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FRASER HEALTH ASSISTED LIVING TOOLKIT

For

***PREVENTION AND CONTROL OF
Gastrointestinal and Respiratory
Illnesses***

September 2020

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

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Purpose of Toolkit

The purpose of this TOOLKIT is to assist the Assisted Living Provider to meet the expectations of the Assisted Living Registrar as itemized in *the Registrant Handbook: Policy 12 Prevention and Control of Infectious Diseases (Issued 17 May 2011)*¹. This edition of the toolkit is specific to managing changes from normal conditions related to gastroenteritis and respiratory illness (including COVID-19). The definitions and tools included are prepared specifically for the Assisted Living context.

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

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

The health and safety outcomes specifically associated with infection are:

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

¹ See

http://www.hls.gov.bc.ca/assisted/pdf/policy_Prevention_and_Control_of_Infectious_Diseases.pdf

Overview of the Toolkit

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

Section 1

Policies Procedures and Education for Preventing Infections and Spread of Infections

In accordance with the AL Registrar, you must have written policies and procedures for staff that include:

- Good health practices that everyone should follow
- A protocol for hand washing
- Basic hygiene and infection control practices associated with laundry and housekeeping, which includes the frequency of service and products to be used
- Safe practices for the preparation and delivery of meals
- How staff illness will be handled
- Asking for guidance from Public Health, as needed

Tenant education and orientation

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

Staff education and orientation

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

1. Daily monitoring of tenants and reporting of persons with new or worsening symptoms of respiratory or gastrointestinal symptoms to the AL manager
2. Recognizing the importance of staff, tenant and visitor hand hygiene
3. Knowing how to put on (donning) and take off (doffing) personal protective equipment, including gowns, gloves, masks and eye protection and how to discard or place in the laundry
4. Understanding the reasons why good cleaning is an important way to prevent infections and what products are required

5. Following the Fraser Health Influenza Control Policy for vaccinations including yearly influenza immunization and the pneumococcal vaccine as required.
6. Acknowledging that staff should not come to work when they know or suspect that they are ill

Education about Hand Hygiene

Tenants, staff and visitors who perform frequent hand hygiene by washing with soap and water or using Alcohol Based Hand Rub (ABHR) are less likely to become ill. The Toolkit contains posters that may be used, especially in communal washrooms or lounges, to remind staff of the value of hand hygiene. A hand hygiene educational module is available at <http://learninghub.phsa.ca/courses/5360>

Section 2

Being Prepared

Early recognition of respiratory and gastrointestinal illness (RI and GI) in AL is critical to minimizing its impact on residents, visitors, staff and other service providers.

Registrants must have written policies and procedures for staff to understand the importance of recognizing a change from normal conditions affecting residents and/or staff. Registrants are expected to keep a watchful eye over residents and, if aware of one or more cases of RI or GI among residents and/or staff, follow written policies and procedures and consult with public health in the geographic area of the residence as needed.

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

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

To create a preparedness plan, the response team should use the *CHECKLIST for Assisted Living Residences when a tenant is identified with Respiratory Illness* (see section 3 of this toolkit), and the *CHECKLIST for Assisted Living Residences when a tenant is identified with Gastroenteritis* (see section 4 of this toolkit).

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

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

Elements of a Preparedness Plan

1. Form Response Team
2. Identify roles and responsibilities of each member
3. Outline communication/reporting structure
4. Prepare Illness tracking logs for use ([Tool 27](#))
5. Prepare phone list of institutions/services you may need to communicate with
6. Review routine practices and additional precautions with staff and post posters for each ([Tool 28](#))
7. Review work duty specific guides with all departments, hang posters
8. Choose cleaning and disinfectant product appropriate for the organisms and ensure sufficient stock
9. Check stock of any needed supplies, plan for regular inventory check, refresh, re-order as needed. Personal protective equipment includes gloves, gowns, masks and eye protection
10. Prepare education sessions for tenants including hand hygiene and respiratory etiquette, importance of reporting illness, not visiting ill tenants
11. Post educational posters
12. Prepare education for staff and volunteers
13. Purchase and provide alcohol based hand rub in common areas

Recommended List of Supplies

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

Location of supplies: _____

Person responsible for replacement of supplies: _____

Section 3

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

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

Respiratory symptoms: Fever, chills, cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste

Other symptoms: Headache, fatigue, muscle aches, nausea, loss of appetite, diarrhea and vomiting

A viral RI outbreak should be suspected when 2 or more tenants are identified with symptoms of respiratory illness,

A viral RI outbreak is when there are 2 or more people (staff and/or tenants) in the residence with symptoms of respiratory illness, and at least one is laboratory-confirmed as Influenza or other respiratory virus (except COVID-19)

A COVID-19 outbreak is when the residence has **one new laboratory-confirmed case (tenant or staff tenant) of COVID-19**

When a viral RI outbreak is suspected:

1. Staff should follow droplet precautions (wear gloves, gowns, masks, eye protection) when entering symptomatic tenant the apartments or interacting with them.
2. Start compiling a list of ill residents and staff using Tools 27/28 in the [RI Outbreak Protocol](#)
3. Obtain a nasopharyngeal (NP) swab from all tenants with suspected RI

Collecting and Submitting Swabs

AL facilities should refer to the [COVID-19 Resource Toolkit](#) for the following information about nasopharyngeal swabbing:

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

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

When completing the requisition form for Assisted Living tenants, use physician billing information on the requisition as follows: Regional MHO, Dr Aamir Bharmal CPSID 32778 MSP #62550

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

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

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

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

Tenant Care

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

Housekeeping

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

- Ensure disinfectant wipes/solutions (e.g. accelerated Hydrogen Peroxide or bleach/sodium hypochlorite) are available for enhanced cleaning and disinfection of high touch surfaces and shared equipment.
- Direct housekeeping services to start enhanced cleaning as soon as the outbreak is suspected, and for the duration of the outbreak.
- Ensure twice daily cleaning and disinfection of the residence, particularly high touch surfaces (e.g. railings, chair arms, light switches, door handles, faucets, thermostats, telephones, keypads, keyboards and other surfaces that people touch frequently) and equipment (e.g. commodes, walker handles, wheelchair arms). [See Enhanced Cleaning for RI checklist.](#)
- If possible, clean rooms of well tenants first. Provide additional housekeeping services for ill tenants.
- Change cleaning cloth between rooms of all tenants. Place used cleaning cloth into plastic bag or water resistant laundry bag.
- Use gloves, gown, mask and eye protection when caring for an ill tenant
- Gowns, gloves, mask and eye protection are required during the care of ill tenants and for any contact with infectious material in the apartment
- Remove personal protective equipment on leaving apartment off ill tenant and perform hand hygiene

Laundry

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

Personal Protective Equipment for Laundry

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

Waste Management

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

Personal Protective Equipment (in general)

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

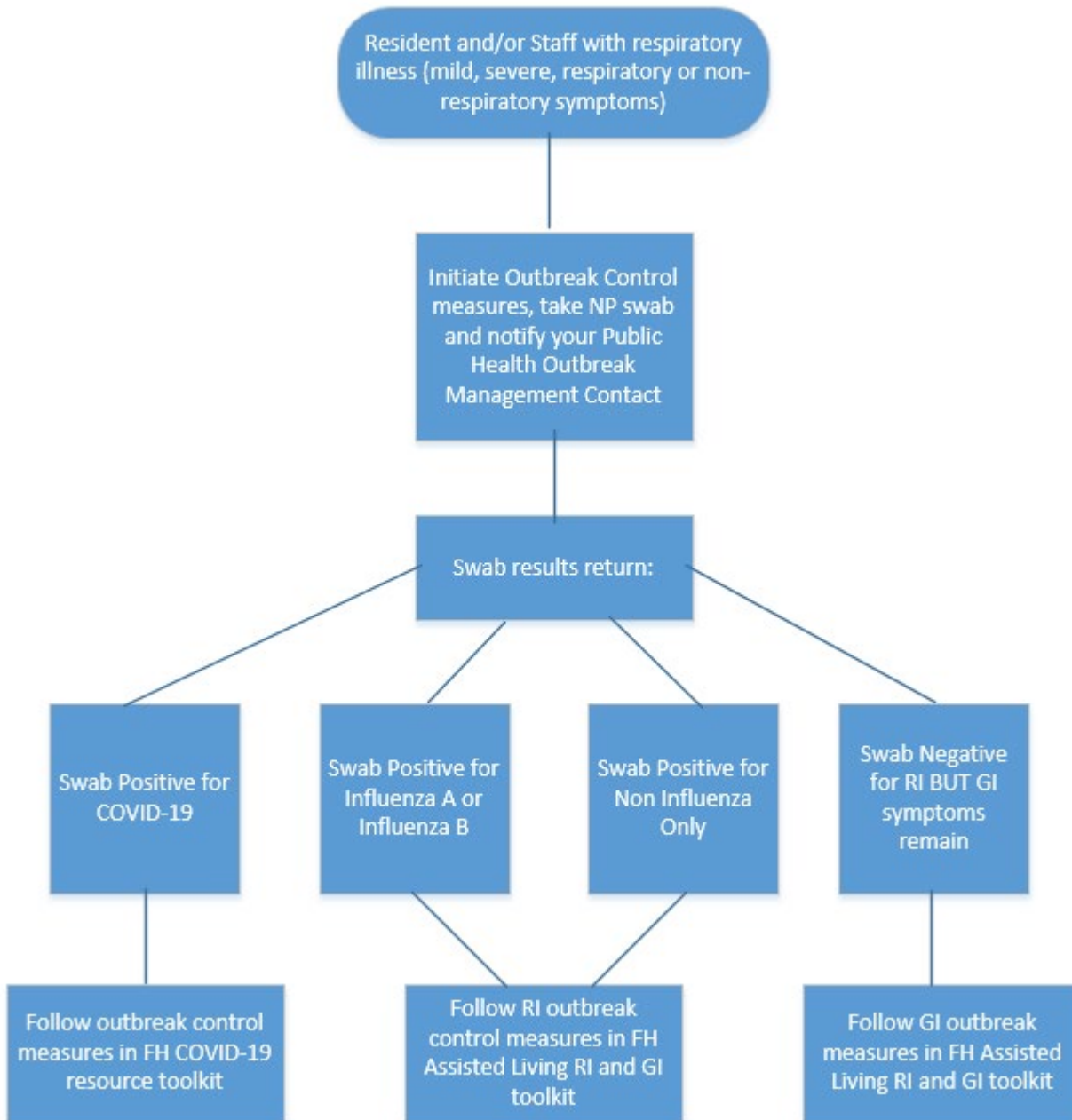
Kitchen Staff

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

Personal Protective Equipment

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

Flowchart: Responding to a suspected outbreak of RI



Contacting Public Health-RI

When a RI outbreak is suspected, ALL Assisted Living facilities are to contact Public Health if they require support, have questions, the illness in residents/staff changes or they note more residents and staff becoming ill, and/or if they intend on sending additional swabs

For Public Health Consultation related to **respiratory illness** call 604-949-7296 to speak with a Public Health Nurse. Send the list of ill tenants and staff to Public Health on request

Public Health will provide education and support as needed, depending on swab results:

- If swab(s) test positive for COVID-19, the facility will follow the procedures outlined in the COVID Resource Toolkit, and Public Health would remain involved in the follow up and support until the outbreak is over.
- If swab(s) test positive for Influenza or other respiratory pathogen but negative for COVID, the AL/IL/MHSU <15 bed facility will be directed to follow their respective RI toolkits. There would be no active role of PH in follow up at this point. The role of PH at this point is for consultation only.

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

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

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

Section 4

The Recognition and Management of Gastroenteritis

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

- The definition of ‘gastroenteritis’ is a person with:
 - 2 or more episodes of diarrhea within a 24-hour period above what is considered normal for the tenant or is otherwise explained by diet or medication. Diarrhea defined as loose or watery stool that is loose enough to take the shape of a container;
 - 2 or more episodes of vomiting within a 24 hour period;
 - 1 episode of diarrhea AND 1 episode of vomiting within a 24 hours period; or
 - Lab confirmation of a known enteric pathogen AND at least one symptom compatible with gastroenteritis (nausea, vomiting, diarrhea, abdominal pain or tenderness).
- The definition of a Change from Normal Conditions is awareness of onset of illness in 3 or more tenants and/or staff in the assisted living residence within a 4-day period (If multiple, physically separate sites in a community of care, this could apply to each separate site)
- The timeframe for an individual tenant to no longer be infectious is at least 48 hours after symptoms have stopped. Maintain tenants on contact precautions or keep them separated from others to prevent spread.
- When tenants throughout the residence are affected, return to normal conditions when 72 hours have passed since symptoms ended for the last tenant case.

Tenant Care

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

Housekeeping/Environmental Services

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

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

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

Cleaning Vomit and Feces

Cordon off area and place a wet floor sign/flag to prevent slipping.

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions (see below)
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

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

Recommended Disinfectant Solutions

Hypochlorite (Bleach) Solution

Cleaning with bleach is a 2-step process. First, clean the area using your regular process, then follow up with bleach solution.

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

Adding 1 part of household bleach (5.25% hypochlorite) to 50 parts water (or 1/3 cup of bleach to 1 gallon of water or 80ml of bleach to 4 litres of water). This will give an approximately 1000-ppm hypochlorite solution

- Note that hypochlorite is corrosive and may bleach fabrics. **Mixing bleach with other cleaning/disinfecting agents can be dangerous.** Never mix bleach with other products unless the product label specifically allows it Applying the bleach solution to surfaces and leaving to air dry should provide adequate contact time
- The solution should be freshly made to be most effective. Don't use diluted bleach solutions that are over 24 hours old

Accelerated Hydrogen Peroxide Solution 0.5%

There is documented evidence suggesting that this product is also effective against *Norovirus*, a common cause of gastrointestinal outbreaks in residential care facilities,

schools, day cares, and other institutions

- Use as recommended in the product use and safety information
- Ensure the contact time of the product used is met is necessary to be effective against gastrointestinal viruses

NOTE

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

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

Treatment of Specific Materials

This applies to rooms of ill tenants, as appropriate and to dining rooms and other common areas in the event of vomiting or diarrhoeal contamination

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

Laundry

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

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

Notes:

- All staff with symptoms that suggest infection should be excluded from work until at least 48hours after symptoms have stopped**
- Staff should not work in other residences/facilities while they are ill or convalescing**

Waste Management

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

Personal Protective Equipment

- Gowns and gloves are required for any contact with infectious material
- A mask should be worn when assisting a tenant who is vomiting, having diarrhea or during the cleaning of vomit or fecal matter

Notes:

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

Kitchen Staff

- Avoid practices that generate droplet spray from used dishes.**
- If cleaning up vomit in a food preparation area:
 - Clean and disinfect the area (including vertical surfaces) with a suitable disinfectant solution.
 - Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Kitchen staff shall wash all dishes, utensils and trays in a commercial dishwasher;
- Be careful not to cross-contaminate dirty and clean dishes
 - Perform hand hygiene using soap and water for at least 15-20 seconds

Personal Protective Equipment

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

Notes:

- All staff with symptoms that suggest infection should be excluded from work until at least 48hours after symptoms have stopped**
- Staff should not work in other residences/facilities while they are ill or convalescing**

Contacting Public Health-GI

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

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

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

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

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

Section 5

TOOLS INVENTORY

[RI Outbreak Tools: Link to Viral RI Outbreak Toolkit](#)

- Tool 11: [Signage for Use throughout the Respiratory Virus Season](#)
- Tool 12: [Hand Hygiene](#)
- Tool 13: [Routine Practices \(Standard Precautions\)](#)
- Tool 14: [Suspect Viral Respiratory Illness Case Definition and Control Measures for Single or Sporadic Cases](#)
- Tool 15: [Droplet Precautions](#)
- Tool 16: [Removal of Personal Protective Equipment \(PPE\)](#)
- Tool 17: [Staff Influenza Immunization and Anti-Influenza Prophylaxis List](#)
- Tool 18: [Sample Staff Influenza Immunization Record](#)
- Tool 19: [Resident Influenza Immunization and Anti-Influenza Prophylaxis List](#)
- Tool 20: [Facility Influenza-Readiness Report](#)
- Tool 21: [Suspect Viral Respiratory OUTBREAK Definition and Initial Response](#)
- Tool 22: [BCCDC Nasal Swab Laboratory Testing Form](#)
- Tool 24: [Suspect Outbreak Reporting—Things to Report on the First Day and for the Duration of the Outbreak](#)
- Tool 25: [Definition of Completely Separate Areas of Facility – Guidance for Implementation of Control Measures](#)
- Tool 26: [Daily Surveillance and Reporting](#)
- Tool 27: [Resident Illness Report and Tracking Form](#)
- Tool 28: [Staff Illness Report and Tracking Form](#)
- Tool 29: [Helpful Information about Common Respiratory Viruses](#)
- Tool 39: [Enhanced Cleaning](#)
- Tool 40: [Disinfectant Selection Guide](#)
- Tool 42a: [Problem Solving if Outbreak is NOT Stopping](#)
- Tool 42b: [Non-Influenza](#)
- Tool 43a: [Declaring Outbreak Over](#)
- Tool 43b: [Non-Influenza](#)

[COVID-19 Outbreak Tools: Link to COVID-19 Resource Toolkit](#)

**Access all resources listed below by clicking on the link above*

Visitors

- Family/Social Visit
- Essential Visitor Policy Poster
- Visitor Screening Poster

Staff

- Staff Testing
- Staff Protocol for Monitoring & Testing Poster
- Staff Symptom Monitoring Poster
- Staffing Support (for Sites in COVID Outbreak)
- Public Health Tool 28: Staff Illness Report and Tracking Form

- Staff and Medical Safety Poster
- Admission/transfers
- Admissions from Acute Care to LTC, AL & Convalescent Care
 - Essential Medical Appointments
 - AL - Transfers for Medical Care

Outbreak Management

- Monitoring and initial response for possible COVID-19 cases
- Checklist – Suspected Case
- Checklist – ONE or More Positive (Staff or Client) COVID-19 test result (COVID Outbreak)

Reporting

- Notification & Management Process for Suspected/Confirmed Cases
- Public Health Tool 27: Resident Illness Report and Tracking Form
- Public Health Tool 28: Staff Illness Report and Tracking Form
- Tips for Completing Public Health Tools 27 & 28

Testing

- Who should be tested for COVID-19?
- Fraser Health COVID-19 Screening Process
- Swabs

Resources

- Medical Health Officer (MHO) Orders
 - BC-CDC's Infection Prevention and Control Requirements for COVID-19 in Long Term Care and seniors' Assisted Living
- Personal Protective Equipment (PPE)
- Personal Protective Equipment (PPE) Framework
 - Donning and Doffing Personal Protective Equipment
 - Equipment and Enhanced Cleaning Guidelines

Checklists: Respiratory Illness

A. What should be done for tenants who are ill (symptomatic)

- Ill tenants should remain in their apartments.
- Set up PPE station (with gloves, mask, eye protection and alcohol-based hand rub) outside the apartment of the ill tenant
- Droplet **precautions** should be used by workers/volunteers during contact with **ill** tenants (hand hygiene and the use of personal protective equipment including eye protection, procedure masks, gloves or gowns as deemed appropriate for the situation)—[See droplet /contact precautions poster in tools inventory.](#)
- Obtain a nasopharyngeal swab from the ill tenant
- Cohort care staff when possible (e.g., staff caring for ill tenants should not care for well tenants **or** should care for well tenants first and then ill tenants)
- Remove personal protective equipment on leaving apartment of ill tenant and perform hand hygiene. [See donning and doffing tool](#)
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different tenants
- Arrange for meals to be brought to ill tenants' apartments until cleared from droplet precautions
- Disposable trays are not required
- Arrange for extra laundry and housekeeping services
- Encourage ill tenants to contact their family physicians for treatment options
- Check on tenants two or more times daily
- Advise that ill tenants not take part in social and recreational group activities
- All staff with respiratory symptoms should be excluded from work until no longer symptomatic and cleared to return.

B. What resources/changes in practice are needed

- Begin daily recording of incidents of tenant and staff illness on Illness Tracking Logs
- Review Routine Practices and ensure that droplet/contact precautions are in place as indicated
- Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
- Ensure routine cleaning, disinfection, laundry and waste management occur
- Enhance frequency of cleaning and disinfection – see enhanced cleaning checklist
- Post, review with Staff and Contractors and implement recommendations contained in Work Duty specific *Guides for Tenant Care, Housekeeping, Laundry, Waste Management and Kitchen*

C. What should be done for tenants who remain well

- Enhance education about:
 - Hand hygiene and respiratory etiquette. See related tools.
 - Not visiting ill tenant or taking precautions if must do so
 - Reporting to staff if become ill
- Provide educational posters/signage in common areas (may include provision to individual rooms)
- Ensure alcohol based hand rub (ABHR) is available in common areas
- Ensure there are gowns, gloves, mask and eye protection available
- Advise new tenants of prevention and control measures
- Remind about availability of influenza vaccine
- If more than one tenant lives in an apartment and one is ill while the other is not, contact/droplet precautions and restrictions should be applied to both

D. What should be done for well workers/volunteers

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

E. What should be done for workers/volunteers who are ill

- Advise workers/volunteers (including contractors) that they should not come to work or remain at work if ill with respiratory illness. Ill workers should not return to work until symptoms are resolved **or** five days after onset of illness, whichever is sooner

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

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

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

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

H. What advice/information should be given to visitors

- Only essential visits may be permitted, depending on the severity and type of outbreak
- Provide signs at entrances and common areas notifying family members and other visitors of respiratory illness
- Advise visitors that they should not visit other tenants after visiting an ill tenant.
- Enhance education about hand hygiene and respiratory etiquette. Provide educational posters in common areas
- Provide ABHR, making them readily available and placed in common areas
- Advise visitors that they should not visit if they are ill with acute respiratory illness. Ask them to postpone their visit until they are well (until symptoms are resolved **or** five days after onset of illness, whichever is sooner for respiratory illness)

I. What to consider about moves to and from other residences, facilities or hospitals

- Inform the hospital if a tenant who is ill with respiratory illness signs and symptoms is being

- taken to hospital
- Tenant with RI should wear mask during the transfer
- Notify BC Ambulance of the Change from Normal Conditions when called to transport an ill tenant
- There should be no restrictions to re-admitting tenants from acute care facilities
- Admit new tenants based on a situation-by-situation consideration with the incoming tenant aware of the status prior to moving into the residence

J. When there are continued cases

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

K. What needs to be done following a Return to Normal Conditions

- Lift control measures and return to normal activities the 6th day following onset of illness for Tenants, or 3 days for staff.
- Refresh any kits/supplies as needed
- Evaluate response measures and amend response plan for future incidents as needed, based on evaluation
- Refresh any kits/supplies as needed
- Evaluate response measures and amend response plan for future incidents as needed, based on evaluation

[GI Outbreak Tools: Link to Gastroenteritis Outbreak Toolkit](#)

- Tool 8: [Signage](#)
- Tool 9: [Routine Practices: Four Basic Elements](#)
- Tool 10: [Hand Hygiene](#)
- Tool 11: [Contact Precautions](#)
- Tool 12: [Droplet/Contact Precautions](#)
- Tool 13: [Personal Protective Equipment \(PPE\) Supplies](#)
- Tool 14: [Removal of Personal Protective Equipment \(PPE\)](#)
- Tool 15: [Enhanced Cleaning, Sanitizing and Disinfecting](#)
- Tool 16: [Disinfectants Commonly Used in Viral GI Outbreaks](#)
- Tool 17: [Disinfectant Selection Guide](#)
- Tool 18: [Disinfectant Definition and Use Against Viruses Causing Gastrointestinal Illness](#)
- Tool 19: [Case Definition for Viral Gastrointestinal Illness](#)
- Tool 20: [Suspect Viral Gastrointestinal Illness OUTBREAK Definition and Initial Response](#)
- Tool 21: [Outbreak Reporting: Urgent FAX Sheet](#)
- Tool 22a: [Collection of Specimens for Laboratory Testing](#)
- Tool 22b: [Transportation of outbreak specimens under Transportation of Dangerous Goods](#)
- Tool 23: [Control Measures for a Single Case](#)
- Tool 24: [Daily Surveillance and Reporting](#)
- Tool 25: [Resident Illness Report and Tracking Form](#)
- Tool 26: [Staff Illness Report and Tracking Form](#)
- Tool 27: [Management of ill Residents](#)
- Tool 28: [Preventive Measures for well, unaffected Residents](#)
- Tool 29: [Management of ill Staff](#)
- Tool 30: [Preventive Measures for well, unaffected Staff](#)
- Tool 31: [Work Duty-Specific Precautions for NURSING CARE](#)

- Tool 32: [Work Duty-Specific Precautions for HOUSEKEEPING](#)
- Tool 33: [Work Duty-Specific Precautions for LAUNDRY](#)
- Tool 34: [Work Duty-Specific Precautions for KITCHEN STAFF](#)
- Tool 35: [Work Duty-Specific Precautions for WASTE MANAGEMENT](#)
- Tool 36: [Visitor Education, Precautions and Restrictions](#)
- Tool 37: [Control Measures to Prevent Spread within a Facility and to other Facilities-- including Residents returning to a Facility during a Viral Gastrointestinal Illness Outbreak\)](#)
- Tool 40: [Common Organisms Causing Gastrointestinal Illness and Outbreaks](#)
- Tool 41: [Mechanisms of Spread for Common Organisms Causing Gastrointestinal Illness and Outbreaks](#)
- Tool 42: [Problem Solving if Outbreak is NOT Stopping](#)
- Tool 43: [Declaring the Outbreak Over](#)

Checklists: Gastrointestinal Illness

A. What should be done for tenants who are ill (symptomatic)

- ┆ Maintain ill tenants to stay in their apartments on **contact precautions** until at least 48 hours after symptoms have stopped ill tenants in their apartments on **droplet/contact precautions**. Ensure that **precautions** are used by workers/volunteers during contact with **ill** residents (hand hygiene and the use of personal protective equipment such as procedure masks, gloves or gowns as deemed appropriate for the situation)—[See droplet /contact precautions poster in tools inventory](#).
- Remove personal protective equipment on leaving apartment of ill tenant and perform hand hygiene. See donning and doffing tool
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different tenants
- Ill tenants should use facilities in own apartments for bathing
- ┆ Arrange for meals to be brought to ill tenants' apartments and for extra laundry and housekeeping services
- Encourage ill tenants to contact their family physicians if concerns about severity of illness or dehydration (volume depletion)
- Check on tenants more frequently while they are ill
- Advise that ill tenants not take part in social and recreational group activities while ill

B. What resources/changes in practice are needed

- Begin daily recording of incidents of tenant, staff and volunteer illness on illness tracking logs
- Review Routine Practices and ensure that contact precautions are in place as indicated
- Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
- ┆ Enhance frequency of cleaning and disinfection – see enhanced cleaning checklist.
- Post, review and implement recommendations contained in Work Duty specific **Guides for Housekeeping, Laundry, Waste Management and Kitchen**

C. How to start and assess response:

- Activate your Response Team (in keeping with your preparedness plan, call together your team to respond to the Change from Normal Conditions) as summarized in the following CHECKLIST
- Develop a plan of action and determine roles and responsibilities of each party

D. Who should be notified and When

- Assisted Living Case Manager **when** change from normal conditions is identified - when there are 3 or more tenants with 2 or more episodes of vomiting or diarrhea in a 4 day period
- Any institution that may have admitted a tenant from you within the past 72 hours to advise them of illness in your residence
- Volunteers, clergy, BC Ambulance, Handy DART, oxygen services, laboratory services, paid companions, students and others of any control measures that may affect their provision of services
- Public Health Communicable Disease Environmental Health Officer **only if** Public Health consultation is needed (see list of locations and contact numbers)

E. What should be done for tenants who remain well

- Enhance education about:
 - Hand hygiene (preferably with soap and water for GI Outbreaks)
 - Not visiting ill tenant or taking reasonable precautions if must do so
 - Reporting to staff if become ill
- Provide educational posters/signage in common areas (may include provision to individual rooms)
- Ensure adequate supplies are available
- Advise new tenants of prevention and control measures
- If more than one tenant lives in an apartment and one is ill while the other is not, the well tenant should practice proper hand hygiene before leaving the room and prior to entering the dining room and self-assess for symptoms. Increase monitoring for symptoms on these tenants by staff

F. What should be done for well workers/volunteers

- Provide educational posters in appropriate areas
- Enhance education about hand hygiene (hand washing with soap and water is single most important practice); always wash visibly soiled hands
- Ensure hand washing before handling or preparing food Promote hand washing before eating or smoking
- Remind workers/volunteers that they should self-assess for symptoms and stay home until 48 hours after last onset of symptoms and alert management if symptoms of gastroenteritis develop

G. What should be done for workers/volunteers who are ill

- Advise workers/volunteers (including contractors) that they should not come to work or remain at work if ill with infectious gastroenteritis. A good guide to use for ill workers is that they should not return to work until 48 hours after symptoms have resolved

H. What should be considered for workers/volunteers who go into tenants' rooms/provide personal care for tenants

- Consider restriction on movement of workers/volunteers from areas with gastroenteritis illness to areas without
- As per routine practice, provide gowns and gloves, masks and/or eye protection when hands or clothing could become contaminated by blood or other body fluids.
- Ensure that contact precautions are followed workers/volunteers when providing care in tenants suite [See Contact Precautions poster in tool inventory](#)
- Remove personal protective equipment on leaving apartment of ill tenant and perform hand hygiene. See donning and doffing tool.
- Ensure hand washing with soap and water between contact with different tenants

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

- Advise that ill tenants not take part in social and recreational group activities until 48 hours after symptoms stopped
- If more than, a few tenants are ill, and especially if spread of illness within the residence is the likely explanation, assess the appropriateness of social and recreational group activities. *(Cancellation of all group activities would be a very unusual measure and would not be appropriate in most situations. Consideration of alternative arrangements or postponement may be prudent if many tenants are ill and spread of illness within the residence is the likely explanation)*

J. What advice/information should be given to visitors

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

K. What to consider about moves to and from other residences, facilities or hospitals

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

L. When there are continued cases

Meet with Response team to:

- Review check list
- Review the appropriate "Evaluation for problem solving when control measures are failing" If illness continues to escalate:
- Contact the Public Health Nurse for consultation (see section 5 of the toolkit for the appropriate contact information).

M. What needs to be done when Return to Normal Conditions

- Lift control measures and return to normal activities

Section 6: Appendix

PICNet BC resources

The Provincial Infection control Network is a resource available to community practice for infection control, public health and Occupational health.

PICNet BC: <https://www.picnet.ca/>

HealthLink BC Files, Index and Homepage links

<http://www.healthlinkbc.ca/healthfiles/httoc.stm>

<http://www.healthlinkbc.ca/healthfiles/index.stm>

Influenza Vaccine (Files 12 a-d):

Why Seniors should get the Seasonal Influenza Vaccine

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12a.pdf>

Facts about Seasonal Influenza

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12b.pdf>

Influenza Immunization: Myths and Facts

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12c.pdf>

Seasonal Influenza Vaccine

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12d.pdf>

Pneumococcal Vaccine

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile62b.pdf>