

Provincial Respiratory Virus Illness and Pneumococcal Disease - Season Checklist

NOTE: where the term patient is used, it shall be interpreted as referring to patient, resident or client

This checklist has been developed to be used as a tool to assist in preparation for the Annual Respiratory Virus Illness season. Outside of vacation planning, preparation for the season starts no later than July/August every year. Each section should be reviewed by appropriate stakeholders to ensure preparedness. An individual from site leadership should be identified for each section to oversee that actions have been initiated and completed.

Recommendations are general in nature with a purpose of prompting review and action.

JULY - SEPTEMBER

FACILITY / UNIT PREPAREDNESS	 □ Review and update respiratory season plan(s) with emphasis on Public Health (PH), Infection Prevention & Control (IP&C), & Occupational Health (OH) program components □ Review and update surge plans including overcapacity protocols □ Ensure processes are in place to communicate information to staff, patients, and visitors □ Ensure effective procedures for expediting admissions and discharges are in place □ Review Incident Command Structure Planning and Pandemic Response Guides
COMMUNICATION AND SIGNAGE	 □ Ensure visible messaging to educate public about where to receive relevant vaccination (community, facilities, pharmacy, not the Emergency Department), IP&C measures, when to seek care □ Post "Respiratory Hygiene," Hand Hygiene (How to Hand Rub / How to Hand Wash), Physical Distancing or other relevant signs in high traffic areas with ABHR, masks, facial tissue, and trash receptacles □ Provide and reinforce Shared Health and Manitoba Health public messaging through use of posters, flyers and signs within the site, public service announcement messaging on televisions in waiting rooms, mailings to patients/residents/clients and/or their families, etc. □ Refer to Shared Health Physical Distancing and Restoring Services at Health Facilities
EDUCATION NEEDS / PLAN	 □ Provide education & cross-training for specific needs (e.g., PPE [personal protective equipment], pediatric care, ventilator management, security) □ Ensure staff are appropriately trained on Infection Prevention & Control principles including Routine Practices, Additional Precautions and the appropriate use of PPE (donning/doffing) according to the most updated Shared Health and regional documents □ Ensure staff are aware of, and follow, policies and procedures related to management of seasonal influenza, COVID-19, pandemic influenza, and other infectious patient etiologies
EQUIPMENT, SUPPLIES, PHARMACEUTICALS	 Ensure a supply chain plan and resources are in place to meet surge (e.g., ventilators, beds, personal protective equipment, hand hygiene supplies, facial tissues, swabs, transport medium, disinfectant supplies, central line kits, morgue packs, antivirals, etc.) Plan for additional equipment and environmental cleaning and disinfection to minimize transmission during an outbreak Implement plan to track resources Ensure vaccine cold chain is maintained in a medication fridge and monitored/recorded appropriately. Provide guidance and encourage staff to be personally prepared (e.g., childcare, family plans, vaccination, not working when sick)



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NOTE: where the term patient is used, it shall be interpreted as referring to patient, resident or client ☐ Educate and encourage staff vaccination to reduce absenteeism and transmission, increase herd immunity, and keep patients/residents/clients safe ☐ Appropriately schedule Human Resource needs to accommodate expected respiratory season capacity ☐ Consider vacation planning modifications during holiday season (i.e., Christmas, New Year's staffing) ☐ Identify staff that can work from home or in other locations and facilitate any needed Information Communication Technology (ICT) connections ☐ OH, Human Resources, and Legal develop plans to monitor the workforce for ILI to minimize exposure and transmission **HUMAN RESOURCE** ☐ Implement plan to evaluate symptomatic personnel **CONSIDERATIONS** ☐ Review and revise Attendance Support and Assistance Program (ASAP) as needed ☐ Adopt practices that encourage staff to report illness and stay home ☐ Expect sick employees to be away, usually at least three to five days (more if COVID-19 related) ☐ Review sick leave, vacation, and on-call policies for language encouraging staff to stay home when ill or when within period of communicability ☐ Follow antiviral prophylaxis policies for staff exposure in consultation with regional OH ☐ Consider cohorting staffing assignments (e.g., influenza, COVID-19) ☐ Review MHSC Seasonal Influenza Program Plan ☐ Submit Vaccine Order (Influenza, Pneumococcal-23, and COVID-19) as per site/region/SDO process ☐ Prepare resources to obtain informed consent for patients (i.e., consent form, fact sheets) ☐ Obtain prescribing practitioner's orders for seasonal influenza immunization ☐ Prepare anaphylaxis supplies ☐ Review MHSC Cold Chain Protocol ☐ Review Informed Consent Requirements ☐ Order immunization supplies ☐ Staff know processes and reporting requirements related to Adverse Events (reaction to vaccination) RESPIRATORY **Long Term Care Specific Recommendations SEASON PREPAREDNESS** Ensure current weight for all patients available to be used to calculate creatinine clearance Serum creatinine levels to be completed in August unless done in the previous six months For all new patients admitted after September 1st, ensure a serum creatinine and weight is obtained on admission (may have been completed if waiting placement in facility but cannot be any older than March 1st of the year admitted). Calculate creatinine clearance on all patients as per region/site process Obtain prescribing practitioner's orders for oseltamivir prophylaxis (in event of an influenza outbreak) Determine Oseltamivir prophylactic and treatment dosing as per site/region/SDO process. Ensure this info is readily available for staff to access in the event of an influenza outbreak



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OCTOBER - NOVEMBER

ONGOING

Once immunizations are complete, submit Immunization Input Form for Health Care Providers to designated immunization input clerk as per site/region/SDO process
Throughout respiratory virus season, ensure heightened surveillance in place for prompt identification of respiratory signs/symptoms
Follow Routine Practices and implement Additional Precautions as required
Screen visitors for signs and symptoms of respiratory viruses
Follow outlined process to safely separate symptomatic & asymptomatic patients/residents/clients and cohort in consultation with IP&C
Install hand hygiene dispensers in high traffic locations and at point-of-care, which may include providing individual pocket bottles for staff
Ensure applicable staff (e.g., staff caring for infants) have reviewed the RSV (Respiratory Syncytial Virus) Prophylaxis Program materials including eligibility criteria and approval processes, as applicable to their site/region/SDO program
Ensure staff are up to date on COVID-related screening, testing and management protocols. Refer to Shared Health COVID page.
Follow site/region/SDO process for patient/resident/client COVID immunization
Follow site/region/SDO process for patient /resident/client Pneumococal-23 immunization
Provide patients/residents/clients and visitors information on basic infection prevention and control measures for respiratory viruses
Educate high-risk patients/residents/clients on ILI and respiratory viruses, and consider a personalized plan of management (e.g., advanced prescription for treatment of Influenza/standing orders/chemoprophylaxis)
Confirm availability of Oseltamivir for treatment as well as prophylaxis (in event of an outbreak)
Ensure expired influenza and/or pneumococcal vaccine is removed from refrigerators as directed as per site/region/SDO process