North Bay Regional Health Centre / Centre régional de santé de North Bay		**Policy/Procedure**
Title Acute Respiratory Illness (ARI) – Prevention & Management		**Policy Number** ADM-017
Developer Manager, Infection Prevention & Control Manager, Occupational Health & Wellness Influenza Prevention Advisory Committee	**Category**	Clinical
	Issue Date	November 1, 2005
Executive Sponsor VP, Clinical & CNE	**Revision Date**	October 2024
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1.0 Scope of Policy/Procedure

To protect patients from acute respiratory infections.

To rapidly identify an outbreak and to prevent the transmission of respiratory illness among patients and health care workers by implementing appropriate control measures to contain and shorten the duration of the outbreak.

This policy applies to all employees who carry out activities in the hospital.

2.0 Policy Statement

In keeping with its core values of accountability and excellence, the North Bay Regional Health Centre is committed to patient safety and therefore supports the prevention and control of communicable diseases.

All employees, regardless of duties in the hospital, will be offered and are strongly encouraged to receive all immunizations for vaccine preventable respiratory diseases (e.g. Influenza, COVID-19), unless medically contraindicated.

3.0 Supporting Documents

Document Title	Document Type	Number
Acute Respiratory Illness Screening Tool	Form	RHC 1086
Declaration of Intention Form	Form	RHC 2182
Medical Exemption to Influenza Vaccination Form	Form	RHC 2183
Tamiflu Treatment Dosing Order Set	PPO	PPO-2-011

4.0 Definitions

Term	Definition
Acute Respiratory Illness (ARI)	Any new onset of acute respiratory infection potentially spread by the droplet route (either of the upper or lower respiratory tract) which presents with symptoms of a new or worsening cough or shortness of breath and often fever. It should be noted that the elderly and those who are immune-compromised, may not present with fever.
Direct Contact	A patient that shared a room (or a staff that had contact) with an infected patient during the infectious period. Timeframe of infectiousness to be based on the organism identified.
Employee	**Refers to, individuals who are staff employed by NBRHC, students, physician learners; physicians; volunteers**
Possible Contact	A patient who resided on the unit/lodge (or a staff that worked in the area) at the time of outbreak but is not a direct patient contact.
Immunized	An individual is defined as fully immunized if the minimum interval post-vaccine has passed for developing immunity. (e.g. for Influenza this is 14 days after date of immunization and for COVID-19 this is 14 days after receiving the final dose of a Health Canada approved COVID vaccine).
Vaccine Preventable Disease (VPD)	An infectious disease for which an effective vaccine exists. Vaccine preventable diseases that are considered respiratory droplet spread include: Diphtheria, Haemophilus Influenza, Invasive Meningococcal Disease, Invasive Pneumococcal Disease, Measles, Pertussis, Varicella, Rubella, Influenza and COVID-19.
Influenza	A highly infectious respiratory disease that affects the nose, throat, and lungs. It can spread rapidly from person to person, symptoms are usually sudden and can be severe and can sometimes lead to death. Influenza is a severe disease caused by a different virus than the common cold. People with chronic conditions, children under 5

	years of age, adults greater than 65 years of age, and women who are pregnant are more at risk of developing complications if they get sick**.**
Influenza-like-illness (ILI)	Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia, myalgia, or prostration which is likely due to Influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent. (Public Health Agency of Canada, 2013).
COVID-19	A coronavirus causing respiratory infection that was first identified in 2019. The infection is spread person to person through respiratory droplets of an infected person.
COVID-19 Confirmed Case	A person with laboratory confirmation of COVID-19 infection
COVID-19 Probable Case	https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf
COVID-19 Close Contact and High-risk Exposure	OPHS: Requirements for Programs, Services and Accountability - Infectious Diseases Protocol - Appendix 1: Case Definitions and Disease-Specific Information - Disease: Coronavirus Disease 2019 (COVID-19) (ontario.ca)
Influenza Activity Levels in the North Bay District, in Order of Severity (as defined by North Bay Parry Sound District Public Health):	
No Influenza Activity	No laboratory-confirmed cases of Influenza reported and no ongoing laboratory-confirmed Influenza A or B in an institution (e.g. LTCHs, retirement homes, etc.) or public hospital. (Public Health Ontario, 2020)
Sporadic Influenza Activity	At least one laboratory-confirmed Influenza case with no ongoing laboratory-confirmed Influenza outbreak in an institution (e.g. LTCHs, retirement homes, etc.) or public hospital. (Public Health Ontario, 2020)
Localized Influenza Activity	At least one ongoing laboratory-confirmed Influenza outbreak in an institution or public hospital during the surveillance week even if the outbreak was declared over on the first day of the surveillance week. (Public Health Ontario, 2020)
Widespread Influenza Activity	Multiple ongoing laboratory-confirmed Influenza outbreaks in institutions or pubic hospital separated by some geographic distance (i.e., non-adjacent areas). (Public Health Ontario, 2020)
Influenza Provincial Respiratory Virus Activity Report) Note: For IPAC Dept surveillance purposes	
Low Seasonal Levels	Percent positivity <10% Influenza
Moderate Seasonal Levels	Influenza Percent positivity 10.0 – 16.9%
High Seasonal Levels	Influenza Percent positivity 17.0 – 24.9%
Very High Levels	Influenza Percent positivity >= 25.0%
Institutional Respiratory Outbreak	MOHLTC case definition for Institutional Respiratory Outbreak

ARI Outbreak (Facility-wide/Multi-unit)	Progression of ARI from an ARI Outbreak (Unit/Lodge) onto another Unit/Lodge.

5.0 Procedure/Process

5.1 Prevention Strategies

5.1.1. Patients

- Posters for passive ARI screening will be provided by Infection Prevention and Control (IPAC) located in all outpatient departments and community programs.
- Active screening to be done utilizing the ARI Tool RHC 1086 or applicable electronic infection control screening tool in the EMR
- All patients are encouraged to use Alcohol Based Hand Rub (ABHR) from a nearby dispenser, as indicated on the sign and wear a hospital supplied procedure mask when mask requirement is enforced

5.1.2. Visitors

At all times, the hospital discourages and restricts ill care partners/visitors. Visitation is assessed on an ongoing basis by the organization with IPAC during the acute respiratory illness season and restrictions put in place as required.

- In the absence of mandatory masking requirements, visitors entering in-patient units/lodges can be offered to wear a mask on a volunteer basis.
- Hand hygiene will be reinforced, and visitors will be expected to use the appropriate PPE if visiting a patient on isolation precautions.

5.2 Immunization Program

5.2.1. Patients

Every fall and during ARI events, the immunization status for Vaccine Preventable Disease (VPD) ARI will be reviewed and updated for the following patients:

- All patients designated Alternate Level of Care (ALC), or require long-term admissions, unless medically contraindicated. The immunization status of newly admitted patients should be reviewed and brought up to date
- All renal dialysis patients, upon admission to the renal program, immunization status will be reviewed and brought up to date. (DIR-P-402 Administration of Annual Influenza Vaccination to Patients on Hemodialysis)
- Addictions and Mental Health Outpatients (including King St, ACTT, Mental Health Clinic, , Kirkwood Place,) will be encouraged to update vaccinations, either through clinics offered at each service, from primary care provider, or community clinics. [Where our programs provide significant levels of support we will offer vaccine using DIR-P-614 Administration of Influenza Vaccine].

- All chemotherapy patients will be informed about the respiratory illness immunization program and instructed to discuss with their oncologist/family physician whether immunization is appropriate for them.

5.2.2. Employees

- The administration of immunizations for acute respiratory illnesses, such as Influenza or COVID-19 will take place based on MOH guidelines and/or directives and when the vaccines become available from the Ministry of Health (MOH). Administration outlined in DIR-P-622 Medications outlines what may be administered by Occupational Health Nurse/delegate. For COVID-19 vaccination requirements, refer to COVID-19 Vaccine policy, ADM-062.

- Occupational Health will administer vaccines to staff and will work with hospital departments to identify and train nurses to administer the Influenza vaccines to staff on the unit/department. Training will include benefits/risks of immunization, vaccine storage/handling, vaccine administration, vaccine product information, informed consent, managing adverse effects, and when to refer an employee to Occupational Health.

- Employees who receive their immunizations from an outside source (i.e. family physician or health unit) will provide Occupational Health with documentation as proof of immunization, which is held in the employee's Occupational Health medical file.

- Employees with medical contraindication as is relates to receiving a vaccine, must provide documentation from the appropriate medical practitioner supporting an exemption.

- Vaccine status of employees for clearance to work will be managed by Occupational Health, in conjunction with the managers. Occupational Health will provide information as to employees' vaccination status, as appropriate for the purpose of managing an outbreak.

- Influenza immunization clinics begin in or around mid-October, dependent upon when the Health Unit releases the vaccine. Influenza immunizations will be offered through to late March, depending upon availability of vaccine.

- Employees who decline to receive the Influenza vaccine, must complete and sign the Influenza Vaccine – Declination Form (RHC 2182) and provide the form to Occupational Health. Employees are expected to submit the completed Declination Form no later than December 15th of each year.

- It is the responsibility of managers to follow up with employees whose vaccination status is unknown and direct the employees to Occupational Health.

- Occupational Health will track the vaccination status of employees in order to provide direction for managing staff assignments during outbreaks.

- NBRHC is required to report Influenza immunization rates as of January 15th to Public Health, for submission to the MOH.

5.3 Surveillance for Acute Respiratory Illness

5.3.1. Patients with ARI

During respiratory illness season (typically October to April) the following will occur:

- Infection Prevention and Control (IPAC) will initiate a heightened surveillance of ARI that will include placing patients on Droplet/Contact Precautions if they have acute respiratory symptoms.

Patients with laboratory confirmed acute respiratory illness or patients with non-lab confirmed ARI but a high suspicion of infection will be cared for under Droplet and Contact Precautions for the timeframe required for the organism identified. Precautions will not be discontinued if there has been no clinical improvement. Specific stop signs alerting visitors not to enter will be posted outside the patient's room to communicate to employees that the patient has additional precautions in place that must be followed. Staff must also be aware of significance of colored stop signs.

- Yellow stop sign for Influenza (employees must wear mask, eye protection, gown and gloves)

- Purple stop sign for COVID-19 or other emergent threats (employees must wear fitted N95 to enter patient room and other PPE as indicated)

- Most responsible physician (MRP) is encouraged to treat patient based on organism identified. For Influenza, as per Physician order set: Influenza Tamiflu Treatment Dosing.

- The recommended best practice, if staff scheduling permits, is to have vaccinated employees, students, independent contractors (such as physicians), volunteers, partner agency staff, and contract workers care for confirmed Influenza patients as well as implementing droplet and contact precautions, with the use of appropriate PPE and adhering to hand hygiene practices. The rationale for this is the compelling evidence indicating that immunization remains the first line of defense to prevent the transmission of infection. For the purpose of managing positive patients and outbreaks, individual staff vaccination status may be disclosed to Manager.

- District respiratory illness activity and hospital respiratory illness activity updates will be provided to staff via various hospital communication platforms (respiratory illness activity report, signage, and blog).

- https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf

5.3.2. Employees with ARI

All employees with ARI like symptoms are to contact Occupational Health.

Employees with lab confirmed respiratory illness must remain off work for the timeframe required for the organism identified, as advised by Occupational Health.

If absence from work is due to respiratory illness, employees are required to contact Occupational Health with the onset of symptoms and will require a clearance date for return to work. The manager will be notified via email as to the earliest return to work date. Communication between Occupational Health and the employee will occur to determine if a medical note is required.

Occupational Health will inform IPAC of any cluster of employees experiencing respiratory symptoms.

5.4 Respiratory Illness Activity in Community – "High-Risk ARI Status"

5.4.1. Declaration of "High-Risk ARI Status"

- IPAC will monitor the level of respiratory illness activity in the community based on the following criteria:
    - Localized Influenza and acute respiratory illnesses activity in the North Bay District(see definition)
    - Provincial Respiratory Virus Activity Report (see definition)
    - Increased ARI identified in the Emergency Department
    - Increased employee illness
    - Virulence of circulating strains
    - Patient population with lab-confirmed ARI and/or ARI like illness

- IPAC will consult with Public Health, Senior Team, and Occupational Health and make a decision as to whether patients at NBRHC are at risk of suffering the consequences of acquiring ARI including increased morbidity and mortality. If it is determined that this risk is present a "high-risk ARI status" may be declared by IPAC according to the specific ARI risk

- Following this declaration, IPAC will communicate through posters, regular emails to all employees, independent contractors (such as physicians), and via the NBRHC blog and will post alerts on units/lodges and throughout the hospital, including the reinforcement of routine practices and additional precautions and encourage vaccination when applicable. Managers are responsible to communicate this information to their agency staff, volunteers, students, and/or contract workers.

- Recognizing that ARI activity varies within the districts, the designation of employees and patients being at risk of ARI will be specific to North Bay and Sudbury campuses. Therefore the designation requiring all employees, students, independent contractors (such as physicians), volunteers, and partner agency staff be immunized during an outbreak may vary between sites.

- During a declared high-risk ARI status, mandatory universal masking may be implemented. Staff members who exhibit symptoms of ARI may be excluded from work after consulting with OHS. Some respiratory infections are contagious up to 24-48 hours before symptoms begin. In the absence of mandatory universal mask mandates/policy , based on their point of care risk assessment, staff can voluntarily wear a mask in patient care areas, but must not be considered an option if they are ill or for a substitute for vaccination on an VPD ARI (Influenza/COVID-19) outbreak unit/lodge.

5.4.2. Employees, Students, Independent Contractors (such as Physicians), and Volunteers Requirements During "High-Risk ARI Status"

When "high-risk ARI status" has been declared, all employees, students, independent contractors (such as physicians), volunteers, and partner agency staff at designated NBRHC sites must follow and adhere to infection control practices to prevent the transmission of infection between patients, including those admitted to hospital or attending outpatient services, per Routine Practices and Additional Precautions policy IPC 005. Vaccination is encouraged and will be continued to be offered during this period unless mandated under other organizational policies.

5.4.3. Declaring "High-Risk ARI Status" over

- IPAC will consult regularly with Public Health to monitor the level of ARI activity in the community, and improvement or absence of the following criteria:

    - Decrease in localized Influenza/ARI activity, or downgrade to sporadic (see definitions)
    - Provincial Respiratory Virus Activity Report (see definitions) (Decreased ARI identified in the Emergency Dept.

- Decreased employee illness

- IPAC will consult with Public Health, senior team and Occupational Health, Safety and Wellness and make a decision as to whether patients at NBRHC are at a reduced risk of acquiring ARI.

It is fairly common to have fluctuations of ARI activity in a particular area. The potential to declare an additional “high-risk ARI status” event in a single season does exist.

5.5 Internal ARI Outbreak Management

5.5.1. Declaring an Internal ARI Outbreak

If an internal ARI outbreak is suspected, the employee identifying this risk will immediately contact IPAC or After-hours Manager/Admin on-call after hours.

- IPAC/ delegate will immediately notify the Medical Officer of Health (MOH) or delegate in the event of a potential ARI outbreak.

- The MOH/delegate may advise of further precautions, control measures and/or treatment that may be required.

- When an outbreak has been declared by IPAC in consultation with the MOH, IPAC will obtain an outbreak number from the Health Unit.

- The outbreak number MUST BE WRITTEN on all lab requisitions. The outbreak number serves as a communication tool between the hospital, the local Public Health Unit and the Ontario Public Health Lab where specimens may be sent to ensure proper testing is done. Health Unit to be contacted if specimens are collected.

- The North Bay Parry Sound District Health Unit and the Public Health Sudbury & Districts for a Kirkwood outbreak, will notify other healthcare facilities in the region.

- Kirkwood employees must notify Infection Control at the NBRHC main site. Infection Control will notify Public Health Sudbury & Districts and communicate all directions to Kirkwood site.

5.5.2. Notification of the ARI Outbreak

a) Process from 0700 to 1600 hours, Monday to Friday, except for holidays.

- Advise Nursing Unit/Team Leader that the Most Responsible Physicians (MRPs) for all patients on the affected unit/lodge must be notified of the outbreak as soon as possible.

- Send an email memo to all NBRHC employees, informing all employees of the location and type of outbreak (ie, respiratory, enteric)

- Notify Environmental Services of enhanced cleaning.

- Inform Laboratory of the outbreak number.

- Coordinate and participate with unit/lodge employees in the area of the outbreak to implement control measures and manage activities including cohorting of patients as directed by Public Health, review of charts of infected patients and conduct contact tracing (for the past 48 hours) for other possible cases.

- Deliver a signed written copy of the outbreak control measures to affected unit/lodge, including all necessary signage.

- Review any patients who have been discharged or placed on a leave of absence within the last 48 hours, and contact the involved agencies and/or caregivers.

Update and Submit daily outbreak line listing to the appropriate Public Health Unit

- Provide regular updates about the status of the outbreak to Managers for dissemination under their discretion.

- Outbreak sign(s) will be posted and necessary masks/Alcohol Based Hand Rub/table will be made available to the affected unit/lodge

The Occupational Health Nurse will:

- Follow-up with employees potentially exposed and symptomatic employees according to the most current MOH guidance for the ARI pathogen implicated

- Ensure a line listing is completed and faxed to Public Health for employees who meet the case definition.

Review employees on outbreak unit/lodge for their immunization status. Process after hours (1600 to 0700 hours, weekend and holidays):

- When an Outbreak is suspected, the After-Hours-Manager/Administration on-call will contact IPAC.

- Employees at the Sudbury site will notify the NBRHC Administration on-call in Sudbury.

5.5.3. Composition of the ARI Outbreak Management Team

In the event of an outbreak, an Outbreak Management Team (OMT) will be established. The magnitude of the outbreak will dictate the composition of the team, their roles and responsibilities. The Manager of IPAC will call the first OMT meeting. The OMT determines the need for and extent of necessary measures such as restriction of visitors/care partners, students, use of antivirals, use of PPE, and admissions and ward closures.

OMT members <u>may</u> include:

- IPAC representative(s)
- Program Directors and Managers
- Public Health representative
- Environmental Services Manager
- Occupational Health, Safety & Wellness Manager
- Chair of Medical Infection Prevention & Control Committee or delegate

Other members that may be required to attend OMT meeting may include and or not limited to:

- Senior Team representative
- Representative from each Union
- Communications representative
- Human resources representative
- Risk Manager
- After hours Manager
- Lab Manager
- Representative from Emergency Department

- Manager of Patient Food Services
- Other as necessary

Decisions that may need to be made include:

- Composition of OMT
- Review of the control measures in place
- The need for hospital/unit/lodge closure
- Staffing issues, vaccination status
- Visitation restrictions
- Security issues

The Infection Control Manager or delegate, on the next working day, will set up the meeting time and location for OMT.

5.5.4.Internal Outbreak Control Measures

Internal Outbreak Control Measures will be reviewed by the OMT on the next working day. Any revisions will be posted by IPAC.

A. Patient Control Measures,(in consultation with Public Health Units, may include but not limited to):

- All lab-confirmed ARI patients will be placed on Droplet and Contact Precautions in a private room. Cohorting of positive patients may occur and be considered on a case-by-case basis This may include non-lab confirmed cases depending on lab testing sensitivity and virulence of circulating strain in a particular season. Ensure there is not a secondary and transmissible infection.

- IPAC will complete contact tracing based on the organism(s) identified through testing in order to identify direct patient contacts.

- IPAC will provide additional precaution requirements of contacts, if required.

- All symptomatic patients with respiratory illness due to Influenza will be placed on Droplet and Contact Precautions for 5 days for adults, 7 days for children. Precautions will be discontinued only after 5 days for adults, 7 days for children, if afebrile for 24 hours, overall clinically improved and cough is well contained. Duration of precaution for other ARI will be based on most-current guidelines and best practices and advised by IPAC.

- If unable to confine patient (which may cause undue harm to the patient), the patient will be encouraged to wear a mask when outside of his/her room, instructed to wash hands when entering and leaving his/her room. Efforts should be made to restrict these patients to the corridor in order to prevent them from entering other patients' rooms.

- MRP to be notified for Tamiflu treatment and prophylaxis of confirmed Influenza cases and contacts per physician order set: Influenza Treatment/Prophylaxis.

- Patients will leave the nursing unit/lodge only for necessary medical tests, therapies and appointments.

- Therapy required on the Rehabilitation Unit, Mental Health Lodges and AIPU will occur for asymptomatic patients. The patients must be seen separately. Patients must wear a mask and wash hands prior to and after treatment. Equipment/treatment bed must be cleaned between patients. Therapists that provide care on other units/lodges, must visit the outbreak affected unit/lodge last.

- Day passes/LOAs are generally halted unless it is felt that cancellation will be detrimental to the patient. Each situation will be reviewed by the OMT.

- All group activity will cease until reviewed by the OMT. One to one activities on the unit are acceptable, if necessary.

- Employees with illness should report illness to Occupational Health and Safety prior to presenting to work.

B. Patient Admissions/Transfers/ Discharges

Admissions

- New admissions/transfers to the Outbreak unit/lodge are discouraged until review takes place by the OMT in the event of an ARI outbreak. If a new admission to the unit/lodge needs to occur before a meeting of the OMT can be held, the new patient **MUST** be placed in a room that **does NOT** contain any symptomatic, contact or a possible contact patient. Review of admissions/transfers within NBRHC will occur at the first meeting of the OMT.

- When a new admission is potentially going to be admitted to an outbreak unit/lodge, the Bed Allocator will inform the admitting physician.

- The patient must be informed by the physician or nurse, that he/she is being admitted to a unit/lodge where patients have been diagnosed with ARI and the organism identified, if applicable.

- The patient's immunizations should be reviewed and brought up to date and the patient should be assessed for prophylactic antivirals by the attending physician.

- Under the direction of the patient's physician, a resident from an outbreak facility who is booked for a non-urgent outpatient procedure may be postponed. If unable to cancel, outpatient area to consult with IPAC regarding precautions.

Transfers

- During an outbreak IPAC will notify institutions of patients transferred from the outbreak unit/lodge in the previous 48 hours.
- Patients admitted from facilities in Influenza outbreaks will be managed as follows:
    - Symptomatic patients (Influenza/respiratory symptoms) will be admitted to a private room on droplet/contact precautions.
- Patients admitted from facilities in COVID-19 outbreaks will be managed as follow:
    - Droplet/contact precautions as per current recommendations from MOH https://files.ontario.ca/moh-COVID-19-sector-guidance-appendix-1-case-definitions-and-disease-specific-information-en.pdf

C. Interdepartmental Patient Transfers

- Departments receiving patients should be fully informed of the patient's status and necessary precautions prior to the transfer. Transportation of patients will be done according to IPAC Policy Routine Practices and Additional Precautions for Infection Prevention and Control – IPC-005

D. Patient Leave of Absence (LOA)

There should be no LOAs unless it is felt that not having the LOA will cause undue harm to the patient or a necessity under patient's care plan. If LOA is deemed necessary, the following conditions must be in place:

- Physician and family are aware the unit/lodge has declared an outbreak situation and agree to the LOA.
- If going home, household members must not have any contagious illnesses. Education will be provided to the person picking up the patient.
- The family/patient is aware that group activities, visits from children, etc. are discouraged during the LOA.
- The patient should remain in the facility that they are staying in during the LOA. This means no attendance at public places.
- All patients returning from an LOA or an external visit **must** be screened using the Acute Respiratory Illness Screening Tool – RHC 1086 (for downtime) or the Infection Control Screening in Expanse. This screening tool is to remain on the chart.
- If a patient returns from an LOA and has respiratory symptoms, that individual will be assessed as to whether they will be re-admitted into isolation or whether they remain on the LOA. The patient's MRP, Manager of unit/lodge (Unit coordinator or delegate in the absence of the Manager) and IPAC will assess each ill person individually.

E. Patients Requiring Surgery

When a lab-confirmed patient or a patient from an outbreak unit/lodge requires surgery, the Operating Room and PACU must know the patient's status prior to surgery and ideally prior to booking time. All added precautions are to be followed during the OR/PACU

F. Management of employee' work assignments during internal ARI outbreak where the causative agent is a Vaccine Preventable Disease (VPD)

F.1 Immunized Employees

Immunized (to the VPD implicated in the outbreak) employees would have no work restrictions provided they have no signs or symptoms of ARI (see Employees with ARI - section 5.3.2).

F.2 Unimmunized Employees

Unimmunized employees who work on the outbreak unit/lodge or whose work requires them to enter the outbreak unit/lodge, may be placed on an unpaid leave of absence for the duration of the outbreak. Disposition of the employees will be done in accordance with relevant language in their respective Collective Agreement.

In the case of a facility-wide VPD outbreak declared by the Medical Officer of Health (see –"ARI Outbreak (Facility-wide)" definition), all unimmunized employees who work at the facility may be placed on an unpaid leave of absence for the duration of the outbreak. Disposition of the employees will be done in accordance with relevant language in the employees' respective Collective Agreement.

If the outbreak is due to Influenza, employees who are unimmunized, either due to medical contraindications or they declined the Influenza vaccine, may be prescribed an antiviral prophylaxis through Occupational Health, thus allowing the unimmunized employee to continue to work in the outbreak area. Occupational Health will arrange for the antiviral prescription for these employees.

F.4 Unimmunized Employees working on more than one unit/lodge

If a VPD outbreak is declared on a unit/lodge, **unimmunized** employees who work on more than one unit/lodge and have been exposed will be reviewed to determine if/when the employee may work on a non-outbreak unit/lodge.

F.5 Employees Working at Other Facilities

During a confirmed VPD outbreak, employees, immunized or unimmunized may not have any restrictions on their ability to work between facilities provided the following measures are taken:

- Employee to advise Occupational Health if they work at another facility that has been declared to be in outbreak before commencing work at NBRHC. This allows for Occupational Health to determine if employee may attend work at NBRHC. Occupational Health will seek input from IPAC on any information shared by the Public Health Unit.

- In order to be cleared to attend work, the employee needs to be free of signs or symptoms of ARI (see Employees with ARI - section 5.3.2).

- Employee has showered and changed uniforms between facilities.

Refer to NBRHC Policy OH&S 4 - 06 Employees Working at Other Facilities During Enteric/Respiratory Outbreaks.

F.6 Contingency Plan for Units Short Staffed During an Influenza Outbreak

- Upon the discretion of the Outbreak Management Team with approval from Occupational Health & Safety and its management, if low staffing levels poses a potential risk to employees, visitors or patient safety, a decision may be made to allow employees who have not received their Influenza vaccine, to take Tamiflu as an option if they get their Influenza vaccination. This measure will be considered on a case by case basis
- Staff will obtain the Tamiflu through Occupational Health.
- Staff will be permitted to work on the outbreak unit/lodge once they received their Influenza vaccine and start the Tamiflu.
- Staff will take the Tamiflu for 2 weeks which is the time required to reach immunity with the vaccination.

5.6 Antiviral Medication for Treatment and Prevention

5.6.1. Inpatients

- During an Influenza outbreak on a long term care unit/lodge, and upon consultation with the Medical Officer of Health, antiviral medication will be offered to all patients, whether immunized or unimmunized, by the attending physician. Treatment decisions are the responsibility of the MRP. Refer to Oseltamivir Treatment Dosing Order Set , Oseltamivir Prophylaxis Dosing Order Set in Expanse

- If the Influenza outbreak occurs on an acute care unit, antiviral treatment & prophylaxis will be at the discretion of the MRP.

- The MRP of each patient on the unit/lodge will be notified by the nursing employees of the outbreak unit/lodge and an order for an antiviral will be requested.

- Current recommendations for antivirals is identified by the Association of Medical Microbiology and Infectious Disease Canada (AMMI), *The Use of Antiviral Drugs for Influenza: A Foundation Document for Practitioners.* .https://www.ammi.ca/guidelines/, and the drug monograph

- Treatment of Influenza with antivirals should begin no more than 48 hours after the onset of symptoms of Influenza.

- Antivirals prophylaxis should begin as early as possible at the onset of the outbreak and continue until the outbreak is over.

- Pharmacy may adjust dose per Creatinine Clearance.

- Weight and height must be documented on all patients.

If a physician chooses not to order an antiviral the Unit/Team Leader of the affected unit/lodge must notify IPAC who will follow up accordingly.

5.6.2. Employees

- For medical contraindicated employees taking prophylaxis, the antiviral must be taken once per day for the duration of the outbreak, including days when the employee is not working.

5.6.3. Student and Volunteer Services

Student and Volunteer Services in the outbreak unit/lodge may be halted, depending on the extent of the outbreak. Consultation will occur between the OMT, Human Resources department, and the Manager of Volunteers & Communications.

Student placement will be discussed at the initial OMT. The decision to allow student placement to continue during an outbreak should consider the following:

- Causative agent, symptoms and mode of transmission
- Population affected
- Availability of NBRHC staff to offer appropriate supervision/guidance (consider degree and number of staff illness and absences)
- Competency and ability of students
- Availability of PPE

If student placements are allowed to continue during an outbreak, communication will be sent to the educational institution that includes disease specific information and facility outbreak policies that students will be expected to follow.

5.6.4. Visitation during an ARI Outbreak

Will be reviewed and directed by the OMT.

5.6.5. Patients Who Expire

Public Health does not have to be called for a death that occurs during an outbreak. An NP swab must be collected post-mortem for respiratory outbreaks. Submission to the Public Health Lab can be done on the next business day. The death should be noted on the line list and follow-up will be done by Public Health staff to determine cause of death (whether attributable to a reportable disease).

5.6.6. Declaring the Outbreak is over

The outbreak will be declared over by the MOH or designate, in consultation with the OMT. Generally, an acute respiratory illness outbreak such as Influenza, can be declared over if no new cases have occurred within 8 days from the onset of symptoms of the last case, and COVID-19

outbreaks within 7 days Lab-confirmation of a specific organism will determine the outbreak duration in consultation with the Public Health Unit

Communication will occur by IPAC internally and externally. North Bay Parry Sound District Health Unit will notify other health care providers/facilities

6.0 Documentation

Documentation will occur on the North Bay Parry Sound District Health Unit's line listing as well as the Public Health Sudbury & District's line listing. Education to staff by IPAC regarding the line listing will be provided in an outbreak situation as needed.

7.0 References

1. Ministry of Health and Long Term Care. A Guide to the Control of Respiratory Infection Outbreaks in Long–term Care Homes, November, 2018.

2. Ontario Hospital Association and Ontario Medical Association, Influenza Surveillance Protocol for Ontario Hospitals, November, 2018.

3. Heymann, David, Control of Communicable Diseases Manual, 20th edition, 2015 306-322.

4. American Academy of Pediatrics. Report of the Committee on Infectious Disease, Redbook, 30th Edition 2015.

5. Ministry of Health and Long Term Care Appendix B: Provincial Case Definitions for Reportable Diseases: Respiratory Outbreaks in Institutions, February 2019.

6. Public Health Agency of Canada, December 2022(http://www.phac-aspc.gc.ca/fluwatch/12-13/def12-13-eng.php).

7. North Bay Parry Sound District Health Unit https://www.myhealthunit.ca/en/community-data-and-reports/respiratory-dashboard.aspx

8. National Advisory Committee on Immunization (NACI), An Advisory Committee Statement (ACS) Canadian Immunization Guide Chapter on Influenza & Statement on Seasonal Influenza Vaccine or 2021-2022 (May 2021)

9. Association of Medical Microbiology and Infectious Disease Canada (AMMI), Guidance on the use of Antiviral Drugs for Influenza in Acute Care Facilities, 2014-2015.

10. Position Statement on Influenza Immunization of Registered Nurses, Canadian Nurses Association, November 2019.

8.0 Stakeholder Review

Primary Stakeholders	Month/Year Reviewed
Director, Human Resources	October 2023
Manger, OHS	October 2024
Manager, Laboratory	October 2024
Medical Officer of Health – North Bay Parry Sound District Health Unit	October 2024
Senior Team	October 2024

Committee Stakeholders	Month/Year Reviewed
Nursing Practice Advisory Committee (NPAC)	November 2023
Pharmacy & Therapeutics (P&T)	January 2024
Medical Advisory Committee (MAC)	January 2024
Managers Group	November 2023
Infection Control Medical Committee	January 2023
Influenza Advisory Committee	October 2024
Joint Health and Safety Committee (JHSC)	November 2023

9.0 Approval

Signing Authority Signature	Date Signed
President & CEO	**October 21, 2024**