

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

Refer to [Tool 24](#) for a list of other respiratory viral illnesses

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

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

NOTE:

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

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

Ongoing Case Detection and Surveillance

Testing and Reporting to Public Health:

Reporting to Public Health:

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

Testing:

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

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

Ongoing Surveillance

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

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

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

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

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

If check-ins required, PH will:

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

Case Detection	
Confirmed Client Case(s)	
	<ul style="list-style-type: none"> Isolate the client in their room and Implement Droplet Precautions for the duration of their infectious period If client is taken out of their room, provide a mask to the client if tolerated and assist in cleaning their hands as required Provide tray service to clients in their room during the isolation period
	<ul style="list-style-type: none"> Post Droplet Precautions signage at the door of the affected client's room (see Droplet Precautions Poster) Use appropriate personal protective equipment (which includes a gown, surgical/medical mask, eye protection, and gloves) to deliver care to the symptomatic client (Tool 18)
	<ul style="list-style-type: none"> Continue to ensure proactive goals of care conversations are occurring and client MOST is up to date Ensure Care Community (and Medical Director, their delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client's goals of care
Confirmed Staff Case(s)	
	<ul style="list-style-type: none"> Staff who are symptomatic <u>prior</u> to coming to work are to stay home Staff that present to work with symptoms, or begin to experience symptoms during their shift are to inform the supervisor, leave the worksite immediately and get tested if needed Staff unvaccinated for influenza and who have recovered from a non-influenza viral respiratory illness can still benefit from influenza vaccination (Tool 23) <p>Return to Work Guidance</p> <p>Staff are to stay home when sick and 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 <p>Upon returning to work, all staff must do the following:</p> <ul style="list-style-type: none"> Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved Continue to follow current IPC recommendations and measures <p>For more details, refer to Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness</p>
Care Community Measures	
Preventive measures for asymptomatic clients and staff	
	<ul style="list-style-type: none"> Place personal protective equipment (gowns, gloves, masks, eye protection) and hand hygiene station outside the room for staff use prior to entering the room (Tool 18) Promote hand hygiene and respiratory etiquette (Tool 15)
	<ul style="list-style-type: none"> Care Community to have a low threshold for testing any symptomatic clients or staff Recommend screening at beginning and during shift for all staff and clients for RI symptoms
	<p>Education:</p> <ul style="list-style-type: none"> Teach staff, volunteers, residents' families and visitors of the signs and symptoms of respiratory illness, including respiratory etiquette and hand hygiene.
Admission 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)
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 outbreak alert posters to advise visitors of the outbreak and precautions to use. If serious illness, recommend using outbreak signage to advise visitors of the outbreak and precautions to use (Tool 13)
	<p>Ambassadors</p> <ul style="list-style-type: none"> Present at Care Community entrances to perform active screening on visitors for signs and symptoms of illness Ambassadors will provide medical masks to everyone entering a resident care area and will direct everyone to perform hand hygiene upon entry
	<p>Visitation</p> <ul style="list-style-type: none"> Visitors are allowed unless otherwise directed by MHO Visitors will be screened for signs and symptoms of illness by an ambassador at Care Community entrance Visitors who are unwell should be encouraged not to visit unless deemed necessary Visitors must follow appropriate infection Control measures (e.g., Droplet Precautions) Visitors should follow current provincial masking guidance/direction. Masking is required when it is directed by FH Public Health
	<p>Group Activities</p> <ul style="list-style-type: none"> If mild illness, consider limiting group activities to well residents If serious illness, recommend suspending large communal social activities, consider smaller group activities limited to well residents
	<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 If cohorting not possible, provide care to asymptomatic clients first, then to the positive/ symptomatic client(s)
	<p>Dedicate equipment for the symptomatic client (e.g., thermometer, BP cuff, stethoscope, and commode) as much as possible</p> <ul style="list-style-type: none"> Equipment that cannot be dedicated must be cleaned and disinfected (using Accel intervention wipes, Cavi wipes or Sani Cloth) before subsequent reuse (Tool 20) Provide disinfectant wipes
	<p>Masking & PPE</p> <ul style="list-style-type: none"> HCWs, visitors, contractors and volunteers should practice continuous medical masking in resident care areas. A resident care area is any area in a LTC/AL that is accessible to residents Masking is required when it is directed by FH Public Health
What Needs to Be Done When Declaring a Respiratory Illness Exposure Over	
	Respiratory illness exposure period may be declared over 7 days from the last case. Consult Public Health to determine when precautions/measures can be discontinued
Outbreak Declared	
Outbreak Declaration	
	An outbreak may be declared at the discretion of the Medical Health Officer (MHO)
Who to Notify	
	Community Care Facility Licensing (if a licensed facility) or Fraser Health Long Term Care Contracts and Services (if operating under Hospital Act)

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