Prevention and control of respiratory illness in Long term care facilities

Responding to a case of respiratory disease

- When a case of acute respiratory illness (ARI)* is suspected, **timely testing, reporting, and infection control is imperative**.
- Until the cause of the ARI is determined, consider initiating empiric precautions at the most protective level, including gown, gloves, fit tested N95, and eye protection, such as goggles or a face shield.

Testing

- **Testing to determine the etiology of the disease is essential to determine the appropriate precautions needed to prevent or control an outbreak.**
- Monitor the local community trends in respiratory viruses and test accordingly.
- Find local RSV and Influenza trends here: https://www.gethealthy.dhw.idaho.gov/infectious-disease-idaho
- Find local COVID-19 trends at https://public.tableau.com/app/profile/idaho.division.of.public.health/viz/DPHIdahoCOVID-19Dashboard/Home
- Currently, Influenza, RSV (Respiratory Synsicial Virus) and COVID-19 are of concern.
- Other common respiratory viruses causing similar symptoms include Parainfluenza, Rhino/entero virus, Human metapneumovirus, Adenovirus and seasonal coronoviruses.
- Due to high risk for false negative results, if a symptomatic patient tested negative on rapid antigen testing, always consider follow up conformatory RT-PCR testing once or repeat antigen testing twice 24 hours apart.

Transmission based precautions

- Once a diagnosis is confirmed, place the patent on appropriate transmission based precautions+
- CDC recommended precautions for common respiratory viruses

• *Influenza*	*Droplet precautions*
• *COVID-19/SARS-CoV-2*	*Droplet and contact precautions*
• *RSV*	*Droplet and contact precautions*
• *Parainfluenza*	*Contact precautions*
• *Rhino/Enterovirus*	*Droplet precautions*
• *Seasonal coronavirus*	*Contact precautions*
• *Human metapneumovirus*	*Contact precautions*
• *Adenovirus*	*Droplet and contact precautions*

- If test results fail to identify an etiologic agent, ill residents should continue to be placed on contact and droplet precautions

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Duration of Transmission based precautions

- The resident should remain on appropriate precautions and staff for the duration of illness.
- Generally for ARI, duration of illness is defined as 24 hours after resolution of fever without the use of fever-reducing medications and other respiratory symptoms improving.
- For Influenza: Droplet Precautions should be implemented for residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer
- Find CDC's COVID-19 guidance at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-home-long-term-care.html
- For isolation precautions based on specific illness visit CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007): https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

Resident room assignments

- If possible, any resident who is ill with symptoms of ARI should stay in a private room.
- When a single-resident room is not available, ill residents can be placed in a multi-bedroom following consultation with infection control personnel to assess risks associated with resident placement options (such as cohorting, keeping the resident with an existing roommate etc). Spatial separation of six feet or more and drawing the curtain between resident beds is especially important for residents in multi-bedrooms.
- Decisions by medical and administrative staff regarding resident placement should be made on a case-by-case basis. In determining resident placement, consider: balancing the risk of infection to other residents in the room, the presence of risk factors that increase the likelihood of transmission within the facility, the potential adverse psychological impact on the infected resident.

Screen staff and visitor

Communal activities

- In the event of an outbreak of ARI in the facility, screen staff and visitors at the entrance for any respiratory symptoms.
- Staff members showing symptoms has to be tested and work restricted based on test results.
- Educate visitors regardimg the ongoing outbreak in the facility andthe risk for spread of infection.
- Encourage alternate visitation options like outdoor visitation (weather permitting) or video calls when the facility is in an active outbreak.
- In general, facilities should assess risks and develop policies that provide guidance on general screening and visitation practices without hindering the resident's right to visitation.
- An outbreak of ARI does not require the cancellation of facility-wide resident activities, therapy, or communal dining. Residents with active ARI should not participate in facility-wide resident activities, therapy, or communal dining.

SOUTHWEST DISTRICT HEALTH

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Cleaning and disinfection

- Ill resident rooms should be done last and increase cleaning and disinfection high touch areas in common areas to assist in preventing the spread.
- Staff doing cleaning and disinfection should also wear appropriate PPE.
- Follow EPA guidelines for cleaning and disinfecting your facility. https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

Treatment and prophylaxis

Vaccination

- Antiviral treatment and prophylaxis for Influenza outbreaks
- Antiviral and Monoclonal antibody therapy available for treatment and prophylaxis of COVID-19.
- Yearly Influenza vaccine, staying up to date on COVID-19 vaccination and pneumococcal vaccination are important.

Notify Southwest District Health

- Influenza A, RSV, Norovirus, Pneumococcal infections, and any clusters of similar symptoms (outbreaks) within a short period are all reportable to the Public health district.
- Idaho reportable disease list - https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=6797&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1
- Contact Southwest District health Division for communicable disease: Phone- 208 455 5442, Fax - 208 455 5350
- Southwest District health Long term care liaison: Lekshmi Rita Venugopal; Ph: 208 593 1413

SOUTHWEST DISTRICT HEALTH

Prevention and control of respiratory illness in Long term care facilities

*Acute respiratory illness (ARI) is an illness characterized by any of the two following signs and symptoms:

- Fever (temperature two degrees above a resident's established baseline)
- Cough (new or worsening, productive or nonproductive)
- Runny nose or nasal congestion
- Sore throat
- Muscle aches greater than the resident's norm
- Shortness of breath or difficulty breathing
- Low oxygen saturation in the blood (normal levels are between 95 and 100% but may vary for people with certain medical conditions).

SOUTHWEST DISTRICT HEALTH

Prevention and control of respiratory illness in Long term care facilities

Transmission based precautions:

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.
https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html
It is always best to initiate contact + Droplet + Standard precautions while proving care to a resident suspected to have respiratory infections. While there is an increase in community circulation of respiratory infections, the safest option would be for the staff to wear at least gloves, gowns and face masks while providing direct care to the residents regardless of symptoms.

CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
• Ensure appropriate patient placement in a single patient space or room • Use personal protective equipment (PPE) appropriately, including gloves and gowns. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. • Limit transport and movement of patients outside of the room to medically necessary purposes. • Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). • Prioritize cleaning and disinfection of the rooms of patients on contact precautions ensuring rooms are frequently cleaned and disinfected	• **Source control:** put a mask on the patient. • **Ensure appropriate patient placement** in a single • **Use personal protective equipment (PPE) appropriately.** Don mask (preferably N95) upon entry into the patient room or patient space. • **Follow appropriate hand hygiene** practices • **Limit transport and movement of patients** outside of the room to medically necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.	• **Source control**: put a mask on the patient. • **Ensure appropriate patient placement in an airborne infection isolation room (AIIR)** constructed according to the Guideline for Isolation Precautions • **Restrict susceptible healthcare personnel from entering the room** • **Use personal protective equipment (PPE) appropriately**, including a fit-tested NIOSH-approved N95 or higher-level respirator for healthcare personnel. • **Follow appropriate hand hygiene** practices • **Limit transport and movement of patients** outside of the room to medically necessary purposes. • **Immunize susceptible persons as soon as possible following unprotected contact** with vaccine-preventable infections (e.g., measles, varicella, or smallpox).

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Prevention and control of respiratory illness in Long term care facilities

Additional information available at **https://www.cdc.gov/infectioncontrol/basics/transmission-based precautions.html#anchor_1564057963**

Example posters

- Contact Precautions – Example Sign (Print Only) pdf icon[PDF – 1 page]
  - Spanish Example Sign – Contact Precautions (Print Only) pdf icon[PDF – 1 page]
- Droplet Precautions – Example Sign (Print Only) pdf icon[PDF – 1 page]
  - Spanish Example Sign – Droplet Precautions (Print Only) pdf icon[PDF – 1 page]
- Airborne Precautions – Example Sign (Print Only) pdf icon[PDF – 1 page]

Spanish Example Sign – Airborne Precautions (Print Only) pdf icon[PDF – 1 page]

Sequence for Donning and Doffing PPE: https://www.cdc.gov/hai/pdfs/ppe/ppeposter148.pdf

Hand Hygiene in healthcare settings: https://www.cdc.gov/handhygiene/index.html

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