraserhealth.ca
 - Care community DOC or delegate
 - Email subject line: *Care community name, affected units, pathogen(s)*
 - Refer to [Tips to Completing and Sending Tool 27 -Resident Illness Reporting and Tracking form](#)
 - Call PH as needed for support or questions.
- Subsequent Cases
 - Send in tool 27 by email every day
 - Call PH as needed for support or questions.

After hours/weekends/STAT holidays: The care community is to contact the MHO on call at: 604-527-4806 if:

- The care community with no influenza outbreaks has a new resident influenza case or
- The care community has two or more resident influenza cases and meet the influenza outbreak definition or
- The care community has concerns about the severity or the rate of increase in respiratory illness cases in their community

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 viral respiratory illness occurs. Sites should engage with their IPC practitioner routinely. **Contact Infection Prevention and Control by emailing askIPCcommunity@fraserhealth.ca**

Tool 3: List of Important Contact Information

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

- Public Health Contact information for vaccine (see next page)
- Care Community Licensing Officer
- BCCDC Lab internet address and e-mail for sending Order for Nasal Swab Kits ([Tool 7](#))
- Courier Service for sending Nasal Swabs for testing ([Tool 9](#))
- 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 <i>(for Case/Care community follow up)</i>	604-507-5471 (leave a message)		Email password protected documents to Public Health at: <ul style="list-style-type: none"> • COVIDINTAKEHUB@fraserheath.ca • CDPHNs@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 7
Licensing Officer for Care Community			
Courier Service			
Occupational Health (for Owned and Operated sites)			

Health Unit Contact List

For any questions or changes in Vaccine order contact: COVIDoutreachcoordinators1@fraserhealth.ca

<p>Abbotsford Health Unit 104-34194 Marshall Road Abbotsford, BC V2S 5E4 Ph: 604-864-3400 Fax: 604-864-3410</p>	<p>Agassiz Health Unit Box 104, 7243 Pioneer Avenue Agassiz, BC V0M 1A0 Ph: 604-793-7160 Fax: 604-793-7161</p>	<p>Burnaby Health Unit 300-4946 Canada Way Burnaby, BC V5G 4H7 Ph: 604-918-7605 Fax: 604-918-7630</p>
<p>Chilliwack Health Unit 45470 Menholm Road Chilliwack, BC V2P 1M2 Ph: 604-702-4900 Fax: 604-702-4901</p>	<p>Cloverdale Health Unit #205-17700 56th Avenue Cloverdale, BC V3S 1C7 Ph: 604-575-5100 Fax: 604-574-3738</p>	<p>Guildford Health Unit 100-10233 - 153rd Street Surrey, BC V3R 0Z7 Ph: 604-587-4750 Fax: 604-587-4777</p>
<p>Hope Health Unit Box 176, 444 Park Street Hope, BC V0X 1L0 Ph: 604-860-7630 Fax: 604-869-2332</p>	<p>Langley Health Unit 110 – 6470 201 Street Langley, BC V2Y 2X4 Ph: 604-539-2900 Fax: 604-530-8138</p>	<p>Maple Ridge Health Unit 400-22470 Dewdney Trunk Road Maple Ridge, BC V2X 5Z6 Ph: 604-476-7000 Fax: 604-476-7077</p>
<p>Mission Health Unit #304 -32555 London Ave Mission, BC V2V 6M7 Ph: 604-814-5500 Fax: 604-826-0421</p>	<p>New West Health Unit 218 – 610 6th Street New Westminster, BC V3L 3C2 Ph: 604-777-6740 Fax: 604-525-0878</p>	<p>Newton Health Unit 200-7337 137th Street Surrey, BC V3W 1A4 Ph: 604-592-2000 Fax: 604-501-4814</p>
<p>North Delta Health Unit 11245-84th Avenue Delta, BC V4C 2L9 Ph: 604-507-5400 Fax: 604-507-4617</p>	<p>North Surrey Health Unit 220-10362 King George Hwy Surrey, BC V3T 2W5 Ph: 604-587-7900 Fax: 604-582-4811</p>	<p>South Delta 1826, 4949 Canoe Pass Way Delta, BC V4M 0B2 Ph: 604-952-3550 Fax: 604-940-8944</p>
<p>TriCities Health Unit 200-205 Newport Drive Port Moody, BC V3H 5C9 Ph: 604-949-7200 Fax: 604-949-7211</p>	<p>White Rock Health Unit Berkeley Pavilion 15476 Vine Avenue White Rock, BC V4B 5M2 Ph: 604-542-4000 Fax: 604-542-4009</p>	

Tool 4: Information on Influenza/COVID Vaccines, Treatment and Prophylaxis—Educational Resources on the Internet

<p>Fraser Health Website Season specific information is placed on the Fraser Health website https://www.fraserhealth.ca/</p> <p>For information and educational resources for Health Care Providers about Immunization Policy, Program and Clinics, please see: https://www.fraserhealth.ca/employees/employee-resources/workplace-health-and-wellness/influenza</p>	<p>Respiratory Outbreaks (Influenza, COVID-19, Non-Influenza/COVID-19)</p> <ul style="list-style-type: none"> • Viral Respiratory Illness Outbreak Protocol and Toolkit • Assisted Living Toolkit for Prevention and Control of Gastrointestinal and Respiratory Illnesses • Online course: Viral Respiratory Illness and Gastrointestinal Illness (RI/GI) Outbreaks in Long Term Care (available through Learning Hub)
<p>Learning Hub CCRS Integrated</p>	<p>Viral Respiratory Illness and Gastrointestinal Illness (RI/RI Outbreaks in Long Term Care) (Course code: 23795)</p> <ul style="list-style-type: none"> • General information on how to manage an outbreak in a Care Community, available • resources to access and follow up to complete <p>Influenza Immunization Education:</p> <ul style="list-style-type: none"> ○ Summary of influenza vaccine program for the upcoming year ○ Seasonal Influenza Updates 2024/25 course (Course code: 34110) <p>COVID-19 Immunization Education:</p> <ul style="list-style-type: none"> ○ Provides nurse immunizers with the knowledge necessary to provide safe and effective COVID-19 immunization ○ COVID-19 Immunization Competency Course (bccdc.ca)
<p>HealthLink BC Files, Index Homepage Links General information on Influenza, Pneumococcal and COVID-19 vaccines HealthLink BC Files HealthLink BC</p>	<p>Influenza Vaccine Health Files (12 a-e):</p> <ul style="list-style-type: none"> • Why Seniors Should Get Seasonal Influenza Vaccine • Facts About Influenza (the Flu) • Influenza (Flu) Immunization Myths and Facts • Inactivated Influenza (Flu) Vaccine • Live Attenuated Influenza (Flu) vaccine <p>Pneumococcal Vaccine Health File (62b)</p> <ul style="list-style-type: none"> • Pneumococcal Polysaccharide Vaccine <p>COVID-19 Immunization Health Files (124 a-c)</p> <ul style="list-style-type: none"> • COVID-19 mRNA Vaccines • COVID-19 Protein Subunit Vaccines
<p>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</p>	<ul style="list-style-type: none"> • National Advisory Committee on Immunization (NACI): Statements and publications - Canada.ca <ul style="list-style-type: none"> ○ Select National Advisory Committee on Immunization Statement on Influenza Immunization

Tool 5: Obtaining and Transporting Influenza, COVID and Pneumococcal Vaccine (including 'Cold-Chain' Guide)

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

Vaccine Supply

Type of Facility	Location of facility	Ordering and pick up of Influenza and COVID Vaccine
Fraser Health Owned and Operated	<u>Care Community is:</u> <ul style="list-style-type: none"> • Located on hospital grounds • Not located on hospital grounds 	Ordering vaccine Care community to Order both influenza and COVID vaccine through public health via: https://fhobservatory.checkbox.ca/pph-vaccine-requests
Contracted and Private Pay Facilities (not Fraser Health Operated)	N/A	Vaccine pick Up Care Community to pick up the vaccines from your local Health Unit Tool 3

Handle Vaccine with Care: Transport and Storage

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 to the decimal place.

See the following BCCDC resources:

1. [Vaccine Storage and Handling Guide](#) on the BCCDC website (see below for webpage) which includes topics such as:
 - a) Handling vaccines with care
 - b) Packing an insulated cooler
 - c) How to store vaccine in the refrigerator
 - d) What to do if the temperature is outside of the 2-8 degrees C

This resource can be found at: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Immunization/Cold%20Chain/bccdcoldchainresourcescreen.pdf>

2. Cold Chain Resources for Community Vaccine Providers

Resource and hyperlink	Full link to document
Refrigerator temperature log form and instructions	http://www.bccdc.ca/health-professionals/clinical-resources/vaccine-management
Cold chain checklist	http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Immunization/Cold%20Chain/ColdChainChecklist.pdf
Vaccine and Cold Chain Management	http://www.bccdc.ca/health-professionals/clinical-resources/vaccine-management

Tool 6: Staff and Resident Influenza and COVID-19 Immunization

Influenza - Staff

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. Physicians providing care in Long Term Care facilities are included in this policy.

Staff

The definition of staff who will be in the Care Community during the respiratory virus season includes:

- Casuals, regular staff, contracted staff, volunteers, students.

Immunization Tracking for Staff

All health care settings are to maintain annual records of staff influenza immunization which includes name, date of birth, position (job), where in the Care Community they work and date of influenza immunization. See [Staff immunization record](#)

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	<ul style="list-style-type: none">• Fraser Health Staff can book into a Fraser Health Staff/site Influenza Clinic• Affiliated/Non-Affiliated sites may be able to receive vaccine at their work location if a staff clinic is being held there• Attend a scheduled community clinic• Book an appointment with their family doctor or at a community pharmacy
Reporting of staff immunization	Information on staff immunization should be maintained in a confidential manner and include: <ul style="list-style-type: none">• 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

Resident Immunization Tracking for influenza/COVID-19 – See tables below

Staff Influenza/COVID-19 Immunization Tracking Sheet for Current Season

RI Season Year:				Care Community Name:			
Name of staff (Last, First)	Employer (if applicable)	Type of Staff		Influenza and/or COVID-19 Vaccine	Date of Vaccination (DD – MM – YEAR)	Refusal of influenza and/or COVID-19 vaccine	Medical contraindication to influenza and/or COVID-19 vaccine
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	COVID-19			
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/>	COVID-19			
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/>	COVID-19			
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/>	COVID-19			
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/>	COVID-19			

Resident Influenza/COVID-19 Immunization and Influenza Anti-Viral Tracking Sheet

PERSON IN CHARGE OF PREPARING LIST OF RESIDENT INFLUENZA VACCINATION/ANTI-INFLUENZA PROPHYLAXIS:						Tel:		Date Updated:						
Resident Name (Last, First)	Neighborhood, floor, or other specified area	Influenza COVID-19 vaccine	Date of Vaccination			Year of PNEUMO Vaccine	Estimated creatinine clearance	Date Serum Creatinine Level Done <i>(Within 1 Year If Clinically Stable)</i>			Renal dosing for antivirals?		Pre-Printed Order for Influenza Prophylactic/ Anti-Influenza Medications on Chart?	
			DD	MM	YY			ML/MIN	DD	MM	YY	YES	NO	YES
		INFLUENZA												
		COVID												
		INFLUENZA												
		COVID												
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		COVID												
		INFLUENZA												
		COVID												

Tool 7: Ordering Swab Collection Kits from BCCDC Public Health Microbiology and Reference Laboratory

<p>To Order Swab Collection Kits for Influenza and COVID 19</p> <p>Important reminder: Having the nasopharyngeal swabs on hand can save a day or two when trying to confirm the cause of an outbreak.</p>	<ol style="list-style-type: none"> Use the BCCDC order form found online at: <ul style="list-style-type: none"> SampleContainerOrderForm (bccdc.ca) http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/PHLOrderForm .pdf <ol style="list-style-type: none"> Outbreak Kits > Influenza Like Illness Outbreak Kit <table border="1" data-bbox="630 554 1490 701"> <tr> <td style="background-color: yellow;">OUTBREAK KITS</td> <td>GASTROINTESTINAL DISEASE OUTBREAK KIT</td> <td>Kit consists of 6 sterile vials for feces, 2 sterile vials for vomitus, 8 biohazard bags, 8 GI Outbreak Requisition Forms and 1 GI Outbreak Fax Notification form</td> <td></td> </tr> <tr> <td style="background-color: yellow;">OUTBREAK KITS</td> <td>INFLUENZA LIKE ILLNESS OUTBREAK KIT</td> <td>Kit consists of 6 swabs, 6 biohazard bags, 6 VI requisition forms and 1 ILI fax notification form</td> <td>FOR FACILITY TESTING ONLY (Maximum order per season is 50 kits. Orders over 50 kits must be approved by the Virology Section).</td> </tr> </table> <ol style="list-style-type: none"> Complete the order form. Scan the completed order form. E-mail the scanned order form to kitorders@hssbc.ca or fax to 604-707-2606 Have available secondary packaging according to TRANSPORTATION OF DANGEROUS GOODS SPECIMENS (Tool 10: Transportation of Dangerous Goods Information for Fraser Health and BCCDC Laboratories) 	OUTBREAK KITS	GASTROINTESTINAL DISEASE OUTBREAK KIT	Kit consists of 6 sterile vials for feces, 2 sterile vials for vomitus, 8 biohazard bags, 8 GI Outbreak Requisition Forms and 1 GI Outbreak Fax Notification form		OUTBREAK KITS	INFLUENZA LIKE ILLNESS OUTBREAK KIT	Kit consists of 6 swabs, 6 biohazard bags, 6 VI requisition forms and 1 ILI fax notification form	FOR FACILITY TESTING ONLY (Maximum order per season is 50 kits. Orders over 50 kits must be approved by the Virology Section).
OUTBREAK KITS	GASTROINTESTINAL DISEASE OUTBREAK KIT	Kit consists of 6 sterile vials for feces, 2 sterile vials for vomitus, 8 biohazard bags, 8 GI Outbreak Requisition Forms and 1 GI Outbreak Fax Notification form							
OUTBREAK KITS	INFLUENZA LIKE ILLNESS OUTBREAK KIT	Kit consists of 6 swabs, 6 biohazard bags, 6 VI requisition forms and 1 ILI fax notification form	FOR FACILITY TESTING ONLY (Maximum order per season is 50 kits. Orders over 50 kits must be approved by the Virology Section).						

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* (used for Influenza, COVID and other non influenza/non COVID-19 respiratory illnesses) has six nasal swabs/kit (each swab with its own viral transport medium)
- Use the same process to Re-Order another *Influenza-Like Illness Outbreak Kit* if you have used the swabs from your initial kit.
- Check expiry date on the Viral Transport Medium vial when you receive your *Influenza-Like Illness Outbreak Kit* and record the expiry date.
 - if the viral transport medium expires, reorder a new Kit from BCCDC PHSA Laboratories – **do NOT use expired kits**
- 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 8: BCCDC Virology Requisition (Sample)

Lab requisition is located on the BCCDC website at: <http://www.bccdc.ca/health-professionals/professional-resources/laboratory-services> under Requisition forms: Virology


Instructions:

- **Enclose** completed requisition(s) with the specimen(s) and ship to BCCDC
 BCCDC: Public Health Laboratory
 Virology Laboratory
 655 WEST 12th AVENUE Tel: 604-707-2623
 VANCOUVER, BC V5Z 4R4 Fax: 604-707-2605
- Inform your MHO/PH contact

LTC (name of Care Community)



Public Health Laboratory
BC Centre for Disease Control
 An Agency of the Provincial Health Services Authority
 655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab



Virology Requisition

Highlighted fields must be completed

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

PERSONAL HEALTH NUMBER <small>(or out-of-province Health Number)</small>		PATIENT ADDRESS		LABORATORY USE ONLY
PATIENT SURNAME				
PATIENT FIRST AND MIDDLE NAME		CITY	PROVINCE	
DOB DD / MMM / YYYY	SEX M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Unk <input type="checkbox"/>	POSTAL CODE	CONTACT NO. (000) XXX-XXXX	
SAMPLE REF. NO.	DATE COLLECTED <small>(DD/MM/YYYY) Unk <input type="checkbox"/></small>	TIME COLLECTED <small>(HH:MM) Unk <input type="checkbox"/></small>		
ORDERING PRACTITIONER (Name, MSP#, Address of report delivery)			ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Limit of 3 copies available) <small>(Name, Address / MSP# / PHSA Client#)</small>	
<input type="checkbox"/> I am a Locum (provide name of Practitioner and Clinic to receive report)			1. _____ 2. _____ 3. _____	

Section 2 - Test(s) Requested **SIGNATURE OF ORDERING PRACTITIONER** **DATE SIGNED**

<p>RESPIRATORY</p> <p>Indicate sample site:</p> <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nares <input type="checkbox"/> Oropharynx <input type="checkbox"/> Throat <input type="checkbox"/> Lower Respiratory Tract: _____ <input type="checkbox"/> Other, specify: _____ <p>Indicate container type:</p> <input type="checkbox"/> Swab with transport medium <input type="checkbox"/> Saline gargle <input type="checkbox"/> Other, specify: _____ <p>Indicate test(s):</p> <input type="checkbox"/> COVID-19 (SARS-CoV-2) <input type="checkbox"/> Influenza A, Influenza B, Respiratory syncytial virus <input type="checkbox"/> Avian influenza (e.g. H5) (*Approval and exposure location required) <input type="checkbox"/> Enterovirus D68 (Approval required outside August to October) <input type="checkbox"/> Other test, specify: _____ <p>HEPATITIS</p> <p>Please see the <i>Serology Screening Requisition</i> to order HCV RNA and/or HCV genotyping testing</p> <p>REFERRAL LABORATORY USE ONLY VIRAL TYPING BY NAT/SEQUENCING</p> <p>Virus: _____ Sample site: _____ Ct value: _____ OR viral signal: weak / strong Additional information: _____</p>	<p>SKIN / MUCOSAL</p> <p>Indicate anatomical site: _____</p> <p>Select one</p> <input type="checkbox"/> Skin Lesion <input type="checkbox"/> Mucosal Lesion <input type="checkbox"/> Mucosal Non-Lesion <p>Indicate test(s):</p> <input type="checkbox"/> Herpes simplex 1/ Herpes simplex 2 / Varicella zoster (HSV 1) (HSV 2) (VZV) <input type="checkbox"/> Mpox <input type="checkbox"/> Molluscum contagiosum <input type="checkbox"/> Other test, specify: _____ <p>ENCEPHALITIS</p> <p>Cerebrospinal Fluid for:</p> <input type="checkbox"/> HSV 1, HSV 2, VZV and Enterovirus <input type="checkbox"/> West Nile virus (Approval required outside July to September) <input type="checkbox"/> Creutzfeldt-Jakob disease <input type="checkbox"/> Other test, specify: _____ <p><small>(Note: Send CSF from <6 months old directly to BC Children's & Women's Hospital Laboratory for testing that includes parechovirus)</small></p> <p>MEASLES, MUMPS, RUBELLA</p> <input type="checkbox"/> Recent MMR vaccination <input type="checkbox"/> Recent travel (*Provide travel history) <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>MEASLES</p> <input type="checkbox"/> Nasal / Nasopharyngeal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other sample type, specify: _____ </td> <td style="width: 50%; vertical-align: top;"> <p>MUMPS</p> <input type="checkbox"/> Buccal / Oral swab <input type="checkbox"/> Urine <input type="checkbox"/> Other sample type, specify: _____ </td> </tr> </table>	<p>MEASLES</p> <input type="checkbox"/> Nasal / Nasopharyngeal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other sample type, specify: _____	<p>MUMPS</p> <input type="checkbox"/> Buccal / Oral swab <input type="checkbox"/> Urine <input type="checkbox"/> Other sample type, specify: _____	<p>*RELEVANT EXPOSURE / TRAVEL OR OTHER HISTORY <small>(Please provide clinical history where indicated)</small></p> <p>_____</p> <p>_____</p> <p>OUTBREAK LOCATION / INFORMATION</p> <p>_____</p> <p>_____</p> <p>GASTROINTESTINAL</p> <p>Feces for:</p> <input type="checkbox"/> Gastrointestinal Viral Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus) <input type="checkbox"/> Enterovirus <input type="checkbox"/> Other test, specify: _____ <p>OTHER TESTS</p> <input type="checkbox"/> Eye sample for Adenovirus, HSV 1, HSV 2, VZV <input type="checkbox"/> Skin sample for Enterovirus <input type="checkbox"/> Plasma for West Nile virus <input type="checkbox"/> Other test, specify: _____ <p>RUBELLA</p> <input type="checkbox"/> Nasopharyngeal washing / swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other sample type, specify: _____
<p>MEASLES</p> <input type="checkbox"/> Nasal / Nasopharyngeal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other sample type, specify: _____	<p>MUMPS</p> <input type="checkbox"/> Buccal / Oral swab <input type="checkbox"/> Urine <input type="checkbox"/> Other sample type, specify: _____			

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 when 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 4.2 06/2024



Tool 9: Swab Collection & PRE-PAID Shipping Information

For residents

Collect specimens from all symptomatic residents. Please ensure all requested testing is indicated on the requisition forms (e.g. **select COVID-19, Influenza, and RSV**). Specimens will be tested for other respiratory viruses if initial influenza A/B, COVID-19, and RSV are negative **and** there is a **request** for the additional tests on the lab requisition (see BCCDC Virology Requisition Sample and completing a lab requisition ([Tool 8](#))).

Nasal and nasopharyngeal swabs are the only testing methods to be used.

Nasal/Nasopharyngeal swabs must be collected using a designated BCCDC **Specimen Collection Kit (swab from the Influenza Like illness outbreak Kit)**.

These kits contain: 6 swabs, 6 transport medium, 6 biohazard bags and the BCCDC Virology Requisition

➔ **To order Influenza Like illness outbreak Kit:** Refer to [Tool 7](#)

NP Swab collection:

- For personal protection, it is recommended that gloves, mask, and eye protection be worn while collecting specimen.
- Resident's with copious discharge should be requested to gently clean their nose by washing or with tissue.
- 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 (6 cm or deeper) are excellent but may be more traumatic to the patient. Mucous discharge and throat swabs contain less virus and are discouraged.
- Incline the resident'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 resident's **full name** and **date of birth**.

Completing Lab Requisitions:

- **Complete One** BCCDC Virology **requisition** for each NP Swab specimen.
 - Lab requisition is located on the BCCDC website <http://www.bccdc.ca/health-professionals/professional-resources/laboratory-services> under Requisition Forms; Virology
- **TOP OF Lab requisition – Write LTC in large letters along with Care Community name**

Section 1 of Lab requisition	Information to include
Personal Health Number	include PHN - this is required for labs to display in UCI/CareConnect
Patient Surname and Patient first and Middle name	Full name and Full date of birth MUST be written on each sample and on Lab requisition or Testing will NOT be performed
Address	Residents: put Care Community address including Postal Code
Ordering Practitioners	<ul style="list-style-type: none">• O&O and affiliated LTC sites: Most Responsible Physician or Nurse Practitioner

	<ul style="list-style-type: none"> Non-Affiliated LTC sites: Resident’s GP (always include full name, billing info and practice address for lab reports distribution to appropriate EMR)
Additional Copies	If LTC requires a copy of the report, include Care Community name and address (including phone and fax number and PHSA lab client code)
Date collected and time Collected	Date and time must be written and must match what is on the label for the sample
Signature of ordering Practitioner and date fields	RN to indicate their name and designation on behalf of (insert ordering practitioners name) and then enter the date the requisition is signed. NOTE: Ensure there is a client specific order for testing on the chart
Section 2 of lab requisition	Information to enter/choose
Test(s) requested: Respiratory	Choose: Influenza A, B, RSV, COVID-19 and any others requested as applicable
Indicate sample site and container type	Choose appropriate option (note: nares =nasal) and swab with transport medium (for NP PCR testing)
Relevant Exposure/Travel or other History	Indicate “resident”
Outbreak location/Information	Indicate outbreak location and Care Community type (e.g. LTC)
Other Tests	In other specify field write in “ Magpix Respiratory Panel ” FH O& O – order COV/FLU-IN and VIRESP test in Meditech entry

Submitting a completed BCCDC Virology Requisition with the specimens ensures 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 [Transportation of Dangerous goods tool for how to Package and transportation Lab specimens](#). Sending specimens to BCCDC:

Routine same day	Delivery as per routine process
Same day delivery not available	Send by courier <ul style="list-style-type: none"> 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

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

Tool 10: Transportation of Dangerous Goods Information for Fraser Health and BCCDC Laboratories

Specimens known or suspected to contain pathogens must be packaged and transported in accordance with Government of Canada Transportation of Dangerous Goods Regulation: [Transportation of Dangerous Goods Regulations \(justice.gc.ca\)](https://www.justice.gc.ca).

In order to meet TDG requirements, All Care Communities will need to obtain correct packaging supplies and have a TDG trained employee package outbreak specimens.

Education (for all Care Communities):

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).

Packaging and shipping

Refer to below sections for packaging and transporting of lab specimens to Fraser Health Laboratories or to BC Centre for Disease Control (BCCDC):

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 box, it will take a few moments for all the documents to load.

Affiliated Care Communities: 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)

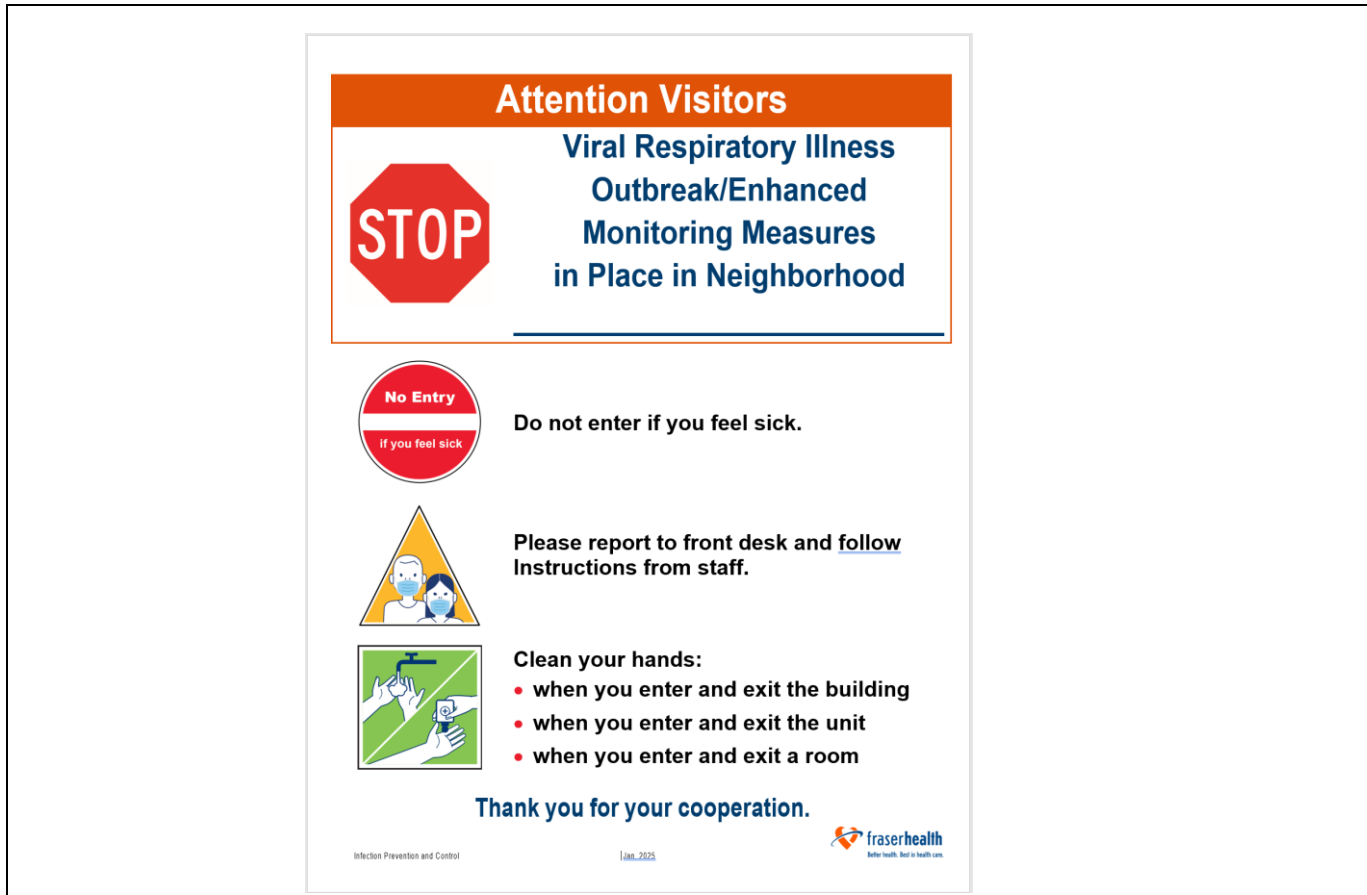
Non-Affiliated Care Communities: See: [Transportation of Dangerous Goods Regulations \(justice.gc.ca\)](#)

- Viral outbreak specimens fall under Category B of Infectious substance and can be shipped under UN3373 with a shipping label of “Biological Substance, Category B

Tool 11: Signage to Use during the Respiratory Virus Season

Print and post the signage as required

Viral Respiratory Illness Outbreak, Enhance Monitoring Posters



Poster title:

VRI Outbreak/Enhanced Monitoring Poster

Use for

- COVID EM
- COVID EM with Public Health Support
- COVID, Influenza and Other Respiratory Outbreaks

Alerts visitors that unit is on EM/Outbreak and indicates actions to be taken on that unit

Please note visitors must wear medical masks during COVID EM with PH support and COVID Outbreaks

www.fraserhealth.ca/vrioutbreakmeasures

Generic posters for any situation

Cover your coughs and sneezes to stop the spread of germs

Respiratory Etiquette

- Cover your mouth and nose with a tissue when coughing and sneezing
- Throw your used tissue away into the garbage
- No tissue? Cough or sneeze into your elbow or upper sleeve. Do not cough or sneeze into your hands.
- Clean your hands with soap and water or alcohol-based hand rub
- Wear a disposable medical mask at all times while in our building

©2020 Fraser Health Authority
Catalogue #244520 November 2020 To order: patienteduc@fraserhealth.ca

fraserhealth

Poster Title:
Cover your cough and sneezes to stop the spread of germs

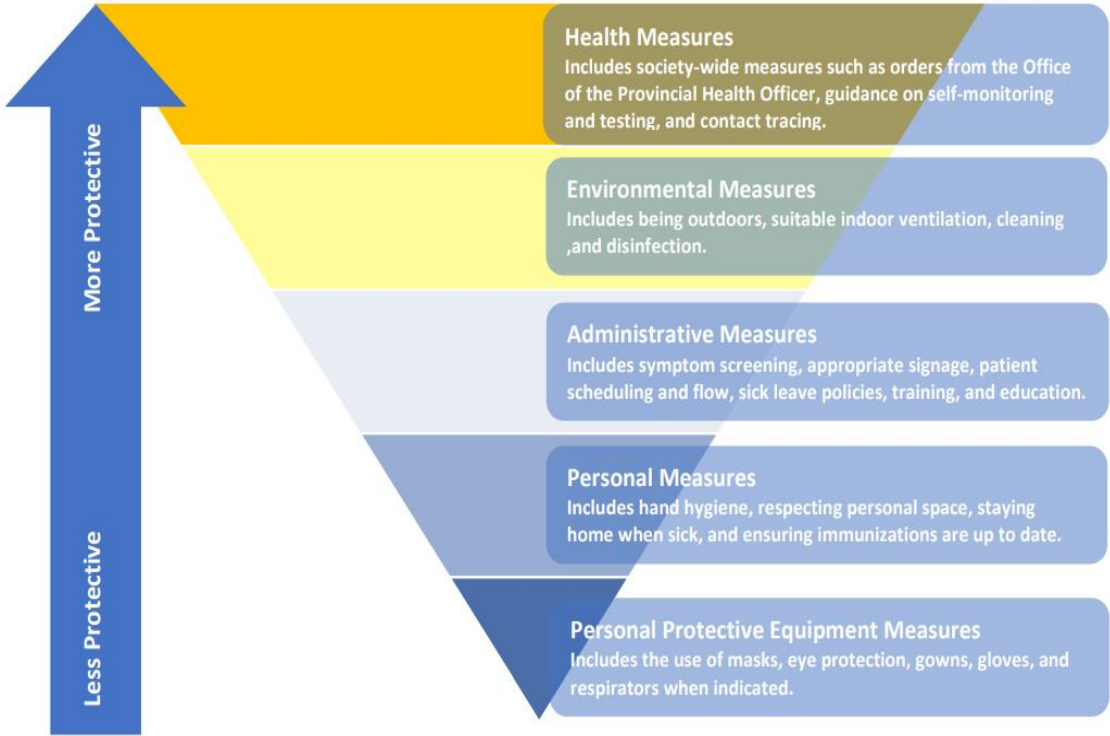
Use for public areas for visitor awareness and prevention

www.fraserhealth.ca/respiratoryetiquette

Tool 12: Measures for Minimizing the Risk of Viral Respiratory Illness in your Care Community

The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Diseases

June 29, 2022



Infection Prevention and Exposure Control Measures

The hierarchy of infection prevention and exposure control measures for communicable disease describes the measures 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 13: Routine Practices (Standard 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. Some settings may use the term “Standard Precautions”

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 is [here](https://www.fraserhealth.ca/health-topics-a-to-z/licensed-care-facilities-and-assisted-living-providers/clinical-and-safety-resources/hand-hygiene#.Yu8K27ZIBRZ) or: <https://www.fraserhealth.ca/health-topics-a-to-z/licensed-care-facilities-and-assisted-living-providers/clinical-and-safety-resources/hand-hygiene#.Yu8K27ZIBRZ>

Hand hygiene is everybody’s responsibility: Health Care Providers (HCPs), residents, 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, after using the toilet or other personal hygiene activities,

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).

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	<ul style="list-style-type: none">• 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-bedroom vs. outpatient or communal area)
---	--



	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> ○ Employers should provide all health care providers general education on Care Community policies, which includes: <ul style="list-style-type: none"> ○ Infection prevention and control best practices. ○ Hand hygiene ○ Chain of infection ○ Environmental cleaning and disinfection ○ Immunization program ○ Occupational Health and Safety protocols ○ Additional Precautions <ul style="list-style-type: none"> ○ 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. ○ See Tool 31 for list of Common VRI pathogens

Tool 14: 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 31](#) for list of Common VRI pathogens

Click on link below to take you to the actual sized poster or use the URL (links) listed below:

Droplet Precautions Poster	Aerosol Generating Procedure (AGP) Precautions Poster
 <p>The poster for Droplet Precautions features a green background. At the top, it says 'DROPLET PRECAUTIONS' in bold. Below this is a 'Bed #' field. A 'STOP' sign icon is followed by the text 'FAMILIES AND VISITORS: Please report to staff before entering'. Below that, it says 'Clean hands before entering and when leaving room' with two circular icons showing handwashing. The 'STAFF:' section includes 'Wear:' followed by a list: 'Gown and gloves', 'Medical mask and eye protection when within 2 metres of patient', and 'Additional PPE based on point-of-care risk assessment'. It also says 'Draw curtains/barriers and keep 2 metres between patients'. A small illustration of a staff member in full PPE is shown. Logos for Fraser Health and Fraser Health Services are at the bottom.</p>	 <p>The poster for Aerosol Generating Procedure (AGP) Precautions features a light blue background. At the top, it says 'AEROSOL GENERATING PROCEDURE (AGP)' in bold. Below this is a 'Bed #' field. A 'STOP' sign icon is followed by the text 'FAMILIES AND VISITORS: Please report to staff before entering'. Below that, it says 'Clean hands before entering and when leaving room' with two circular icons showing handwashing. The 'STAFF:' section includes 'Wear:' followed by a list: 'Gown, gloves, eye protection, fit-tested respirator (e.g. N95 respirator or equivalent)', and 'Additional PPE based on point-of-care risk assessment'. It also says 'Draw curtains/barriers and keep 2 metres between patients'. A small illustration of a staff member in full PPE is shown. Logos for Fraser Health and Fraser Health Services are at the bottom.</p>
<p>Title of Poster: Droplet Precautions Poster</p>	<p>Title of Poster: Aerosol Generating Procedure (AGP) Precautions Poster</p>
<p>Use when any residents are experiencing Respiratory illness symptoms</p>	<p>Use when a resident requires AGP to be performed and who is currently on droplet precaution due to Respiratory illness symptoms</p>
<p>Links: Droplet Precautions Poster www.fraserhealth.ca/dropletprecautions</p>	<p>Links: Aerosol Generating Procedure www.fraserhealth.ca/agp</p>

Additional resources:

[Aerosol generating procedure SOP](#)

https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Topics/Long-term-care-licensing/Clinical-and-Safety-Information/Aerosol_Generating_Procedures_AGP_SOP.pdf

Tool 15: 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
- Medical Mask
- Eye Protection
- Gloves

When completing care activity and **preparing to leave** the room of an ill resident on Precautions,

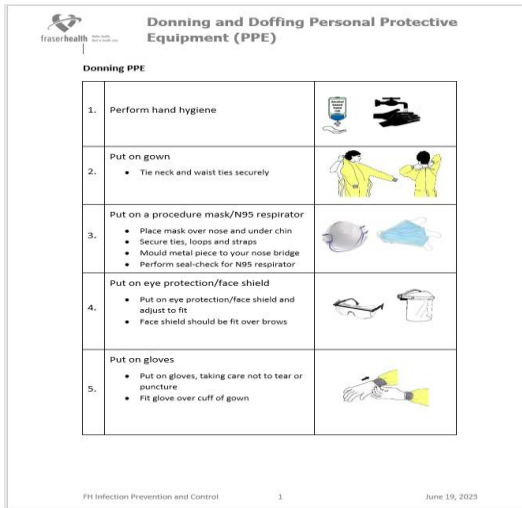
If wearing a medical mask	If wearing an N95 respirator
<ul style="list-style-type: none"> • Remove and discard medical mask in the room. • Perform hand hygiene in the room. • Put on a new medical mask (if applicable) after leaving the room 	<ul style="list-style-type: none"> • Remove and discard N95 respirator in the anteroom or hallway. • Perform hand hygiene in the anteroom or hallway. • Put on a new medical mask (if applicable) after leaving the room

Posters are available at the following location which shows the Donning and Doffing process.

www.fraserhealth.ca/donning


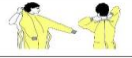



Donning and Doffing

Donning Personal Protective Equipment (PPE)



Donning and Doffing Personal Protective Equipment (PPE)

Donning PPE

1. Perform hand hygiene	
2. Put on gown <ul style="list-style-type: none"> • Tie neck and waist ties securely 	
3. Put on a procedure mask/N95 respirator <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Put on eye protection/face shield and adjust to fit • Face shield should be fit over brows 	
5. Put on gloves <ul style="list-style-type: none"> • Put on gloves, taking care not to tear or puncture • Fit glove over cuff of gown 	







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Poster outlines the step by step process for how to put on PPE and in what order

Doffing Personal Protective Equipment





Donning and Doffing Personal Protective Equipment (PPE)

Doffing PPE

1.	Remove gloves <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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	

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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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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	

FH Infection Prevention and Control 3 June 19, 2023

Posters outline the step by step process for removing PPE

Tool 16: 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 17](#) 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

High touch 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 11](#) for Respiratory Illness Infection Prevention and Control Signage
- Please ensure Enhanced Cleaning is in place for the duration of the outbreak.
- Please see [Cleaning Quick Reference Table](#) for case level cleaning.
- Use Health Canada Approved hospital grade disinfectants.

Follow cleaning and disinfection best practices:

- Wear appropriate personal protective equipment (PPE) based on disinfectant Safety Data Sheet (SDS) and when entering/cleaning the rooms of residents on Droplet precautions.
- Work from clean to dirty; high to low areas. Clean rooms of unaffected rooms followed by rooms on Droplet 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 checklist for any RI Illness: (Print as needed)

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	
(h) Medication Fridge (exterior)	
3. Clean Utility/Storage Room:	
(a) Door and knob on entry and exit	
4. Dirty Utility/Storage Room:	
(a) Door and knob on entry and exit	
(b) Sink and counter	
(c) Light switch	
5. Staff Washroom(s):	
(a) Sink basin and faucet	
(b) Toilet (lever/flush, horizontal surfaces, seat)	

Frequently Touched Surfaces	Check off as completed
Cleaning agent to be used:	
(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	
(c) Keyboard	
7. Resident Common Areas:	
(a) Chairs and tables	
(b) Kitchenette	
(c) Fridge(s)	
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 cord	
(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	
(f) Floor	

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

Tool 17: 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

Refer to the following [website](http://www.fraserhealth.ca/equipmentcleaning) to access the full version of the below Equipment Cleaning poster:

www.fraserhealth.ca/equipmentcleaning

The poster outlines cleaning and disinfection requirements of shared resident care equipment before and after use.

Equipment Cleaning Poster



The poster features four blue icons: a person using a walker, a vital signs monitor, a person in a wheelchair, and a person in a wheelchair being pushed. Below the icons is the title 'Clean shared resident care equipment before and after use' and a list of instructions. The Fraser Health logo is at the bottom.

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 18: Infection Prevention and Control Audit tools

1. [Hand Hygiene Audit Form](#)
2. [Personal Protective Equipment Audit Tool](#)
3. [Fraser Health Environmental Audit Tool](#)
4. [Infection Prevention and Control Audit Frequency Table](#)

The following table provides guidance on the frequency of Infection Prevention and Control (IPC) audits in Long-Term care settings during prevention, enhanced monitoring and VRI 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 19: Pre-Printed Orders, Antiviral Prophylaxis and Treatment for Residents

Preprinted orders

Fraser health provides a Pre-Printed Order (PPO) for Owned and Operated and Affiliated Care Communities. The PPO 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 client's primary care provider or Medical Director for the Care Community.

Non-Affiliated Care Communities can adapt the Fraser Health PPO as required. Non-Affiliated Care Communities may choose any format that works to design a pre-printed seasonal order 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 Influenza PPO which includes guidance about anti-viral dosages.
- This template PPO 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 PPO, a one-time revaccination at 5 years after the initial dose is recommended.

The resident's most responsible provider (MRP) should ensure all appropriate blood work is completed. They should consult with their pharmacist to discuss the recommended antiviral dosage for influenza and COVID-19 based on resident's medical history (e.g., renal dialysis, allergies).

Influenza - Antiviral treatment and prophylaxis

Care Communities should work with their pharmacist so the Staff 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

Pharmacies do not require a RION to dispense antivirals in the event of an outbreak. [Tool 21](#) is a letter for pharmacies outlining this direction.

COVID-19 - Treatment

There is no prophylaxis anti-viral for COVID-19 infections but based on eligibility criteria, residents may be able to receive COVID-19 treatment.

Refer to following resources and Fraser Health Preprinted Orders (PPOs) for anti-viral prophylaxis and treatment recommendations:

Fraser Health Owned and Operated Sites	
Influenza	INFLUENZA PPO
COVID-19	<p>Please note there is no prophylaxis anti-viral for COVID-19 infections</p> <ul style="list-style-type: none"> • COVID-19 PPO • Refer to BC Centre of Disease and Control (BCCDC) for the most up to date COVID-19 treatment guidance: Treatments (bccdc.ca) • Physicians can order Paxlovid as required based on their assessment of the resident
Affiliated Care Communities	
Influenza	<p>Care Communities with no access to Fraser Health’s internal website can access Influenza treatment and prophylaxis pre-printed orders and/or, Regional Protocol for RI in LTC Care Communities as well as Routine pre-printed orders: Long-Term Care Contracts and Services - Clinical Resources (fraserhealth.ca)</p> <ul style="list-style-type: none"> • To gain access or questions contact the Regional Clinical Nurse Educator (CNE) for LTC (FHAResidentialClinicalNurseEducators@fraserhealth.ca)
COVID-19	<ul style="list-style-type: none"> • Refer to BC Centre of Disease and Control (BCCDC) for the most up to date COVID-19 treatment guidance: Treatments (bccdc.ca) • Physicians can order Paxlovid as required based on their assessment of the resident
Non-Affiliated Sites	
Influenza	See sample Pre-Printed Order Template (Tool 20)
COVID-19	Refer to BCCDC for the most up to date COVID-19 treatment guidance: Treatments (bccdc.ca)
Drug monographs and other resources	
<p>Relenza (2023) Tamiflu Product Monograph (2022) Influenza Antiviral Medications - AMMI (Association of Medical Microbiology and Infectious Disease Canada)</p>	

Tool 20: Influenza Pre-Printed Order Template

PHYSICIAN ORDERS <i>TEMPLATE</i> 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 <input type="checkbox"/>
Influenza Prevention	Annual influenza vaccination ¹			<input type="radio"/> YES <input type="radio"/> NO
Pneumococcal Pneumonia Prevention¹	Pneumococcal polysaccharide vaccination: Given at age 65 or on admission, whichever comes first Once only revaccination at 5 years is indicated for anybody with one or more of: chronic disease of the kidneys or liver, asplenia, sickle cell disease, solid organ or islet cell transplant, congenital immunodeficiency states or poor immune system function due to disease (e.g., HIV, lymphoma, Hodgkin's, Multiple Myeloma) or because of therapy (e.g., high-dose systemic steroid drugs to prevent transplant rejection)			INITIAL DOSE <input type="radio"/> YES <input type="radio"/> NO 5 YR BOOSTER <input type="radio"/> YES <input type="radio"/> NO
Influenza Outbreak Preparation¹	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 Response¹	Antiviral Treatment^{2,4} of Cases (if can be done within time frame for benefit) and Antiviral Prophylaxis^{2,4} of Well Residents			<input type="radio"/> YES <input type="radio"/> NO
Influenza A (sensitive to oseltamivir) and Influenza B Outbreak²	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.			<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO
Influenza A (sensitive to oseltamivir) and Influenza B Outbreak² 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			<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> 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 21: 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 (fraserhealth.ca/tool20).

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 [604-507-5471](tel:604-507-5471).

Thank you,

Tool 22: 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.

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

- Adherence to recommended infection prevention and control practices during outbreak.
- 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 presumptive treatment at first sign of ILI may be recommended by their most responsible health care practitioner.
- Unvaccinated staff: recommended to take anti-influenza prophylaxis 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 \(gov.bc.ca\)](#)

Tool 23: 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. **Photocopy 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. Zanamivir (Relenza®) is an acceptable alternative.

PROCESS:

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

NOTES:

PROPHYLAXIS (PREVENTION):

- 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
- Provide Staff Member a letter to give to their Physician. It requests physician to prescribe the anti-influenza medication
- **If a staff member develops new or worse cough or Influenza-like Illness while on prophylaxis, the staff member should consult with their physician immediately**
- **Symptomatic staff member to call ahead prior to attending in person appointment so that appropriate precautions can be taken to reduce risk of exposing others**

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. Prophylaxis should ideally 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: [Use of antiviral drugs for seasonal influenza: Foundation document for practitioners—Update 2019 \(utpjournals.press\)](http://utpjournals.press)

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 their most responsible provider to review any previously prescribed prophylaxis /treatment and adjust medications accordingly

Tool 24: Management of Symptomatic Residents or Confirmed Resident Cases during an Influenza Outbreak

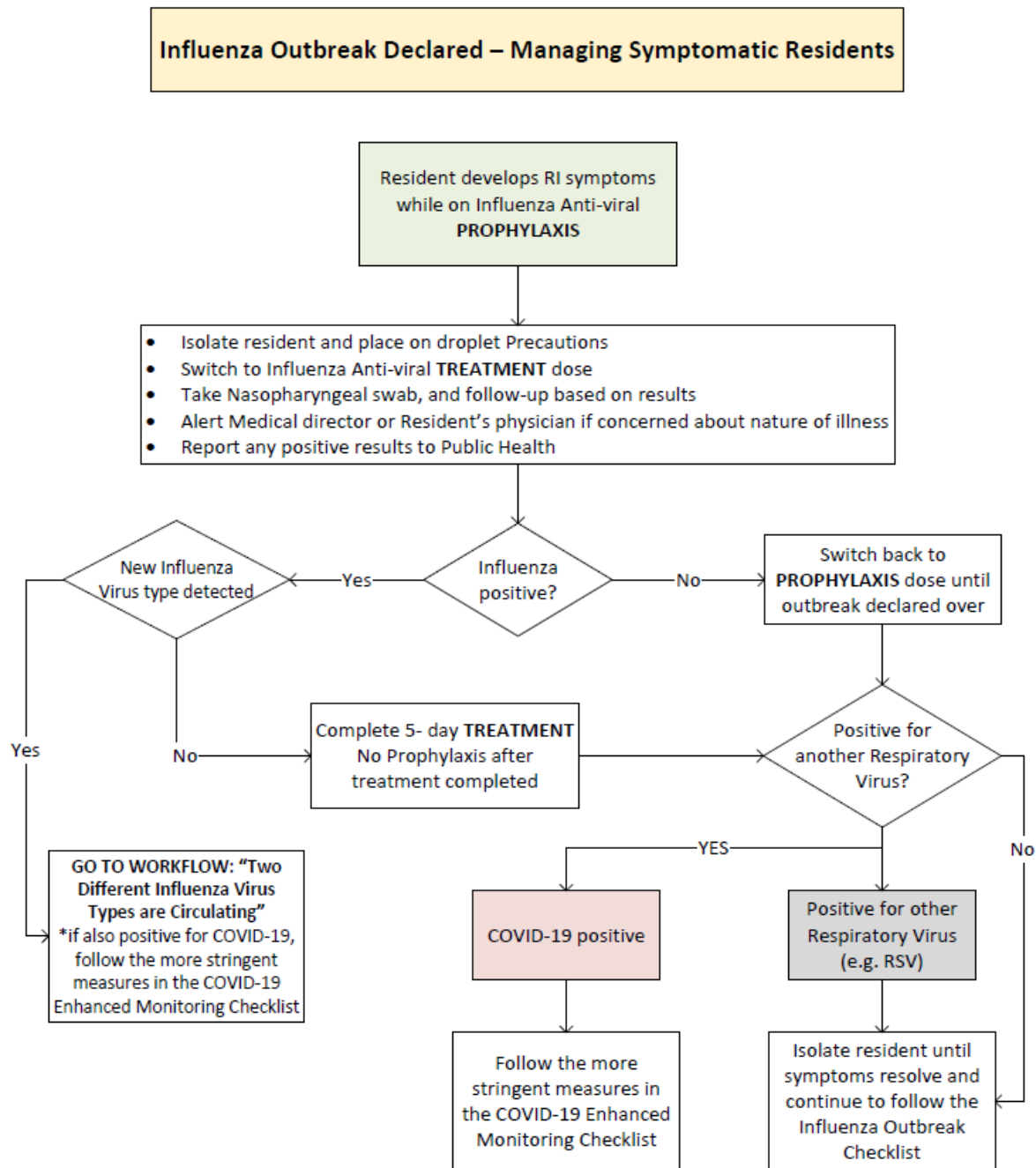
If anti-influenza treatment Oseltamivir is started within 48 hours of symptom onset, it may be helpful with Influenza A and Influenza B infection. Initiate treatment in accordance with Care Community protocol and pre-printed orders ([Tool 19](#), [Tool 20](#), [Tool 21](#), [Tool 23](#))

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

Scenario	Follow up Recommended
Influenza outbreak with only one type of influenza virus (Influenza A or B) is circulating	<ul style="list-style-type: none"> Residents who have influenza and are treated with Oseltamivir will <u>NOT</u> switch to the use of anti-influenza medication for prophylaxis <u>after their treatment is finished</u> See: When to start Treatment and/or Prophylaxis for Influenza during an outbreak (Tool 25)
Influenza virus type circulating is suspected to be <u>resistant</u> to Oseltamivir	<ul style="list-style-type: none"> Based on several factors monitored through daily reporting and follow up with the site, Public Health (PH) will re-assess the situation and provide recommendations.
More than one Influenza virus type is causing illness during an outbreak (e.g., Influenza A and Influenza B)	<ul style="list-style-type: none"> See flow chart Complicated Influenza Outbreak – Two Different Influenza Viruses are Circulating (Tool 25)
More than one Influenza virus type is causing illness during an outbreak and one is an Oseltamivir <u>resistant</u> strain	<ul style="list-style-type: none"> If an unusual situation like this occurs, 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, once recovered,-residents not previously vaccinated against influenza in the current season should be vaccinated with influenza vaccine if the influenza season is not yet over (due to potential for infection by a different influenza strain).

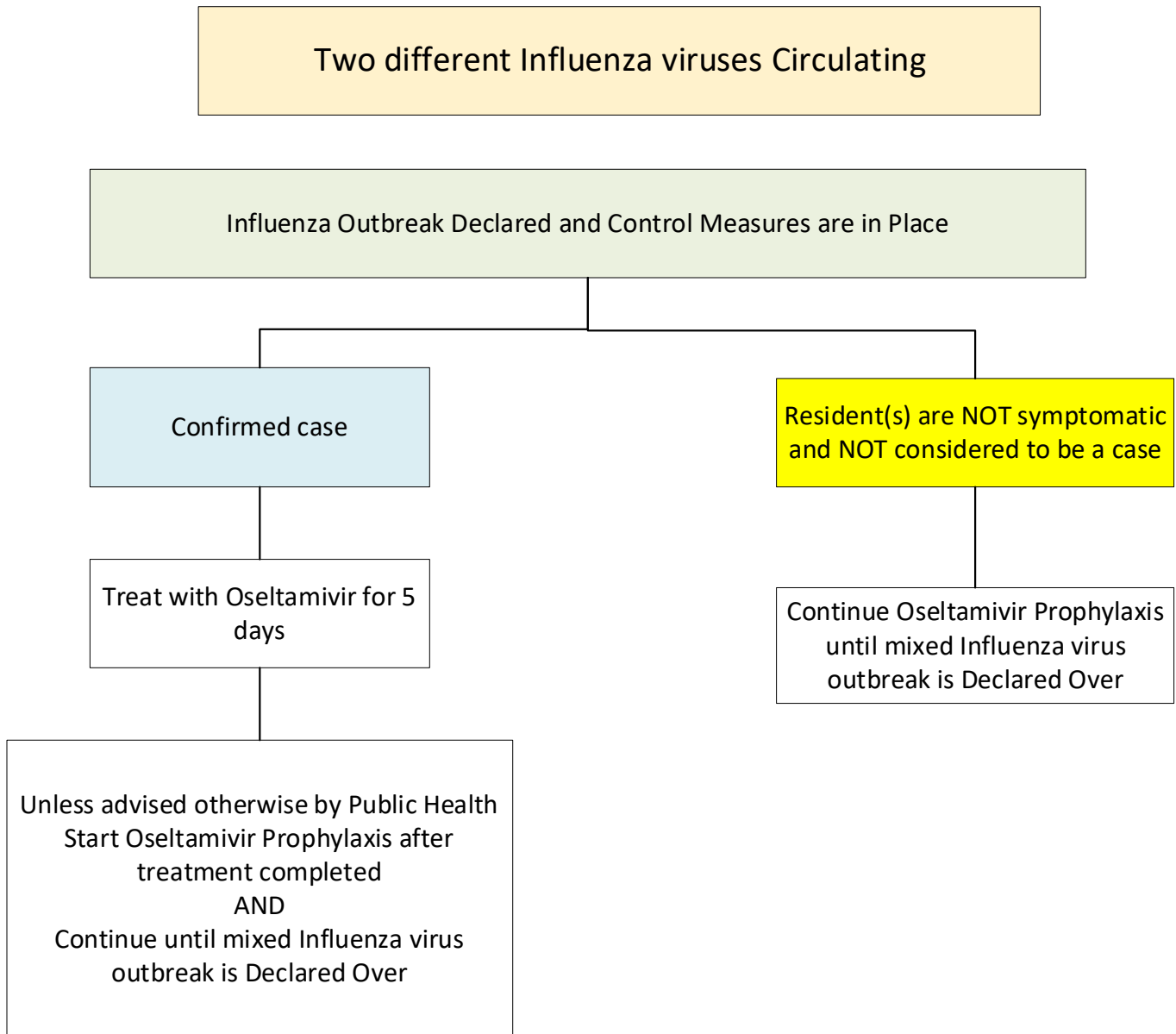
Tool 25: Flowcharts for Influenza Outbreaks

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



Complicated Influenza Outbreak – Two Different Influenza Virus Types are Circulating

For use when two different INFLUENZA Virus types are believed to be causing illness during the same Care Community outbreak. For example, a Care Community may experience an outbreak caused by Influenza A virus and, at the same time or before the outbreak is declared over, receive laboratory confirmation of Influenza B virus).



Tool 26: Declaring an Influenza A and/or Influenza B Outbreak Over

For a Seasonal Influenza A or B Outbreak

Antiviral Prophylaxis	<ul style="list-style-type: none"> Day 0 is the Day Prophylaxis was started will remain in place until Day 8 	See rationale below
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 there is:

- Another influenza type is circulating
- Resistance to the antivirals
- 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](#)).

Timeline for Prophylaxis and declaring outbreak over

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
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z Once determined the outbreak is over, PH (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. If Outbreak would be declared over on a weekend or STAT, the RION will be sent out on the next business day.

Tool 27: Resident Illness Report and Tracking Form

When to use Tool 27

- The [Tool 27 is a Resident Illness Reporting and Tracking Form](#) used by Care Communities (LTC) to report respiratory illness in residents to Public Health
- Submitting Tool 27 to public health starts when one resident is identified with a confirmed respiratory illness.
 - Updates are made on the Tool 27 daily (including weekends) and submitted to public health to support monitoring of the illness within the site.
 - The form is sent to Public Health by 3 PM daily
- Tool 27 lists all residents positive for respiratory viruses including those admitted to hospital that also tested positive for COVID-19, influenza, or RSV

How and when to contact Public Health After hours, Weekends and STAT holidays

- See: [Tool 27 is a Resident Illness Reporting and Tracking Form](#)

Find and create your own copy of Tool 27

- Based on your type of care community (O&O, Affiliated or Private), download a copy of Tool 27 specific to your Care Community:
 - Fraser Health Owned and Operated sites: [click here](#)
 - Affiliated or Private sites: [click here](#)
- Use the password provided by your Director of Care (DOC) to open document
- Save the document to your Care Community network/computer with an updated file name for your Care Community:
 - See example below:
Tool27_Name of your care community_name of unit_page number
e.g. Tool27_MickeyManor_fireworklane_page2

How to find your password

- Ask your DOC or director for the password
- Alternatively, you can request the password by:
 - Emailing: COVIDintakehub@fraserhealth.ca
 - Copy your Care Community DOC or delegate
 - In the subject line write: *Name of Care Community, Password required, current date*
 - Body of email:
 - Include site name
 - Forgot password – requesting password for Tool 27

How to fill out the Tool 27 form

- Mandatory sections on the form are in grey
- Complete a separate Tool 27 for each area in the Care Community (ex. one unit/neighborhood per form)
- Do not use abbreviations (ex. 2 West vs. 2W)
- For each resident on the sheet, ensure the following information is entered:
 - Full name, PHN#, Sex, Age
 - Symptomatic (y/n)
 - Date of onset of first symptom

- Collection Date of FIRST Positive PCR Test or Collection Date of FIRST Positive COVID RAT Test
- If you run out of lines on the tool:
 - Start another sheet with the Facility Information section completed and add the additional residents
 - Provide page numbers at the bottom for each form you complete
- Find detailed instructions on [how to fill out and complete daily updates on the Tool 27](#)

How to send completed Tool 27 forms to Public Health

- Email your Care Community password protected Tool 27 to Public Health
- Include the following details when emailing Public Health:
 - Send to: COVIDintakehub@fraserhealth.ca
 - Copy to: CDPHNs@fraserhealth.ca and include your Care Community DOC or delegate
 - In the subject line write: *Care Community Name, affected units, pathogen(s)*
 - Body of email:
 - Indicate if this is the first Tool 27 sent in
 - Indicate which unit(s) the attached tools are for
 - Attach the Tool 27 for the day to the email
 - Include name and contact information for the Care Community in case Public Health Needs to contact you.

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

Please email this completed form to covidintakehub@fraserhealth.ca and CDPHNs@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:										
Date Public Health Contact Notified: DD/MM/YYYY				Time Public Health Contact Notified (HH:MM):				Date Antiviral Prophylaxis Initiated (FOR FLU ONLY): DD/MM/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/MM/YYYY	FIRST REPORT: UPDATE #6:	UPDATE #1:	UPDATE #7:	UPDATE #2:	UPDATE #8:	UPDATE #3:	UPDATE #9:	UPDATE #4:	UPDATE #10:	UPDATE #5:	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?	If Swab Taken, Any Positive Test Result(s)? <i>Please leave blank if pending results</i>	Lab Result		Collection Date of FIRST Positive COVID RAT Test	If Applicable									
								MM	DD		Name Of Virus Detected by PCR	Date Resident Isolated	Date Flu Antiviral Treatment Started	Date Resident Admitted To Hospital	Date Of Resident's Death					
		M/F		Y/N	MM DD	Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only <input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only	MM	DD	<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV <input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV <input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV <input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV <input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV <input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV <input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV <input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV <input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD

* VIRAL RESPIRATORY ILLNESS SYMPTOMS: fever, cough (new or worse), shortness of breath, extreme fatigue, muscle aches (i.e., myalgia), runny or stuffy nose (e.g., congestion) or sneezing, sore throat or difficulty swallowing, headache, nausea, vomiting, and/or diarrhea. SYMPTOMS MORE SPECIFIC TO COVID-19: Loss of sense of smell or taste.

Sample Form

Use the password protected version available online: [insert link](#)

Tool 28: Staff Illness Report and Tracking Form

This line list is used to monitor respiratory illness among staff in your Care Community for internal management. Complete the Facility Details tab and Staff List tab as appropriate.

A copy of [Tool 28 Staff Illness Report and Tracking Form](#) is located on the Fraser Health website. You can download and save a copy of the excel spreadsheet to your desktop to begin tracking staffing cases.

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

Staff Identifiers					Symptomatic (Y/N)	If symptomatic	
Staff Last Name	Staff First Name	Sex (M/F)	Unit/Floor/Neighbourhood Worked on While Symptomatic <i>Please Print Full Name</i>	Date Last Worked at Facility DD/MMM/YYYY		Date Onset of First Symptom DD/MMM/YYYY	Name of Pathogen

Tool 29: Acute Care to LTC Transfer Document

Resident/Tenant transfer recommendations from Acute Care to LTC Care Communities are based on:

- COVID-19/Influenza Exposure Status of Acute Care Unit and LTC Unit/Neighborhood
 - COVID-19/ Influenza Status of Patient
 - NOTE: AL sites attached to LTC site with much interaction between LTC and AL, this document may apply to those situations. Stand alone AL sites are out of scope for this document
- **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 Illness \(non Influenza/Non COVID-19\) 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 Unit	Transfer Recommendations
Outbreak or Alert	Outbreak or Enhanced Monitoring	<ul style="list-style-type: none"> • Can be transferred to LTC 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: <ul style="list-style-type: none"> • Transfer to a private room until isolation is completed • No transfer if going to a multi-bedroom while infectious, hold transfer until isolation has been completed <p>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</p> <p>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</p>
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	<ul style="list-style-type: none"> • Resident 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: <ul style="list-style-type: none"> • 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 <p>Transferring to a unit on Influenza Outbreak:</p>

Acute Care Unit	LTC/AL Unit	Transfer Recommendations
		<ul style="list-style-type: none"> • Make sure new or returning residents 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	<p><u>Acute Care Outbreak or Alert Status</u></p> <ul style="list-style-type: none"> • Patient/substitute decision maker should be informed of the transfer conditions: <ul style="list-style-type: none"> • 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 <p>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</p>
No Outbreak or Alert	Outbreak or Enhanced Monitoring	<p><u>LTC Enhanced Monitoring Status:</u></p> <ul style="list-style-type: none"> • Transfer/admission to the affected unit (preferably when the situation at the LTC is settling down) • Patient/substitute decision maker should be informed of the outbreak/enhanced monitoring status and the transfer conditions: <ul style="list-style-type: none"> • 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 <p><u>LTC Outbreak Status:</u></p> <p>Affected Unit:</p> <ul style="list-style-type: none"> • Patient can be transferred with MHO approval only. Please contact Public Health if transfer is desired <p>COVID-19 Outbreak: If patient has recovered from PCR confirmed COVID-19 within 60 days, transfer can occur</p> <p>Influenza Outbreak: If transfer approved by the MHO, consult Public Health for anti-viral recommendations</p>

Approved by Public Health Medical Health Officer Dr. Jing Hu AUG 2024

FOR TRANSFERS WITHIN your Care Community, consult Public Health Contact ([Tool 2](#)). This includes moving a resident 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 30: Resident Transfer Form: Care Community to Emergency Department (CommuniCARE)

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 includes 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 (affiliated sites) may access the transfer form through the password protected Extranet using this link: [NUXX105077B_ResidentCareFacilit \(fraserhealth.ca\)](#)

Tool 31: Helpful Information about Common Respiratory Viruses

Virus	Epidemiology	Incubation Period	Symptoms and symptoms duration	Period of communicability	Treatment and Vaccine Prevention
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: <ul style="list-style-type: none"> • 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	


Virus	Epidemiology	Incubation Period	Symptoms and symptoms duration	Period of communicability	Treatment and Vaccine Prevention
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
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

Virus	Epidemiology	Incubation Period	Symptoms and symptoms duration	Period of communicability	Treatment and Vaccine Prevention
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	<p>Viral shedding usually most abundant during the first -3 days of clinical illness.</p> <p>Shedding usually ceases by 7-10 days, but may continue for up to 3 weeks</p>	Symptomatic treatment only
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	From onset of early symptoms and first two weeks of cough	Immunization, chemoprophylaxis for all household contacts and close

Virus	Epidemiology	Incubation Period	Symptoms and symptoms duration	Period of communicability	Treatment and Vaccine Prevention
			inspiratory whoop a commonly followed by vomiting. Duration 6-10 weeks		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
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 32: Initial/Follow up Meeting and Debrief Templates

 <p>fraserhealth Better health. Best in health care.</p>	Outbreak Management/EM-PH Meeting and Debrief Templates – Long-term Care (LTC) Community
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Initial and Follow up Meeting Template

[LTC Care Community Name]
[Disease name]
[Outbreak/EM Type]

[insert date and time of meeting]

Chair: LTC Community Site Leader/Manager/Director or designate – [Name]

Attendees:

LTC Care Community Director – [Name]	Volunteer Services – [Name]	Care Community Medical Director – [Name] *
LTC Care Community Manager – [Name]	Facilities Maintenance Operations (FMO) – [Name]	FH LTC Network – [Name] *
Resident Care Coordinator (RCC) – [Name]	IPC Community Practitioner – [Name]	IPC Community Director – [Name] *
Housekeeping (HSK) – [Name]	IPC Community Specialist – [Name]	Public Health – [Name] *
Food Services – [Name]	IPC Community Manager – [Name]	Others – [Name] *

**Attendance as needed above, not all representatives will be needed on every outbreak debrief*

Agenda Item	Lead	Discussion/Purpose	Recommendations	Actions/Person responsible	Target date
Check in/additions to agenda		Urgent issues/priority for discussion today			

Action items					
Case/outbreak summary		Review event (e.g. units affected/number of cases/type of illness, number of symptomatic or pending testing/results)			
Recommended follow up		Review checklists and/or PH and IPC follow up recommendations			
Implementing measures		What is working well, what needs to be done, who to notify (IPC/PH) What is the Effect on each department (e.g. housekeeping, food services etc.)			
Staffing resource allotment review	Site leader	Review if staffing is adequate for workload			
Communications plan	Site leader	Internal communication needed within and with families/other providers (as needed)			
Anticipated duration of cluster /EM/Outbreak					
Next meeting Summary of Action Items		Next meeting: [insert date and time]			

Debrief Meeting Template

[LTC Community Name]
[Outbreak/EM Type]

[insert date and time of meeting]

Chair: LTC Community Site Leader/Manager/Director or designate– [Name]

Attendees:

LTC Care Community Director – [Name]	Volunteer Services – [Name]	Care Community Medical Director – [Name] *
LTC Care Community Manager – [Name]	Facilities Maintenance Operations (FMO) – [Name]	FH LTC Network Designate – [Name] *
Resident Care Coordinator (RCC) – [Name]	IPC Community Practitioner – [Name]	IPC Community Director – [Name] *
Housekeeping (HSK) – [Name]	IPC Community Specialist – [Name]	Public Health – [Name] *
Food Services – [Name]	IPC Community Manager – [Name]	Others – [Name] *

**Attendance as needed above, not all representatives will be needed on every outbreak debrief*

Summary of situation

- **Outbreak/EM Start Date:**
- **Outbreak/EM End Date**
- **Total Number of Cases/unit:**

Lead for topic	Topics for discussion	What worked well?	What could work better next time and how?	Recommendations	Lead	Target Date
Chair	Debrief Intro					
Public Health (as needed)	<p>Examples of discussion topics:</p> <ul style="list-style-type: none"> • Notification to Public Health occurred as per protocol • Were recommended outbreak prevention and control measures easy to understand and implemented once symptomatic resident identified as per checklists? Any issues or delays? • Did LTC community provide Tool 27 routinely to Public Health as per protocol (i.e. daily)? • Any issues with providing/completing Tool 27 to PH? 					
Infection Prevention and Control	<p>Examples of discussion topics:</p> <ul style="list-style-type: none"> • Was notification from LTC Care Community to IPC done in a timely manner (i.e. within 24 hours)? • Were IPC control measures easy to understand and able to be implemented? • Were PPE, declutter, UV and hand hygiene audits able to be completed and reported as per IPC audit frequency table? 					

Lead for topic	Topics for discussion	What worked well?	What could work better next time and how?	Recommendations	Lead	Target Date
	<ul style="list-style-type: none"> Were there any issues with completing PPE, declutter, UV and Hand Hygiene audits? 					
LTC Community Leadership (Director, Manager, RCC)	Examples of discussion topics: <ul style="list-style-type: none"> Is there any information/communication that was missing/lacking? Was the information from PH/IPC/LTC management clear and easy to understand? Were there any barriers to implementing IPC measures (e.g. including supplies/staffing etc.)? Communication - internal and with external partners/families. Other site specific issues/concerns Other (e.g. lab work not done in advance or pharmacy does not have enough prophylactic medications etc.) 					
Housekeeping	<ul style="list-style-type: none"> Was the communication and PH/IPC measures information clear and easy to understand? 					

Lead for topic	Topics for discussion	What worked well?	What could work better next time and how?	Recommendations	Lead	Target Date
	<ul style="list-style-type: none"> • Were there any barriers to implementing enhanced cleaning on the affected unit? • Were there any barriers to completing and reporting UV Audits? • Any other concerns/issues? 					
Food Services	<ul style="list-style-type: none"> • Was the communication and PH/IPC measures information clear and easy to understand? • Was the communication and IPC measures information clear and easy to understand and timely? • Were there any barriers to food distribution? • Any other concerns/issues? 					
FMO (If applicable)	<ul style="list-style-type: none"> • Was the communication and PH/IPC measures information clear and easy to understand? • Any other concerns/issues 					
Volunteer Services (If applicable)	<ul style="list-style-type: none"> • Was the communication and PH/IPC measures information clear and easy to understand? • Any other concerns/issues? 					

Roles and Responsibilities

The following table outlines the various responsibilities of individuals/teams required during outbreak/enhanced monitoring (EM) response and at the completion of the outbreak/EM.

Team / Individual	Responsibility
Community Infection Practitioner Control (IPC)	<ul style="list-style-type: none"> • Provide IPC recommendations on control measures, cohorting requirements, and activity restrictions. • Conducts frequent site visits to assess implementation of control measures and to provide EM and outbreak level support to staff. • May Send out daily summaries post meetings to the relevant partners at Fraser Health Owned and Operated sites if needed. • Escalates to regional IPC team as needed. • Works with Housekeeping to conduct additional audits (e.g., UV marker, ATP or observational audits) if needed. • Participates in the implementation of outbreak debrief recommendations
Public Health CD PHN or delegate	<ul style="list-style-type: none"> • Confirms that new case(s) meet a case definition for a reportable respiratory illness. • Retains an up-to-date line list of all confirmed cases and provides this list to the relevant partners prior to meetings, debriefs, and consults. • Reviews Tool 27 daily to assess transmission trends and patterns and reports to appropriate key partners as needed (e.g., Medical Health Officer, Communicable Disease Coordinator, Supervisor, etc.). • Available as a resource to Care Communities to answer questions, provides navigation support for the RI Toolkit and other supporting documents. • Consults with the Medical Health Officer (MHO) to declare an outbreak or to increase enhanced monitoring measures. • For Influenza Outbreak only: <ul style="list-style-type: none"> ○ Sends out Outbreak Communication memo (RION) by email. ○ In consultation with MHO determines when the outbreak is declared over and sends out Outbreak Over Communication with Summary Report
IPC Regional Community Team Representative (e.g., IPC Director, Specialist, Leader, Managers)	<ul style="list-style-type: none"> • Provides support to IPC team and manage resources. • Conducts site visits to assess the situation as needed. • Identify need for specific IPC expertise (e.g., IPC best practices assessment, IPC EVS etc.) and request for support, as needed. • Remove barriers to ensure outbreak/enhanced measures management is successful
Site Director or Designate	<ul style="list-style-type: none"> • Convenes OMT/EMT and arranges for daily outbreak/EM meetings either in person or via teleconference using their own teleconference lines • Ensures minutes and action log are recorded • Tracks outbreak/EM control recommendations and their implementation • Ensures timely implementation of control strategies which may include providing additional resources (e.g., supplies, linens, human resources, etc.) • Consults with the IPC Practitioner as required

Team / Individual	Responsibility
	<ul style="list-style-type: none"> • Facilitates effective working relationships amongst partners involved in the outbreak/EM response and within teams including unit staff, the IPC Practitioner, Environmental Services, etc. • Ensures outbreak/EM notifications have been posted at the entrances to the facility. • Ensures communication of key messages for staff and other partners • Ensures coordination with the site Medical Director as needed. • Schedules, leads, and facilitates an outbreak/EM debrief meeting and follows up on recommendations
Unit Manager	<ul style="list-style-type: none"> • Ensures that there are safe systems in place to enable and promote: <ul style="list-style-type: none"> ○ Routine Practices ○ Adherence to the relevant FH Policies and Clinical Practice Guidelines ○ Daily auditing of hand hygiene, PPE, declutter, and isolation practices ○ Hand hygiene procedures for residents and visitors ○ Distribution of illness specific information to residents, care partners and visitors • Sufficient resources to achieve Public Health and infection prevention and control standards such as: <ul style="list-style-type: none"> ○ Adequate staffing levels ○ Personal protective equipment ○ Hand hygiene stations ○ ABHR ○ Disinfectant wipes ○ Resident care equipment • Outbreak/EM sign is posted at the entrance to the unit. • Provides feedback to senior management on any issue that hinders the implementation of the recommendations of PH measures and IPC best practice guidelines, including problems with facilities, equipment, resources, and staffing
Resident Care Coordinator or Designate	<ul style="list-style-type: none"> • Notifies IPC Practitioner of confirmed or suspect cases. • Ensures outbreak/EM control measures are followed (e.g., appropriate signage, hand hygiene, appropriate use of PPE, isolation) • Ensures that hand hygiene and other relevant audits are completed daily and communicates the results to OMT/CMT • Ensures there are adequate supplies (e.g., gloves, gowns, linens) • Coordinates the collection and sending of appropriate specimens. • If relevant, directs ill staff to contact Workplace Health Call Centre to speak to an Occupational Health Nurse • Ensures appropriate staffing assignments are maintained that support necessary cohorting practices. • Verifies that soiled linen and garbage are removed at appropriate intervals. • Notifies any receiving facility who is accepting a transfer of a resident from the outbreak/EM area that the resident is coming from an area currently experiencing an outbreak/cluster

Team / Individual	Responsibility
Housekeeping Manager or Supervisor	<ul style="list-style-type: none"> • Ensures that there are safe systems in place to promote: <ul style="list-style-type: none"> ○ Routine Practices and adherence to the relevant IPC Guidelines ○ Ensures daily auditing of environmental cleaning practices to improve compliance and communicating the audit results to the IPC Practitioner and others, as the OMT/CMT directs (e.g., Director of Site Operations) ○ Replenishment of housekeeping supplies including hand hygiene products, linen, etc. ○ Ensures sufficient resources to achieve enhanced cleaning requirements including adequate staffing levels and cleaning supplies. ○ Addresses any deficiencies identified from the environmental cleaning audits
Pharmacy Representative	<ul style="list-style-type: none"> • A pharmacy representative may be involved in outbreak/cluster response, depending on the nature of the outbreak/cluster. • During an outbreak/enhanced monitoring, if required, the pharmacy representative will be responsible for reviewing medication prescriptions. • Prompt response time supplying Care Communities with recommended anti-virals
Healthcare Providers	<ul style="list-style-type: none"> • Adheres to FH Public Health (PH) and Policies and Clinical Practice Guidelines • Complies with PH/IPC measures including hand hygiene recommendations and PPE. • Consult and collaborate with Public Health and/or Infection Control as needed