

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

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Viral 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 webpage [Immunization Information for Healthcare Professionals](#) for updated information including how to order, store, handle, administer and document influenza and COVID-19 vaccines.

Visit the Island Health webpage [Toolkits for Infectious Diseases](#) for tools to support the management of a Viral Respiratory Illness 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).
- Order vaccines the week of September 25, for pick up the week of October 2. Vaccines can be ordered for both residents and staff.
- **Early vaccination prior to peak influenza activity is recommended** as it takes two weeks to generate maximum protection after being vaccinated.
- We encourage co-administration of influenza and COVID-19 vaccines.
- Document vaccination in the resident's medical record.

- All COVID-19 & Influenza doses must be recorded in the Provincial Immunization Registry (i.e. ImmsBC). Visit [COVID-19 & Influenza Vaccine Information for Long-Term Care and Assisted Living Facilities](#) for more information found under *Documentation & Reporting*
- 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 will also be invited to book appointments through the provincial Get Vaccinated system. If they are new to BC, advise them to register through <https://www.getvaccinated.gov.bc.ca> or by calling 1-833-838-2323.
 - 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.

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 \(bccdc.ca\)](https://www.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.
- Medical masks must be worn continuously by health-care workers, visitors, contractors, and volunteers in resident care areas of LTC facilities and when interacting with residents
 - Medical masks are also required for all visitors to LTC facilities when in common areas and when participating in any indoor events in common areas.
 - Medical masks will not be required when visiting alone with a resident in a single occupancy room, or in a common area where no one else is sitting

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 point-of-care risk assessment and use of Personal Protective Equipment (PPE)
 - All persons working in LTC must wear a medical mask and/or other PPE where indicated by a point-of-care risk assessment.
 - Medical masks must also be worn continuously by health-care workers in resident care areas of LTC facilities and when interacting with residents
 - 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, [VRI OB Declared in Island Health LTC Affiliate & Private Facility](#), 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](#)

- 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
- For any positive **influenza** result, immediately send an email notification to the Communicable Disease Program hub in your area, informing them of the result(s). Provide your facility name, as well as the unit/floor for that resident (you do not need to do email notifications for covid, but do submit a Tracking List, for either organism, per below).
- Discuss treatment with most responsible physician
- Monitor other residents for symptoms.
- Initiate an [Excel Patient Tracking List](#) using the tool for VRI found at the [Toolkits for Infectious Diseases](#) add the residents' information, and send to Communicable Disease Program.
- For symptomatic residents with a negative test result:
 - Limit close contact with others until they are afebrile, without the use of fever reducing medications (and use discretion since fever can often be masked) **and**
 - They feel well enough to fully participate in their usual daily activities.

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.
- Review the [VRI OB Declared in Island Health LTC Affiliate & Private Facility](#)
 - 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.
- Medical masks are to be worn at all times by health care workers, visitors, contractors, volunteers, and families when present in resident care areas, when interacting with residents, when in common areas of the unit, and when participating in any indoor events in common areas

- 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
- Visitors are restricted in accordance with the direction of the MHO
- Limit congregation of residents: suspend communal dining (i.e. provide tray service to all residents on the outbreak unit/floor) 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. 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 2023/24 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 \(bccdc.ca\)](https://www.bccdc.ca/treatments)

Communication/Tracking List:

- Contact Medical Director, Manager, **and** Communicable Disease Program
- 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](#) should be reviewed, updated and sent via email **once daily** to Communicable Disease. 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

5.0 Definitions

1. Probable Case of respiratory illness includes new or worsening cough and/or fever and one or more of the following:

- Shortness of breath

- Runny or stuffy nose (i.e. congestion) or sneezing
- Loss of smell or taste
- Sore throat or hoarseness or difficulty swallowing
- Muscle aches (i.e. myalgia)
- Headache
- Tiredness/malaise

***A temperature of <35.6°C or >37.4°C in the elderly may be an indication of infection.**

Fever may or may not be present, particularly in the elderly.

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.
- If a facility needs to order more swabs:

- **Island Health Affiliate facilities** – may order through PHSA using the following form:



Island Health
COVID Swab Order I

- **Private facilities** may order through Lifelabs using the following [FORM](#)



Life Labs
Non-Island Health S

- 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 Transportation 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).
- **COVID-19 Rapid Antigen Tests (RAT) should NOT be used for long-term care residents as they do not identify influenza or other respiratory viruses.** Nasopharyngeal respiratory virus testing is the recommended test in the long term care setting.

7.0 Resources

- [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)
- 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