



POLICY # IFC-66: Respiratory/Influenza Outbreak

Infection Control

Approval Date: October 2001
Approval Authority: Administrator, Norview Lodge
Effective Date: October 2001
Revision Date/s: Aug. 26, 2015, Nov. 17, 2015, Sept. 20, 2016, Aug. 23, 2017, Sept. 6, 2018, Feb 13, 2019, Aug. 19, 2019, June 1, 2022, March 31, 2023, Oct. 13, 2023

Policy:

It is the policy of Norview Lodge to implement a plan as soon as possible in the event of a suspected respiratory/influenza outbreak.

Definition:

Upper Respiratory Tract Illness (Includes common cold, pharyngitis)

The Resident must have at least 2 of the following symptoms:

- Runny nose or sneezing
- Stuffy nose (congestions)
- Sore throat or hoarseness or difficulty swallowing
- Dry cough
- Swollen or tender glands in the neck (cervical lymphadenopathy)
- Fever/abnormal temperature for the Resident may be present but is not required.
- Tiredness (Malaise)
- Muscle aches (Myalgia)
- Loss of appetite
- Headache and chills

Pneumonia:

All of the following criteria must be met:

- Interpretation of a chest x-ray as pneumonia, probable pneumonia or the presence of infiltrate
- The Resident must have at least two of the signs and symptoms described under "Other Lowered Respiratory Tract Infections"
- Other non-infectious causes of symptoms, in particular congestive heart failure, must be ruled out.

Lower Respiratory Tract Infections (bronchitis, tracheobronchitis)

The Resident must have at least three of the following:

- New or increased cough
- New or increased sputum production
- Abnormal temperature for the Resident ≥ 38 degrees C
- Pleuritic chest pain
- New or increased physical findings on chest examination (Rales rhonchi, wheezes, bronchial breathing)

One of the following to indicate change in status or breathing difficulty:

- 1) New-increase shortness of breath
- 2) Respiratory rate greater than 25/minute
- 3) Worsening functional or mental status (deterioration in Resident's ability to perform activities of daily living or lowering of their level of consciousness)

Influenza-like Illness

Both of the following criteria must be met:

1. Fever (≥ 38 degrees C)
2. The Resident must have at least three of the following signs or symptoms:
 - a) Chills
 - b) New headache or eye pain
 - c) Myalgia
 - d) Malaise or loss of appetite
 - e) Sore throat
 - f) New or increased dry cough

Criteria for a potential Outbreak:

Two cases of acute Respiratory tract illness occurring within 48 hours in a geographic area (e.g. home area, floor)

OR

More than one home area having a case of acute respiratory illness within 48 hours.

Criteria for a confirmed Outbreak:

Two cases of acute respiratory tract illness occurring within 48 hours, one of which is laboratory confirmed

OR

Three cases of acute Respiratory tract illness occurring within 48 hours in a geographic area (eg. home area, floor)

OR

More than 2 units having a case of acute respiratory illness occurring within 48 hours.

When a Respiratory outbreak is suspected, tests should be done to reveal the causative organism.

What to do when you suspect someone is ill with an acute respiratory tract infection/ influenza

Nursing Department:

1. Residents with acute respiratory symptoms/influenza like symptoms need to be isolated to their room, until Influenza or other infectious diseases are ruled out. In a basic room, maintain a 2 metre spatial separation between the coughing Resident and others in the room and draw privacy curtain between beds. A mask, hand hygiene and respiratory etiquette instruction to be provided to the Resident. If the Resident is leaving their room and/ or is non-compliant with isolation then wear a mask and perform hand hygiene.
2. Routine practices and additional precautions will be initiated for Droplet/Contact precautions.
3. Registered staff are to take note and document onset, time, date and symptoms, assessments, swabs obtained, doctor's visit and orders in the Resident's chart.
4. Registered Staff need to notify the Medical Director of symptoms and he/she will visit the Resident and make a diagnosis.
5. Notify the POA or family member to update them on the Resident's condition and diagnosis.
6. Begin a line listing by collecting data about the Residents who are ill with respiratory symptoms. The Respiratory Outbreak Line Listing Form will be used to record this data. The sheets must include name, time and date of onset, symptoms, room number and unit, diagnostic tests, immunization history and if any tests were completed. The form will be faxed to the Public Health Department daily and/or as required.
7. Notify the Infection Prevention and Control Lead and/or delegate of the Respiratory symptoms who will notify the Public Health Department and develop a case definition for the outbreak and obtain an outbreak number. The case definition will be updated/changed as necessary related to clinical signs and symptoms. The Ministry of Health and Long Term Care will be notified via CIS – Critical Incident System. The Ministry of Health and Long Term Care will be updated with new information as required.
8. Residents who are exhibiting symptoms are to remain in their room until 5 days from onset of symptoms or until they are symptom free, whichever comes first. Roommates who are symptom free may leave their room.

9. Roommates who are symptom free may leave their room after Covid-19 is ruled out through PCR testing by their roommate if applicable.
10. Residents will be co-horted on their RHA with no integration of Residents from other RHA's.
11. Obtain Naso-pharyngeal swabs (maximum 4) on all ill Residents to verify the diagnosis; preferably within 48 hrs of onset of symptoms. Complete swabs as per naso-pharyngeal procedure.
12. Cohorting of staff should remain as consistent as possible in affected areas in order to control staff and Resident exposure to the symptoms.
13. The Registered staff and/or the Infection Prevention and Control Lead will notify the other departments via e-mail to initiate their responsibilities.
14. Residents who are isolated will have all their non-urgent appointments cancelled.
15. To prevent social isolation, activities will be offered one on one.
16. The Administrator or designate will communicate with any media personnel (e.g. radio, newspaper).
17. The Infection Prevention and Control Lead and/or delegate will keep an on-going line listing of all Residents and Staff who are exhibiting symptoms and will communicate with the Public Health Department daily and Ministry of Labour as required with new updated cases.
18. Check the status of influenza vaccine in Residents and offer influenza vaccine to unimmunized Residents/ Staff.
19. Hand hygiene as per Just Clean Your Hands Policy and Procedure.
20. If transfer to hospital is necessary, advise the receiving facility and transporting services of outbreak, the pathogen if known and if Resident is symptomatic or not.
21. Alert signs will be placed on the unit doors and the exterior doors to the facility to notify visitors of the outbreak.
22. The Manager of Nursing and Personal Care and Supervisors of other departments will determine staffing considerations.
23. If there is a confirmed case of Influenza via naso-pharyngeal swabs, the pharmacy will be notified by the Infection Prevention and Control Professional to initiate anti-viral administration protocol.

24. The policy and procedure regarding staffing during an Influenza outbreak is initiated with a confirmed case of Influenza A, B or C.

- Residents can be transferred from the outbreak facility to the hospital with prior notification to hospital infection control officer or designate.
- Residents admitted from the outbreak facility to the hospital with respiratory illness can be readmitted at any time provided that appropriate care can be given.
- New admissions (from community), Residents admitted to hospital prior to the outbreak, or admitted to hospital for reasons other than respiratory illness, may be admitted/readmitted to the home if the following conditions are met:
 - a) The Resident or POA has been notified of the outbreak status and provided consent with respect to the risk of acquiring a respiratory illness, receiving the Influenza vaccine (if not previously vaccinated) and receiving an appropriate anti-viral,
 - b) The Resident's physician has been informed of the outbreak status and provided consent.
- Resident transfers from anywhere in the home to another long-term care home is not recommended during the outbreak.

For Residents on isolation, Caregivers are the only visitors who can visit Residents on droplet/ contact precautions. There is no limit to the number of Caregivers that can visit a Resident.

Nutritional Services Department

1. Hand hygiene as per Just Clean Your Hands Policy and Procedure and follow additional precautions.
2. Maintain consistent staff in areas when possible.
3. Initiate tray room service, if required, to all affected Residents.
4. Non-outbreak home areas will be served first, following the home area in outbreak to maintain a clean to dirty approach. Soup and cereal can be served first in each home area, then proceed with main courses etc.

Housekeeping/Laundry Department

1. Hand hygiene as per Just Clean Your Hands Policy and Procedure and follow additional precautions.
2. Keep cleaning equipment in consistent areas.

3. Maintain consistent staff in areas when possible.
4. Additional enhanced environmental cleaning (twice a day) of common areas, handrails, doorknobs, bathrooms, and units, etc.

Facilities Services Department

1. Avoid isolated rooms where possible.
2. Air handler filters may require changing to prevent spread of infection.
3. Hand hygiene as per Just Clean Your Hands Policy and Procedure and follow additional precautions.

Programs

1. Hand hygiene as per Just Clean Your Hands Policy and Procedure and follow additional precautions with the Residents who are displaying symptoms.
2. Maintain consistent staff in areas when possible.
3. All outside of the home programs/activities are to be cancelled until outbreak declared over.
4. Volunteers are limited in the home until the outbreak has been declared over to limit community contact.
5. No integration of Residents for activities for the duration of the outbreak.

Contracted Services (Haircare/Podiatry/PT/OT)

1. Hand hygiene as per Just Clean Your Hands Policy and Procedure and follow additional precautions with the Residents who are displaying symptoms.
2. No integration of Residents in hair shop, gym etc.

All Staff

All staff and Residents must perform proper respiratory etiquette to prevent the spread of respiratory infection.

Respiratory Outbreaks (non-influenza)

- i.) Staff are not to come to work if they are ill. They are to remain off work for 5 days from onset of symptoms or until 24 hour symptom free or with symptoms improving for 24 hours; whatever comes first. If the causative agent is known, other measures may apply.
- ii) During a respiratory outbreak, staff working at two facilities should inform their employers that they are working at a facility with an outbreak. Staff are encouraged to change their uniform between facilities.

Influenza Outbreaks

- i) Immunized, well staff have no restrictions on their ability to work at one or more facilities.
- ii) The staff member must change their uniform between facilities.
- iii) Non-immunized staff receiving Tamiflu may work as soon as they have started to take the medication.
- iv) Staff who are taking Tamiflu but have flu symptoms should remain off work for 5 days from onset of symptoms or until symptom free, whichever is shorter
- v) Non-immunized, well staff not receiving Tamiflu must wait 3 days since they last worked at the outbreak facility/unit prior to working in a non-outbreak facility.
- vi) During an influenza outbreak, non-immunized exposed staff, who choose not to take the influenza vaccine and or recommend anti-viral agent, must cease work at another facility for the incubation period of 3 days to ensure they remain asymptomatic and avoid the outbreak transmitted to the home.
- vii) Staff protected by either immunization or anti-viral have no restrictions on their ability to work at other facilities.

Staff who become ill with symptoms that meet the case definition of the outbreak will have their name, address, physician name and address, dates they were off work and if they were seen by a physician. This information will be sent to the Ministry of Labour regarding occupational illness. The Infection Prevention and Control Lead or designate will send this information to the Ministry of Labour.

Non-Immunized staff are contacted and are informed of outbreak. "Influenza Outbreak – Staffing" policy and procedures is implemented.

Anti-viral Medication

During an Influenza outbreak, anti-viral medication for prophylactic use shall be offered to all Resident's/ Staff whether vaccinated or unvaccinated until the outbreak has been declared over.

- Obtain Physician order for Resident's to receive the medication.
- Treatment must be started within 48 hours of onset of symptoms.
- Monitor all Residents who are taking the medication for signs of anti-viral toxicity including confusion, delusions, marked personality change, hostility, agitation, hallucinations, nausea and vomiting, and loss of balance. Should any of these develop medication should be discontinued.
- Treatment dose therapy is as per physician orders.
- Dosage calculation is provided by the pharmacist using annual creatinine levels and current weight.
- Prophylactic anti-viral will be discontinued once the outbreak is declared over.

Visitors

- Any visitors with symptoms will be asked not to visit.
- Visitors will be made aware of their potential for acquiring infection and must wash/sanitize their hands after each visit.
- They are asked to visit only their Resident and to keep internal traffic to a minimum. They will visit with their Resident in their room and no socializing in common areas.
- Visitors are not permitted to visit an isolating Resident unless the Resident is end of life.

Outbreak Management Team (OMT) meeting(s) will be held during the outbreak.

Education

- Training of staff/volunteers/student placements on the use of PPE and IPAC protocols.
- Must permit an organization completing an IPAC assessment and report to share the report with any of the following: public health units, local public hospitals, LHINS, the MLTC.
- This policy will be given with orientation to all new employees and reviewed annually via Surge Learning for all staff.
- This policy will be reviewed by Resident Council, Family Council and Public Health as required.

Communications:

- LTCHs must keep staff, Residents and families informed, including frequent and ongoing communication during outbreaks.
- Issuing a media release to the public is the responsibility of the Administrator and will be done in collaboration with the public health unit.

- This policy will be reviewed and tested annually and within 30 days of an outbreak being declared over.
- A written record of the testing of this policy and any changes of this policy will be kept.
- A copy of this policy is posted on the Norview Lodge Website and hard copies will be made available upon request.

Declaring the Outbreak Over

The outbreak will be declared over in consultation with the Public Health Unit.

- To declare an outbreak over, there must be no new cases of infection in either Residents or Staff, which meets the case definition for the period of time established by the Public Health Unit.

References

Ministry of Health and Long Term Care. Control of Respiratory Infection Outbreaks in Long Term Care Homes.