MANAGEMENT OF RESPIRATORY INFECTIONS

Respiratory infections may be caused by a number of agents, both bacterial and viral. It is essential that the long-term care home (LTCH) maintain a surveillance program to identify residents and staff with respiratory infections and ensure that the appropriate laboratory testing is done to confirm the causative agent.

A prevention program should focus on education, infection prevention and control (IPAC) standards, resident immunizations (pneumococcal and influenza vaccines) and staff immunizations.

Screening and Prevention

- On admission to the LTCH, the following should be obtained from the resident or substitute decision-maker.
  - a) A detailed immunization and communicable disease history
  - b) Consent for annual influenza vaccine and use of antiviral prophylaxis if necessary (This should include consent for any laboratory tests required prior to the administration of the antiviral, e.g. creatinine clearance.)
- On admission residents should be assessed for symptoms of Acute Respiratory Infection (ARI)
- Education/self screening programs for volunteers, staff and visitors should be in place in order to raise awareness of risk and reduce spread of infectious diseases in the home
- Signage at facility entrance should be in place to remind individuals not to enter if they are experiencing respiratory symptoms
- Hand hygiene stations should be located at each entrance with reminder signage
- Influenza vaccine should be offered to all residents of the LTCH annually between late October to mid November. In addition, creatinine clearance results (within the past year) will need to be reviewed on all residents at this time
- New residents admitted to the LTCH during influenza season (usually October to April) should be offered influenza vaccine on admission to the facility. If the new resident has not received pneumovax, this should also be offered on admission
- All private duty staff hired by families/residents must be trained in IPAC and be aware of the facility’s IPAC policies and procedures

Ongoing Surveillance

- In order to prevent outbreaks of respiratory illnesses, it is essential that residents be monitored for respiratory symptoms and interventions taken to prevent transmission.
- Symptomatic staff or residents need to be identified quickly and symptoms reported to the nurse in charge

- Staff must be educated to differentiate between respiratory illnesses such as the common cold and influenza

The following table summarizes the more common features of colds and influenza.

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>COLD</th>
<th>INFLUENZA/FLU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Rare</td>
<td>Usually high fever (102°F/39°C-104°F/40°C), sudden onset, lasts 3-4 days</td>
</tr>
<tr>
<td>Headache</td>
<td>Rare</td>
<td>Usual, can be severe</td>
</tr>
<tr>
<td>Aches and pains</td>
<td>Sometimes, mild</td>
<td>Usual, often severe</td>
</tr>
<tr>
<td>Fatigue and weakness</td>
<td>Sometimes, mild</td>
<td>Usual, severe, may last 2 or more weeks</td>
</tr>
<tr>
<td>Extreme fatigue</td>
<td>Unusual</td>
<td>Usual early onset, can be severe</td>
</tr>
<tr>
<td>Runny, stuffy nose</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>Chest discomfort, coughing</td>
<td>Sometimes, mild to moderate</td>
<td>Can become severe</td>
</tr>
<tr>
<td>Complications</td>
<td>Unusual</td>
<td>Pneumonia, respiratory failure. Can be life threatening.</td>
</tr>
</tbody>
</table>

- Standard definitions of respiratory tract infections (Appendix B) should be used and these should be communicated as part of the education program for staff.

**Management**

- Residents who have symptoms of new onset respiratory infection will be placed on Droplet/Contact Precautions and Personal Protective Equipment (PPE) worn by staff within 2 metres of resident
- PPE includes:
  a) fluid-resistant procedure/surgical mask
  b) protective eyewear
  c) gloves where there is possibility of contact with body fluids or contaminated surfaces
  d) gown during activities where clothing will become contaminated
e) removal of PPE on leaving the room

f) hand hygiene after removing PPE

- Symptomatic residents should be isolated in room. If room is shared, the privacy curtain is drawn between residents
- Whenever possible, care equipment (e.g. blood pressure cuff, stethoscope, commode) should be dedicated and if not it must be cleaned and disinfected between residents
- Environmental surfaces and frequently touched surfaces require regular cleaning and disinfecting
- Staff who develop respiratory symptoms must remain off work until symptom free
- Family who provide direct care should be instructed on appropriate use of PPE
- Precaution signage should be posted at entrance to room or resident bed space
- If a cluster of residents with same symptoms is identified the ICP must consult with Public Health

**Policies & Procedures**

Each facility should ensure that they have policies to address the following issues and that these are reviewed on an annual basis.

- Procedures for surveillance, early detection and management of respiratory outbreaks including the composition and mandate of the Outbreak Management Team (OMT).
- Exclusion policy for unimmunized staff if there is an influenza outbreak.
- Policy on antiviral use including policies related to obtaining annual creatinine levels on each resident and dosing of antivirals, etc.
- Rapid access to specimen kits; laboratory testing and results including the availability of trained staff, on each shift, to collect nasopharyngeal swabs on symptomatic residents.
- Obtaining consent for prophylaxis with antivirals from residents or substitute decision-makers.
- Obtaining pre-approved orders for antivirals from the physician.
- Establishing lines of communication between the facility, Peel Public Health and the laboratory.
- Establishing communication channels with the residents, family members, staff and the media.

**Education**

Education programs should be provided to staff, volunteers, residents and residents’ families about infection prevention. This should be done at the time of
hiring and placement and on an annual basis. Topics to be included in the education program are:

a) The importance of handwashing and/or hand disinfection including the correct procedures to be followed
b) Appropriate disinfection of all equipment
c) Routine practices for infection prevention
d) Standard environmental cleaning
e) Responsibilities of staff, volunteers and visitors in protecting the residents by not coming to work/visiting if they are experiencing symptoms of illness.

Prevention requires a multi-disciplinary effort to identify and implement precautions quickly. Each facility should communicate with Peel Public Health on a regular basis to receive information on the status of respiratory illnesses in the community and to advise them of the status within the facility.

Additional Resources:

