POLICY & PROCEDURE NUMBER: IC 6.0
DEPARTMENT: *Infection Control* **SUBJECT:** *Acute Respiratory Infection (ARI)*

APPROVAL DATE: February 2016 **REVISION DATE:** March 2016
REVIEW DATE: March 2017; Nov 2018

BACKGROUND:

Infectious respiratory diseases, such as colds, influenza and pneumonia, are a major cause of illness, absenteeism, lost productivity and death. Health care-associated outbreaks of influenza and other respiratory viruses result in substantial morbidity and mortality (PIDAC, 2013). It is essential that the long-term care home (LTCH) maintain an Acute Respiratory Infection (ARI) prevention program and a surveillance program to identify residents and Health Care Workers (HCWs) with respiratory infections and prevent spread to others.

In LTCHs there is significant risk of transmission of ARI to residents and to HCWs. This is due to:

- the large number of people who come and go in these settings;
- the ease with which droplet-spread respiratory illnesses can pass from one person to another;
- the fact that many residents have other illnesses that make them more likely to experience complications from respiratory infections.

The risk to residents is higher in institutional settings, particularly in:

- LTCHs, which are closed communities where many older, frail residents with chronic illnesses live for prolonged periods of time.

The risk to health care providers is highest in settings where:

- health care providers are performing procedures that create sprays, splashes and/or aerosols (e.g., nebulised therapies, open suctioning).

PURPOSE:

To conduct surveillance for ARI and implement infection prevention and control (IPAC) measures. These measures will help the LTCH:

- prevent transmission of respiratory infection to others within the home;
- detect and contain clusters of cases and outbreaks of common respiratory infections;
- detect any new or virulent microorganism causing ARIs.

DEFINITIONS:

Acute Respiratory Infection (ARI): Any new onset acute respiratory infection that could potentially be spread by respiratory droplets (either upper or lower respiratory tract), which presents with symptoms of a fever greater than 38°C and a new or worsening cough or shortness of breath (previously referred to as *febrile respiratory illness*, or *FRI*). It should be noted that elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.

Case Finding: A standard procedure in control of certain contagious diseases whereby diligent efforts are made to identify people who are or may be infected.

Cluster: A grouping of cases of a disease within a specific time frame and geographic location suggesting a possible association between the cases with respect to transmission.

Outbreak: For the purposes of this document, an outbreak is an increase in the number of cases above the number normally occurring in a particular health care setting over a defined period of time.

POLICY:

An effective ARI surveillance and prevention program consists of the following:

1. Surveillance and screening for ARI among residents and HCWs.
2. Education for HCWs and volunteers to raise awareness of risk and reduce spread of infectious diseases in the home.
3. Influenza immunization program for residents and HCWs. Immunization against vaccine-preventable diseases is an integral part of a health care occupational health and safety program. Immunization helps protect the health of both residents and HCWs.
    a. Annual resident immunization program (refer to ..\Section 2- Prevention of Infections\IC - 2.4 - Immunization - Residents (Influenza, Pneumovax, Antiviral).dot,
    b. Annual HCW influenza immunization program. ..\Section 2- Prevention of Infections\IC - 2.5 - Immunization - Staff Influenza.doc.
4. Management and control of ARI through isolation of symptomatic residents, proper use of PPE, hand hygiene and environmental cleaning.
5. Reporting of ARI which will help the LTCH:
    a. detect and contain clusters and outbreaks of common respiratory infections;
    b. contain new or virulent microorganism causing ARIs.

PROCEDURE:

Surveillance/Screening

Residents

- Upon admission – assess each resident for ARI on admission and document findings using the "ARI Screening Tool" IC - 6.1 ARI Screening Tool.dot
- On-going/daily – assess each resident for ARI and document and report findings. Each new case and/or cluster of ARI should prompt immediate follow up by registered staff and Manager of Resident Care.

HCWs

- Self-report – This should be done throughout the year. HCWs should be aware of symptoms of ARI. Ill staff should report to their manager.

Education

- Education should be provided to HCWs, volunteers, residents and residents' families about infection prevention. Education will be provided at the time of hire and on an annual basis.
- Topics to be included in the education program are:
    - The importance of handwashing and/or hand disinfection including the correct procedures to be followed;
    - Routine practices for infection prevention;
    - Appropriate cleaning and disinfection of all equipment;
    - Environmental cleaning
    - Responsibilities of HCWs, volunteers and visitors in protecting the residents by not coming to work/visiting if they are experiencing symptoms of illness.

Immunization

Residents

- Influenza vaccine is offered to all residents annually between mid October to mid November. In addition, creatinine clearance results (within the past year) are reviewed on all residents at this time.

- New residents admitted to the LTCH during influenza season are offered influenza vaccine on admission to the facility. If the new resident has not received pneumovax, pneumovax is to be offered on admission.

HCWs

- Influenza vaccine is offered to all HCWs annually between mid October to mid November.
- HCWs that refuse influenza immunization should be aware of the exclusion policy.

Management and Control

- If the resident fails the ARI screening:
  - he/she will be placed in isolation on droplet-contact precautions with privacy curtains drawn if the room is shared;
  - additional precautions signage will displayed on the resident's door;
  - additional precautions will be used by HCWs when providing direct care and should remain in place until there is no longer a risk of transmission of the illness ..\Section 5 - Outbreak Management\IC - Droplet-Contact Precautions Sign.pdf.
- Additional guidelines as per Best Practices for Prevention of Transmission of Acute Respiratory Infection, Provincial Infectious Diseases Advisory Committee (PIDAC), Revised March 2013. PIDAC-IPC_Annex_B_Prevention_Transmission_ARI_2013.pdf.

Reporting Requirements

- Staff will notify the Manager of Resident Care/designate and attending physician/Medical Director when a resident fails the ARI screening and/or there is a cluster of ARI within the LTCH.
- HCWs will self-report symptoms of ARI to their manager.
- The Manager of Resident Care will report ARI clusters and/or outbreaks to the Public Health Unit promptly.

Reference:

Provincial Infectious Diseases Advisory Committee. (2013). Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection In All Health Care Settings. Available online at: www.publichealthontario.ca/en/eRepository/PIDAC-IPC_Annex_B_Prevention_Transmission_ARI_2013.pdf