POLICY PAN-13: Novel Respiratory Influenza Like Illness Outbreak

Infection Control

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Policy

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

Definition

A novel respiratory infection is an illness that causes respiratory symptoms (e.g. fever, cough) where the etiologic agent and/or epidemiology of the disease is/are not yet known, and the morbidity and mortality is presumed to be severe. In these causes the epidemiology, severity and clinical presentation are different from what might be expected the usual seasonal outbreaks and may involve a travel history or epidemiological link.

Surveillance

On the advice of the CMOH or the local MOH, all Ontario health care settings must augment their active ARI surveillance program to include the following:

- All Residents entering the health care setting are screened for infection using PIDAC's ARI case finding/surveillance protocol until screening tools specific to the novel infection have been developed by the CMOH and Ministry of Health, in consultation with PHO.
- Norview Lodge should maintain a high index of suspicion when screening anyone with new onset of ARI symptoms or other symptoms characteristic of the novel infection.
- Anyone accompanying a Resident who is entering a health care setting should be screened even if the Resident screened positive.
- Visitors should be screened when directed to do so by the local MOH and/or CMOH.
- Residents and staff already in the health care setting must be monitored for signs of acquired infection using the ARI case finding/surveillance protocol until screening tolls specific to the novel respiratory infection have been developed by the CMOH and Ministry of Health in consultation with PHO.
- Passive surveillance may detect cases of ARI as individuals enter the health care setting.
- Refer to Appendix C & D for screening management and symptomatic response algorithms.
- Anyone who screens positive on the ARI case finding/surveillance protocol will be instructed to implement appropriate precautions (e.g. hand hygiene, mask, and wait in a designated separate area) and be referred for medical assessment.

Triggering a Novel Respiratory Influenza Like Illness Outbreak Assessment (Residents)

Outbreak Definition: Local Public Health units have the discretion to declare an outbreak based on their investigation. This includes defining the outbreak area and where outbreak measures must be applied (e.g. a single affected unit vs. the whole home).

- A single confirmed case of a novel respiratory infection is a sentinel event and must be reported to the local PHU immediately.
- An institutional outbreak of an infectious respiratory disease is reportable in Ontario. For more information for the long-term care setting, see Ministry of Health and Long-Terms Care's Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018.
- A single case of novel respiratory infection where transmission within the health care setting is known or suspected must be considered an outbreak.

Initial Response to Identified Cases

Based on the initial and ongoing assessments of the disease, the Ministry of Health and CMOH in consultation with PHO will identify the appropriate actions and precautions for health care settings and providers, and provide specific outbreak guidance. While waiting for further agent-specific guidance from the Ministry of Health and CMOH, best practice for prevention, surveillance and infection control management of novel respiratory infections in all health care settings; PIDAC Feb 2022 may be used to conduct the initial response.

Potential Exposure

There are two levels of exposure risk:

1) Directly exposed persons are those who were within two metres of a symptomatic patient without the use of N95 respirator and Droplet/contact Precautions.
2) Not directly exposed persons are those who were on the same unit as a symptomatic patient before Airborne Precautions and Droplet/Contact Precautions where implemented.

If the Resident was admitted to a RHA without the use of appropriate precautions:

- Close the RHA to admissions, discharges and transfers unless the transfer is medically necessary, e.g. transfer to critical care unit. If transfer is medically necessary, notify the receiving unit or health care setting about required Airborne Precautions and Droplet/Contact Precautions.
- Immediately assess all Residents on the RHA for symptoms consistent with the novel respiratory infection.
- Implement Airborne Precautions and Droplet/Contact Precautions for Residents who have symptoms consistent with the novel respiratory infection. These Residents should remain accommodated on the affected RHA in the IPAC room.
- Consider all Residents on the RHA while the Resident was symptomatic and not on precautions to be potentially exposed. Use an N95 respiratory plus Droplet/Contact precautions for all Residents on the unit.

- Staff members who were directly exposed i.e. provided direct Resident care or were within two meters of a symptomatic Resident without the use of N95 respiratory and Droplet/Contact Precautions, should be sent home for the incubation period of the novel agent (if known) and the PHU should be notified.
- Within the closed RHA, cohort exposed Residents and ill Residents together in basic rooms, together with their respective caregivers.
- Cohort staff members who worked on the Resident's RHA by were not directly exposed to the Resident, to that RHA. These cohorted staff members should be actively assessed daily for signs and symptoms of infection. They must not work on other RHAs or in other health care settings.
- Determine if there were exposed Residents who have been transferred to another RHA or health care setting. Notify the receiving RHA or health care setting about the Resident's exposure to the novel respiratory agent. Implement surveillance and Airborne Precautions and Droplet/Contact Precautions for exposed Residents. Notify local PHU to follow any exposed Residents on the RHA who were discharged from the home.
- Notify PHU for follow-up of there were any visitors to the Resident.
- Implement daily surveillance on the RHA. Surveillance is to continue for the duration of the incubation period, if known.
- Implement Airborne Precautions and Droplet/Contact Precautions immediately for Residents who have symptoms consistent with the novel respiratory infection.
- Notify other area health care settings about the novel agent so that they will be prepared if cases prevent to the facility.
- If there are no new cases after the incubation period, if known, in consultation with IPAC and PHU, re-open the RHA. Continue ARI surveillance.

Nosocomial Case to Norview Lodge

A case is nosocomial to a facility if it meets the case definition of novel respiratory infection was asymptomatic on presentation to the healthcare facility and developed symptoms in the facility after the incubation period, if known. For these cases:

- Notify PHU
- Maintain containment steps as per potential exposure
- Declare a facility outbreak
- Review all Resident and staff contacts, including all contacts on the other RHA to whom the Resident may have been exposed or who may have been exposed to the Resident. Try to determine the source of the nosocomial case. If a clear epidemiological link is established, maintain containment. If no clear epidemiological link is established, seek guidance from the PHU and PHO.
- Refer to Appendix A: Summary of Surveillance Results and Action to be taken.

Laboratory testing should be performed as clinically indicated to determine the specific pathogen and to rule out more common etiologies for respiratory symptoms (e.g. influenza), where possible. Submit specimens for testing appropriate to the presenting symptoms, according to the protocol of the laboratory serving the health care setting. Consult with the hospital laboratory's medical microbiologist and/or Public Health Ontario Laboratory regarding the submissions of specimens specific to the novel agent.

Personal Protection Equipment and Practices
Staff at risk of direct exposure to Residents with suspect or confirmed infection with the novel respiratory agent must consistently use Routine Practices plus Airborne Precautions and Droplet/Contact Precautions.

Most respiratory infections are droplet/contact spread. The only diseases known to be transmitted person-to-person by the airborne route are tuberculosis, measles and chickenpox. However, using a precautionary approach that combines Airborne Precautions and Droplet/Contact Precautions should be observed until the epidemiology of the novel agent is established.

Routine Practices include:

- Hand hygiene (i.e. using ABHR or washing hands):
    - Before entering the Resident's room
    - After exiting the Resident's room
    - After taking off and disposing of Personal protective Equipment
- Examination procedures that minimize contact with droplets/aerosols (e.g. sitting next to rather than in front of a coughing Resident when taking a history or conducting an examination)
- Communal or shared equipment cleaned and disinfected after use

Airborne Precautions and Droplet/Contact Precautions include:

- A fit-tested, seal-checked N95 respiratory covering the nose and mouth:
    - When entering the Resident's room
    - When within two metres of the Resident
- Eye protection when within two metres of the Resident
- Gloves and gown to enter the Resident's room
- A mask worn by the Resident when outside his or her room or the care area and hand hygiene performed on exiting the room

What to do when you suspect someone is ill with a novel respiratory influenza like illness

Nursing Department:

1. Residents with novel respiratory influenza like symptoms need to be isolated to their room, until Influenza or other infectious diseases are ruled out. If the Resident is leaving their room and/or is non-compliant with isolation then wear a mask and perform hand hygiene. Or if IPAC room is available move the symptomatic Resident to the private IPAC room on the RHA for isolation. If available, put portable heap filtration unit in room. If sufficient single rooms are not available, cohorting of individuals with laboratory-confirmed novel respiratory agent may be considered in consultation with the IPAC lead and PHU.
2. Routine practices and additional precautions will be initiated-Droplet/Contact precautions and airborne 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 of the respiratory symptoms who will notify the Public Health Department and develop a case definition of 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 updated with new information as required.
8. Residents who are exhibiting symptoms are to remain in their room until the period of communicability of the disease if known, is over. Roommates who are symptom free may leave their room. Residents will be restricted to their own home areas.
9. Obtain Nasopharyngeal swabs on all ill Residents to verify the diagnosis; preferably within 48 hours of onset of symptoms. Complete swabs as per nasopharyngeal procedures or as directed by Public Health Unit.
10. Cohorting of staff should remain as consistent as possible in affected areas in order to control staff and Resident exposure to the symptoms.
11. The Registered staff and/or the Infection Prevention and Control Lead will notify the other departments via email to initiate their responsibilities.
12. Residents who are isolated will have all of their non-urgent appointments cancelled.
13. To prevent social isolation, activities will be offered one on one if required. Residents will be co-horted on their RHA with no integration of Residents from other RHAs.
14. The Administrator or designate will communicate with any media personnel (e.g. radio, newspaper).
15. The Infection Prevention and Control Lead will keep an ongoing 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.
16. Check the status of immunizations in Residents and staff (COVID-19, influenza).
17. Hand hygiene as per Just Clean Your Hands Policy and Procedure.
18. 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.
19. Alert signs will be placed on the unit doors and the exterior doors to the facility to notify visitors of the outbreak.
20. The Manger of Nursing and Personal Care and supervisors of other departments will determine staffing considerations.
21. Residents can be transferred from the outbreak facility to the hospital only if medically necessary with prior notification to hospital infection control officer or designate.
    a. Residents will be cohorted on the RHA. If a Resident is non-compliant with room isolation-perform hand hygiene with Resident and apply a surgical mask.
    b. New admissions into an outbreak facility should be restricted and should only occur in consultation with Public Health.
    c. Re-admissions from hospital may only occur in consultation with Public Health and if the home can provide appropriate care needs.

22. For Residents on isolation, only 1 caregiver is allowed to visit the ill Resident at a time and must wear the appropriate PPE.
23. Appropriate PPE is to be worn as directed. Follow donning and doffing procedures.

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. Appropriate PPE is to be worn as directed. Follow donning and doffing procedures.

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 cleaning of common areas, high touch surfaces, handrails, doorknobs using a facility-approved, hospital grade disinfectant cleaner that has viruscidal and bactericidal properties and a drug identification number (DIN).
5. Appropriate PPE is to be worn as directed. Follow donning and doffing procedures.

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.
4. Appropriate PPE is to be worn as directed. Follow donning and doffing procedures.

Programs Department

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 is 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.
6. Appropriate PPE is to be worn as directed. Follow donning and doffing procedures.

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.
3. Appropriate PPE is to be worn as directed. Follow donning and doffing procedures.

Additional Interventions-All Staff

- Increase IPAC audits
- Initiate outbreak management team meeting

All Staff

1. All staff and Residents must perform proper respiratory etiquette to prevent the spread of respiratory infection.
2. Staff are not to come to work if they are ill. They are to report symptoms to IPAC lead or designate and remain off work from onset of symptoms until causative agent is identified and remain off work until directed in consultation with PHU and IPAC lead.
3. Staff who become ill while at work must notify their supervisor and leave work. Follow up with be completed with IPAC lead.
4. Staff deployment will be determined by the behaviour and transmissibility of the novel agent. Staff working in settings where no exposure to the novel agent has occurred may work in other settings where no exposure has occurred and in unaffected areas of settings where exposure has occurred.
5. Staff members who have worked on an affected Resident home area but here not directly exposed, must be cohorted on the RHA and participate in active daily assessment of staff for signs and symptoms of infection.
6. To determine the degree of exposure of staff to a Resident infected with the novel respiratory agent, a risk assessment will be conducted by the IPAC lead and/or PHU to determine the need for, and degree of, follow-up and surveillance of a worker.
7. Only essential staff may work in areas affected by exposure(s). These staff members must work in the affected area only and cannot work in other health care settings.
8. Staff members who have a direct exposure to the novel respiratory agent, or are a household contact of a case will be sent home and reported to the PHU. Staff members will be given direction on precautionary measures, such as the use of PPE. At a minimum they must self-monitor for symptoms, remain at home for the incubation period (if known) and notify the IPAC lead who will notify the PHU if symptoms develop. Staff must consult with the IPAC lead before returning to work. Precautions will be maintained at home until the period of communicability, if known, has passed or until symptoms are resolved.

Visitors

- If exposure with or without transmission has occurred, Norview will restrict the number of available entrances into the facility.
- Visitors will only enter/exit through the front entrance.
- Staff will only enter/exit through the service hallway.
- 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 will be asked to wear the required PPE when visiting a Resident on Additional Precautions.
- It may be necessary to discontinue or restrict visitors to Residents who require precautions for the novel agent. If this measure is necessary, a process for exceptions made on compassionate grounds will be put in place in consultation with IPAC lead and the medical and nursing staff caring for the Resident.
- Communicate to families, visitors any restrictions, screening, novel respiratory information via the website and information line.
- Provide written materials for visitors that explain any restrictions or requirements (e.g. hand hygiene, personal protective equipment), and give them a number to call for more information.
- Have information available for visitors that will offer guidance if they show symptoms of the novel agent.
- Visitors are to sign in. There is a record that can be used for contact tracing, if required.
- Visitors who do not comply with IPAC requirements will be assumed to have been exposed to the novel agent, and health care settings will report them to the PHU as new contacts.
- Visitors should be advised on the symptoms to watch for. If visitors to a Resident who requires precautions for the novel agent develop symptoms, they must report to their local PHU and inform the IPAC lead. The IPAC lead would report these visitors to the PHU as potential contacts.
- The IPAC lead or designate will keep a log of the visitors; this log will be available to PHU if required.
- PHU will be responsible for determining precautions and contact tracing.

Reporting to the Public Health/Ministry of Health and Long-Term Care

- Single confirmed case of novel respiratory infection
- Ministry of Health and Long-Term Care will be notified via CIS/on-call inspection after hours 1-888-999-6973.

Additional Reporting

- Occupational Health and Safety
- Ministry of Labour within 4 days
- WSIB in 72 hours
- Unions

Staff Education

In the case of an outbreak of a novel respiratory infection, provide educational programs that include:

- The characteristics of the disease, including symptoms

- The level of risk in the community and in the health care setting
- The health care setting's plan to respond to the novel infection
- Information about appropriate protective practices, including strict adherence to hand hygiene, to minimize risk of transmission, and the importance of routine IPAC practices and Additional Precautions to prevent the transmission of infection during the delivery of health care in all health care settings.
- Appropriate use of PPE.
- The scientific basis for the recommendations about protective practices.
- Any changes in protective practices that may occur as more becomes known about the novel infection.

Declaring the Outbreak Over

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

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

This policy and procedure will be tested annually.

Table 1: Summary of surveillance results and associated action to be taken

Results of Surveillance	**Action**
No novel agent identified globally	Routine ARI surveillance
Novel agent in well-defined geographic area	Routine AIR surveillance including travel history
Cases in region but not one's own facility	ARI surveillance including travel history to originating area or affected area in region + transfers to/from affected facilities
Case(s) in one's own facility with no	Maintain Airborne Precautions and Droplet/Contact Precautions for suspected/confirmed case(s)

As per Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in all Health Care Settings PIDAC February 2020

Results of Surveillance	**Action**
Unprotected exposure	Daily surveillance for Residents and staff on the unit
Exposure in one's own facility (with or without transmission)	Implement Airborne Precautions and Droplet/Contact Precautions for Residents who have symptoms Close RHA to admissions, discharges and transfers unless medically necessary Daily surveillance of all exposed Residents and staff for symptoms Cohort exposed or ill Residents Directly exposed staff to be sent home for the incubation period of the novel agent (if known) and PHU notified Cohort staff members, who were not directly exposed to the Resident, to the unit Notify receiving facilities for Residents who were exposed and transferred Notify the PHU for Residents who were exposed and discharged
Nosocomial case(s) in one's own facility	Declare a facility outbreak and close unit Notify the PHU Implement all previous steps under "Exposure in one's own facility" (as above)