POLICY PAN-01: Management of Novel Respiratory Influenza like Illness

Infection Control

Approval Date: **June 17, 2022**
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Novel Respiratory Influenza like Illness

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 cases the epidemiology, severity and clinical presentation are different from what might be expected from usual seasonal outbreaks and may involve a travel history or epidemiological link.

Surveillance

On the advice of the Ministry of Health, CMOH or the local MOH upon detection or rise in novel respiratory illnesses, the home will initiate active ARI surveillance.

Confirmed Case Definition-

A person with laboratory confirmation for a novel respiratory influenza-like illness.

Active Surveillance/Screening for Staff/Visitors and those entering the LTC Home

- The home will have 1 entrance for all Visitors. (The front entrance).
- Staff will use the employee entrance to enter and exit the building.
- All persons are encouraged to self-monitor for novel respiratory symptoms prior to coming to home and not come to the home if they are ill.
- All staff and any persons entering the home shall actively-screen for symptoms of novel respiratory illness exposure history and must not come to work ill and report symptoms and travel history to the home.
- All caregivers, students, volunteers and visitors must complete active ARI screening upon entry and exiting the home using the ARI Screening Form.
- Staff must be actively screened via the ARI Screening Form at the start of their shift only.
- Anyone showing symptoms or signs of novel respiratory illness shall not be allowed to enter the home and should go home to self-isolate immediately. The IPAC Lead and/or designate will follow up with staff.
- Emergency First Responders who, should in emergency situations be permitted in without screening.
- All Residents are screened on admission, re-admission, after appointments, and all absences for novel respiratory illness using the ARI-Acute Respiratory Illness screening in PCC.

- Active screening of all Residents occurs every shift for typical and atypical symptoms of novel respiratory illness. EMAR documentation re: completed on Days/Evenings.
- Temperatures are taken once a day on Residents and recorded in PCC. Temperatures are taken at 0800.

Screeners

There will be a screener at the entrance of the home to conduct active screening during the hours of 0530-2200 hours. There will be a screener present during the noted hours 7 days a week. Outside of the noted hours, anyone entering the home will be actively screened by the Registered Staff in Evergreen Lane or designate.

All persons entering the home are screened and visits are logged.

Any staff or visitor who fails active screening will not be allowed into the home. They will be advised to go home immediately to self isolate and to go and get seek medical advice from

Screeners and PPE during Screening

Screeners are required to wear:

a. Mask (surgical/medical)
b. Face shield/goggles-based on point of care risk assessment

Physical Distancing

Physical distancing must be practiced at all times by every individual in the LTCH to reduce the spread of a novel respiratory illness.

- Staff to limit internal traffic (stay within home areas).
- Staff to maintain a 2 metre separation when on breaks/meals without their mask on.
- Residents wear masks to and from the dining room and removed only to eat.
- Staff break areas and smoke hut has been reviewed to limit the amount of staff in areas at one time. Staff to comply with posted occupancy limits per area.

Handwashing

All staff, visitors and Residents are encouraged to perform hand hygiene as per the Just Clean Your Hands Program (4 moments).

To use:
-ABHR-70-90%
-Soap and water (H2O) when hands and visibly soiled

Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Avoid touching eyes, nose and mouth.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Use in the nearest waste receptacle to dispose of tissue after use.

- Perform hand hygiene (i.e. hand washing with non-antimicrobial soap and water, alcohol-base hand rub, or antiseptic hand wash) after contact with respiratory secretions and contaminated objects/materials.

Mask Etiquette

- Clean hands before putting on your mask.
- Avoid touching your face and the outside of your mask.
- Clean hands before touching your face and if you touch the outside of your mask.
- Avoid hanging your mask under your chin.
- Double masking is not advised-use one mask that fits well.

Universal Masking

- A medical mask must be worn by all staff/essential visitor when working in the long-term care home for their entire shift indoors/outdoors. Universal masking is required even when they are not providing direct Resident care, including in administrative areas. The mask can be removed when on breaks/meals. Staff must maintain a 2 metre separation from other staff during these times without a mask on. This is required regardless of whether the home is in outbreak or not.
- Masks must not be removed when staff are in contact with Residents and/or in designated Resident areas.

Exceptions to the masking requirements are as follows:

1. Children who are younger than 2 years of age;
2. Any individual who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 or the Ontario Human Rights Code

Addressing the above noted exceptions:

Visitors to the home:

- 2. The individual will wear a face shield into the home. The face shield must cover their mouth. (See Visitor's Policy)

Staff:

- 2. Assessed on a case by case situation in line with Policy OHS-05 Accommodation Program and Plan.

Any person entering the home shall receive assistance on the application and removal of their mast and/or PPE as required from another person.

When Should Masks be Changed?

Masks used for source control can be used continuously for repeated close contact encounters with Residents who are not in isolation, without being removed between Resident interactions.

Masks used as PPE: for providing direct care where this is a risk of contamination-should be changed as part of routine doffing process. However when co-horting measure have been implemented, the same mask can be used across several Resident interaction within the co-hort (same room).

A mask MUST be disposed of if:

- It becomes visibly soiled.
- It makes contact with the Resident or their droplet/secretions.
- It becomes very moist such that the integrity becomes compromised.
- It is being changed as part of the doffing of PPE after a Resident interaction or care is completed to a cohorts group ex: those in Droplet/Contact precautions.

Extended use of N95 Masks (ex. N95 masks)

Staff must remove their masks by the ties or elastics taking care not to touch the front of the mask, and carefully store the mask in a clean dry area ex. Brown paper bag, taking care to avoid contamination of the inner surface of the mask, and perform hand hygiene before and after mask removal and before putting it on again.

Masks can be stored in closed, breathable containers such as paper bags. Storage is not for more than 1 shift at a time. Paper bags need to be labelled with staff's name and disposed after the storage is complete (1 shift).

- Remove and discard if wet, contaminated, damaged, hard to breathe through, at break times or following an AGMP.
- During extended use for N95 respirators, always change gloves and gown between Resident encounters.

Resident Masking

- Residents to wear masks in common areas with other Residents in the LTCH as tolerated, except at meals.
- Staff are to encourage and/or apply a medical mask on a Resident when providing direct care as tolerated, especially Residents on airborne precautions and Droplet/Contact Precautions.
- Residents are to wear a surgical mask when they have a visitor, as tolerated.

Personal Protective Equipment (PPE) Stewardship

Is under lock and key-management maintains. Supplies are available in each clean utility room and at the screening desk (medical masks, eyewear, N95 masks).

- Eye Protection (goggles and/or face shield) for all staff when working in the long-term care home. This is required regardless of weather the home is in outbreak or not.
    - Eye Protection includes: face shields, some safety glasses, goggles. Goggles/safety glasses must be close fitting around the head and/or with integrated side shields to provide a barrier from the front, the sides and the top.

**While the same mask, eye protection may be used between co-horted Residents, gloves must be removed and disposed of, followed by proper hand hygiene practices and new gloves that must be applied between each Resident.

Doffing of PPE: Staff must be greater than 2 metres of distance from the Resident and/or other staff and visitors before they remove their PPE. PPE will be removed in a manner that does not contaminate themselves or the environment.

Hand Hygiene is performed at every stage during the removal of PPE before preceding to next stage of PPE removal.

Residents on Airborne Precautions and Droplet/Contact Precautions (due to symptoms of a novel respiratory illness, novel respiratory exposure, or diagnosis of a novel respiratory illness)

- Staff to apply appropriate PPE based on airborne and droplet/contact precautions
- Eye protection
- Mask
- Gown
- Gloves

Environmental Cleaning

Cleaning of care areas/ public areas/ high touches surfaces shall be cleaned with a hospital grade disinfectant.

Additional environmental cleaning is recommended for frequently touched surfaces.

High touched areas:
- Door handles
- Light switches
- Elevator buttons
- Handrails
- Trolleys
- Lifts (mechanical for Resident transfers)

If a Resident was admitted to a RHA or ARI creened positive without the use of appropriate precautions.

Cohorting

Non-outbreak Times:

- Full time staff to work on one RHA as much as possible.
- Part time staff to work in one or two RHA as much as possible.

Staff are to follow all occupancy numbers posted on rooms throughout the home. Staff are to maintain a 2 metre separation when on breaks/meals without their masks on.

Resident Cohorting Non-Outbreak Times

Residents are co-horted to their RHA (22-23 Residents for communal dining per RHA). Integration of Residents from other RHAs is permitted for social activities (i.e. visiting, group events, etc.) Social activities can be increased in size (more than 10 Residents). General visitors/Caregivers may join Residents during all activities in the home.

- There is no integration of Residents from other RHAs for dining.

- Large gatherings where potential crowding can occur should be avoided.

Resident Cohorting Outbreak Times

Residents are co-horted to their RHA for all non-essential activities (communal dining, group events, social gatherings). 1 Caregiver at a time may join the Resident for meal times.

- Different cohorts are not to be mixed, and Residents from different RHAs should not visit one another.

Health and Safety in the Workplace/Education and Training

In case of an outbreak of novel respiratory illness Staff will be educated on:

- The characteristics of the disease.
- Symptoms of the disease.
- The level of risk in the community and within the home.
- The homes plan to respond to the novel respiratory illness.
- Information about appropriate protective practices; hand hygiene, routine practices, additional precautions and appropriate personal protective equipment.

Staff will be updated regularly when practices change and/or when new information becomes known.

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 all of the following: public health units, local public hospitals, LHINS, the MLTC in the case of LTCHs as may be required to respond to novel respiratory illnesses at the home.

- **Communications:** LTCHs must keep staff, Residents and families informed about novel respiratory illnesses, 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.

Required PPE Precautions

- Where it is not possible to use other control measures to sufficiently reduce a worker’s risk of exposure, personal protective equipment (PPE) will be needed. As much as possible, PPE should be used in combination with other controls.

- It is important that any PPE that workers use is appropriate for the purpose. While caring for a suspected or confirmed Resident with novel respiratory illness appropriate PPE consists of a N95 mask, eye protection (e.g. face shield, goggles), gloves and a gown.

Activity	**Precautions**
Before every Resident interaction	Staff must conduct a point-of-care assessment to determine the health and safety measures required.
All interactions with and within 2 metres of Residents who screen negative	• Medical mask required • Eye protection (e.g. goggles, face shield) Staff must conduct a point of care risk assessment when within 2 metres of a Resident. • Perform hand hygiene before and after contact with the Resident and the Resident's environment and after the removal of PPE.
All interactions with and within 2 metres of Residents who screen positive, symptomatic, identified as a high risk contact of a known novel respiratory illness case, or have a confirmed novel respiratory illness infection	Droplet and Contact Precautions: • N95 mask or Silicone reusable half mask • Isolation gown • Gloves • Eye protection (e.g. goggles, face shield) • Perform hand hygiene before and after contact with the Resident and the Resident's environment and after the removal of PPE

Identified Isolation Rooms

There are 8 rooms identified for isolation purposes. There is 1 isolation room on each RHA. These are all private rooms.

Reference: Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections/February 2020