Respiratory Illness Checklist for Island Health Affiliate and Private Long-Term Care Facilities

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Seasonal Respiratory Illness: Seniors and others in long-term care (LTC) are frequently more vulnerable to influenza and other respiratory illnesses than the general population, because of their own compromised health status and the nature of congregate living and care giving.

Infection prevention and control best practice; monitoring for respiratory illness in your facility; and effective management helps prevent illness and outbreaks in your facility.

This document outlines in checklist format tasks to complete before and during Respiratory Illness season.

Visit the Island Health webpages COVID-19 Information for Health Professionals and Influenza Information for Long-Term Care and Assisted Living Facilities for vaccine information (including how to order vaccine), the current MHO Newsletter(s) for facilities, and other tools to support the management of a Respiratory Outbreak in Island Health Affiliate and Private LTC facilities.

1.0 Tasks to complete at the beginning of Respiratory Season

BC Centre for Disease Control (BCCDC) has online Immunization Competency Courses to assist in maintaining best practice for the administration of flu and COVID-19 vaccines. These immunization courses are found on their website: BC Centre for Disease Control Immunization Courses

Order vaccine for all residents and staff in the facility and ensure vaccine from the previous season has been discarded.

☐ **Immunize residents:**

- Consent for health care is implied on admission to the facility. As with administration of any medication, a conversation regarding vaccine and prophylaxis should take place between the resident and/or designated representative, and the nurse.
- Obtain doctor's orders and client consent for vaccinations, anaphylaxis treatment and antiviral prophylaxis for all current residents and any new admissions during the respiratory season (e.g. November to April).
- Document vaccination in the resident's medical record AND:
    - Flu vaccine: document through ImmsBC (process outlined online here: COVID-19 Vaccine Information for Community Vaccine Providers) and on a Seasonal Influenza Recording sheet (for a template, see Reporting and Recording Forms under the Influenza Information for Community Vaccine Providers, Including Indigenous Partners page at islandhealth.ca).
    - COVID-19 vaccine: document through ImmsBC (process outlined online here: COVID-19 Vaccine Information for Community Vaccine Providers)
- Prepare a list of residents who have not been vaccinated so they may be easily identified if an outbreak occurs.

- All facilities must provide their local health unit with influenza vaccination coverage data for residents and staff by Dec 31. Only summary data is required, not individual records (for a template see Report of Influenza Immunization for Facilities under the webpage Influenza Information for Long-Term Care and Assisted Living Facilities.

☐ **Immunize staff:**

- All health care facilities must maintain annual records of staff vaccination status. This includes name, date of birth, position (job), where in the facility they work and date of vaccination.
    - Obtain informed consent for employee vaccinations.
    - Staff should be instructed to retain a written record of their immunization provided by their immunization provider. This record may be requested by the employer at any time.
    - Current policy requires **all** staff to wear masks in patient care areas.

☐ **Antiviral Medication for Influenza**:

- **Preplan** for antiviral medication dosage for prophylaxis and treatment of residents. Neuraminidase inhibitors (oseltamivir and zanamivir) remain the recommended drugs of choice for treatment or prophylaxis against influenza A or B for this season. Due to persisting resistance to Amantadine® among the majority of circulating influenza strains, it is not recommended at this time. Oseltamivir is available in 75 mg capsules as well as a powder that can be reconstituted into an oral suspension at 12 mg/mL.

    i Identify residents who have not had a serum creatinine in the previous 12 months, and/or are suspected of having renal impairment. If renal impairment is stable, a creatinine clearance within the last year can be used to calculate the oseltamivir dosage.

    If renal impairment is unstable, then creatinine drawn within the last 4 weeks is acceptable for calculation of first dose. The first dose of oseltamivir can be given and the blood sample for creatinine can be taken at the same time and the amount adjusted for the next dose. If creatinine is not available within the last 4 weeks or if renal function is acutely unstable, draw a new sample for creatinine and await result to calculate dose. The client's physician should be notified to make dosage adjustments.

    OR

    ii Compile a complete and up to date list of these residents to be used by lab services to draw STAT creatinine in the event of an outbreak. This option should only be used by facilities that have ready access to mobile lab services that will be prepared to draw labs on all identified residents in a very short period of time (i.e. within 24 hours of the declaration of an outbreak). Ensure that a plan is in place for lab

services to draw STAT creatinine (within 24 hours of an outbreak declaration) on all vulnerable residents in the event of an outbreak.

- Connect with your local pharmacy supplier to develop an outbreak antiviral implementation plan. This plan should address how your facility can receive antiviral medications for all residents in a timely way in the event of an influenza outbreak.
  Weekend, holiday and after hours coverage options should be discussed.
- MHO may recommend antiviral prophylaxis for unvaccinated staff in a prolonged outbreak. Staff interested in or who are recommended to take prophylaxis should attend their family physician to receive a prescription.
- Staff are not to be excluded from work if they decline prophylaxis

☐ **Antiviral Medication for COVID-19**

- **Preplan** by consulting with the resident's most responsible physician to discuss eligibility for treatment for COVID-19. General information about treatment can be found at the BC Centre for Disease Control website: Treatments (bccdc.ca)

☐ **Respiratory etiquette**:

- Consider increasing access to hand sanitizers and/or hand washing facilities for staff, visitors and residents during respiratory illness season. Also providing access to tissues and no touch garbage containers can decrease transmission.

☐ **Staff education**:

- Increase messaging to staff, residents and visitors about hand washing and other personal infection control measures through various media (e.g. posters, newsletters, staff meetings, and email).
- Conduct in-service training for employees regarding:
  - Signs and symptoms of respiratory illness in patients and staff, and appropriate follow-up actions.
  - The importance of reporting all respiratory illness in residents or staff immediately to the appropriate person for your facility (i.e. Director of Care, Infection Control).
- Proper use of Personal Protective Equipment (PPE)
- Importance of not coming to work when ill

☐ **Personal Protective Equipment:**

- Ensure that masks and personal protective equipment are available for visitors and staff.
- Establish a plan for quickly accessing masks and other PPE in the case of a surge in demand at your facility.

2.0 Monitoring for Respiratory Illness

☐ **Review with staff periodically:**

- Signs and symptoms of respiratory illness in patients and staff, and appropriate follow up actions
- The importance of reporting all respiratory illness in residents or staff immediately to the appropriate person for your facility (i.e. Director of Care, Infection Control)
- The importance of ill staff not coming to work in your facility or any other care facility while they have symptoms.
- Ensure the algorithm, the *VRI OB Declared in Island Health LTC Affiliate & Private Facility* found under the heading *DOCUMENTS FOR LTC AFFILIATES AND PRIVATE FACILITIES* at the Island Health *Toolkit for Infectious Diseases* website, is available and the staff is familiar with it.

3.0 Outbreak Preparation

☐ **Check on the status of respiratory outbreaks in your community as this may affect your staffing or patient transfers.**

☐ **Familiarize yourself with the management of an outbreak:**

- Review the *VRI OB Declared in Island Health LTC Affiliate & Private Facility* found under the heading *DOCUMENTS FOR LTC AFFILIATES AND PRIVATE FACILITIES* at the Island Health *Toolkit for Infectious Diseases* website (updated annually).
- Consider how you will implement control measures including restricting residents, tray service, enhanced cleaning, cohorting staff, and reporting of cases.
- Prepare a communication plan for residents, staff, volunteers and visitors to be activated in the event of an outbreak.

4.0 Managing Respiratory Illness & Outbreaks

☐ **Single Case Management:**

- Isolate ill resident in their room, on DROPLET and CONTACT precautions, with tray service for meals
- Discuss treatment with most responsible physician
- Monitor other residents for symptoms.
- Create an Excel Patient Tracking List LTC Surveillance Tracking Tool (Affiliate and Private sites), add the residents' info, and send to Communicable Disease Program.

☐ **Outbreak: Resident/Staff Management:**

- Only the MHO can declare an outbreak and declare an outbreak over
  - COVID-19 Interim Guidelines provide guidance to MHO for declaring OB over
  - Influenza OB typically declared over 8 days from onset of illness in the most recent case

- **Follow the site management outbreak algorithm** VRI OB Declared in Island Health LTC Affiliate & Private Facility found under *DOCUMENTS FOR LTC AFFILIATES AND PRIVATE FACILITIES* at the Island Health Toolkit for Infectious Diseases website (updated annually).
- Apply isolation, droplet, and contact precautions for confirmed/suspect resident cases only (no need to isolate others within the outbreak unit).
    - Isolation, droplet, and contact precautions can be discontinued after 5 days have passed AND the resident has not had a fever in 24 hours AND other symptoms are improving. Symptoms do not need to be fully resolved. Cough may persist.
- Provide tray service for meals for ill residents
- Pause admissions to outbreak unit, unless authorized by MHO or delegate
    - Inform CD nurse if there are pending admissions from community who are at intolerable risk or pending admissions from acute care
- Social Visits are paused, but Single Designated Visits and Essential Visits are allowed for each resident
- Please review the Ministry of Health – Overview of Visitors in Long-Term Care and Senior's Assisted Living for guidance on the management of visitors and definitions of the types of visits
- Limit congregation of residents: suspend communal dining and group activities
- Cohort staff to best ability
- Inform housekeeping of the need for enhanced cleaning for affected rooms, common areas, and high touch surfaces
- Verify immunization status of all residents. (Re)Offer vaccine to any unvaccinated residents
- Continue to promote vaccination for staff
    - Staff can book vaccine through Imms BC clinics (pharmacies or health authority) or some primary care providers (for 2022/23 season)
- Observe roommates of a case and others in the facility for symptoms.
- Aerosol generating medical procedures (AGMP) should be avoided, if possible, in residents with a respiratory infection. Use of an N95 respirator is required when performing AGMPs.

☐ **Treatment and Prophylaxis:**

- A physician order is required for treatment and prophylaxis.
- If influenza or COVID-19 is suspected/confirmed in a resident, notify the resident's most responsible physician for assessment, including the use of antiviral medication.

Influenza:

- Prophylaxis for influenza should ideally be given in the first 48 hours after symptom onset.
- MHO will determine if prophylaxis is indicated for an affected unit. Prophylaxis will continue until the outbreak is declared over. Ideally, prophylaxis should begin within 48 hours of outbreak declaration.

a. **Treatment Dosage of oseltamivir for individuals 13 years and older:**
   - Renal function normal or CrCl >60ml/min: 75 mg po twice daily x 5 days
   - Impaired renal function (CrCl 30-60 ml/min): 30 mg po twice daily OR 75 mg po once daily x 5 days
   - Severely impaired renal function (CrCl 10-30 ml/min): 30 mg po once daily x 5 days
   - Renal failure (CrCl <10 ml/min): 75 mg po ONCE during illness

b. **Prophylaxis Dosage of oseltamivir:**
   - Renal function normal or CrCl> 60 ml/min: 75 mg po once daily until prophylaxis no longer required.
   - Impaired renal function (CrCl 30-60ml/min): 75 mg po on alternate days or 30 mg po daily until no longer required.
   - Severely impaired renal function (CrCl 10-30 ml/min): 30 mg po on alternate days until no longer required.

COVID-19:
- Consult with the resident's most responsible physician to discuss treatment for COVID-19. General information about treatment can be found at the BC Centre for Disease Control website: Treatments (bccdc.ca)

☐ **Communication/Tracking List:**

- Contact Medical Director, Manager, **and** Communicable Disease
- Report outbreaks within 24 hours. Facilities report to Island Health Communicable Disease Program as follows (email inboxes are monitored on weekends as well):
  - North Island: NIHealthNurse@islandhealth.ca – 1-877-887-8835
  - Central Island: CIhealthnurse@islandhealth.ca – 1-866-770-7798
  - South Island: SIhealthnurse@islandhealth.ca – 1-866-665-6626
- Publicly funded Assisted Living residences should contact the Home & Community Care Assisted Living Case Manager and other contacts on their facility notification list, such as support staff supervisors/managers, and the Office of the Assisted Living Registrar (if applicable).
- List names of symptomatic residents on the tracking list. The Excel Patient Tracking List LTC Surveillance Tracking Tool (Affiliate and Private sites) should be reviewed, updated and sent **once daily** to Communicable Disease (fax or email). You can find the Tracking List under the heading *DOCUMENTS FOR LTC AFFILIATES AND PRIVATE FACILITIES* at the Island Health website Toolkits for Infectious Diseases
- Post signs alerting visitors to the outbreak. Implement other communications about the outbreak according to your facility's communication plan Outbreak Stop Sign Poster - Residential.

5.0 Definitions

1. **Case of respiratory illness – 2 or more of the following:**
   - New or worsening cough
   - Fever * or a temperature that is abnormal for that individual
   - Shortness of breath
   - Congestion
   - Loss of smell or taste
   - Sore throat
   - Athralgia (painful joints)
   - Myalgia (muscle pain)
   - Headache
   - Prostration
   - Tiredness/malaise

   ***Fever: temperature >38°C**
   - **Alternatively, fever that is abnormal for that individual. Temperature <35.6° C or >37.4° C may be indicative of health conditions or medical therapy such as the use of anti-inflammatorymedications, use of corticosteroids, etc. Temperature > 38° C may not always be present in infected elderly persons.**

2. **ILI Outbreak:**
   - Two or more cases of ILI in residents within 7 days.
   - Cases must be epidemiologically linked.
   - An Influenza outbreak will only be declared and declared over by the MHO.
     - Outbreaks will be declared over 8 days from the symptom onset in the last resident. This time can be extended, but not shortened by the CD program/MHO.
3. **COVID Outbreak:**
   See current COVID-19 Interim Guidelines for Outbreak criteria.

6.0 Laboratory Testing

- Nasopharyngeal swabs should be collected on symptomatic residents. Testing is best performed within 72 hours of onset of symptoms, but the lab will accept specimens taken after the 72-hour period.
  - Ensure you have nasopharyngeal swabs on hand. You may order more by emailing covidswaborders@islandhealth.ca
    - NOTE: The current process for obtaining swabs is under review and will change in the future. We will update this document once the new process is finalized.
  - All nasopharyngeal swabs will be sent to Island Health lab for processing. LifeLabs laboratories will not do the microbiology on these specimens. The

cost of the cab transport is the responsibility of the residential care facility. In the rare event, a staff member must transport a specimen to an Island Health lab, this activity is permissible following the Transport of Dangerous Goods Act including ensuring transport occurs using a rigid container that can be sealed and is strong enough for repeated use. (A paper bag is not sufficient).

7.0 Resources

- How to Collect a Viral Nasopharyngeal Swab (Guideline)
- How to Perform a Nasopharyngeal Swab (video)
- Provincial Influenza Prevention Policy at the BC Health Ministry website
  - All individuals covered by this Policy are expected to be vaccinated annually against influenza or wear a surgical/procedure mask during influenza season (usually November to March, to be announced by the Provincial Health Officer annually)
  - NOTE: current COVID-19 policy requires all staff to wear a mask when in patient care areas.
- For support you may contact:
  - Communicable Disease RN: for outbreak management guidance
    - Email is preferred form of contact and is monitored 7 days a week
    - Phone is monitored Monday-Friday 8:30-16:30
  - North Island: NIHealthNurse@islandhealth.ca – 1-877-887-8835
  - Central Island: CIhealthnurse@islandhealth.ca – 1-866-770-7798
  - South Island: SIhealthnurse@islandhealth.ca – 1-866-665-6626
  - For urgent after hours follow-up: MHO On Call - 1-800-204-6166