

Health PEI Long Term Care **Respiratory Illness** Protocols

Updated December 23, 2024

Areas in bold are either new or have been updated.

Situation	Action
Respiratory Illness Symptoms	<p>The following are symptoms of respiratory illnesses. A resident with any symptom(s), even if mild, shall follow the symptomatic resident protocol.</p> <ul style="list-style-type: none"> a) Fever- 1) single oral temp >37.8C or 2) repeated oral temps >37.2C or 3) single temp >1.1C over the resident’s baseline temp (oral or rectal) b) Cough or sneezing c) Sore Throat d) Arthralgia (sore joints) e) Myalgia (sore muscles) f) Prostration (extreme weakness) g) Runny nose h) Headache i) Fatigue
Symptomatic Residents	<ul style="list-style-type: none"> 1) Initiate Droplet/Contact isolation precautions 2) Test using a Lab based test for FLUVID/RSV (if available) or COVID only 3) Rapid antigen tests are NOT to be used 4) Notify NP and ICP with the names of symptomatic residents 5) If test results are positive for COVID, Influenza or RSV, isolation precautions must remain in place for at least: <ul style="list-style-type: none"> COVID - 5 full days; Influenza - 5 full days; RSV - 8 full days; and Influenza like Illness/Unknown Respiratory Organism – until symptoms have resolved 6) Residents who are immunocompromised require 14 days of contact and droplet precautions. 7) Identify the close contacts of the resident and follow the close contacts protocol.

	<ol style="list-style-type: none"> 8) Once an outbreak has been declared (two Residents tested positive), any residents who develop symptoms are assumed to be positive and do NOT require testing unless: 1) testing is required for treatment 2) they develop new symptoms, or worsening symptoms while on treatment or prophylaxis 3) they are not linked to the outbreak. 9) A resident who tested positive or is symptomatic for respiratory illness must not attend any group activities or go on passes until they are deemed recovered. 10) If a resident who is symptomatic or positive for a respiratory illness requires an ambulation care plan, please contact your ICP. Ambulation care plans are utilized when a resident's mobility or mental health is declining or if they are a smoker. 11) Precautions may be discontinued once the resident is deemed recovered 12) Residents are considered recovered, and isolation precautions may be discontinued when: <ol style="list-style-type: none"> a) The resident has been afebrile for 24 hours without fever reducing medication; b) The resident's symptoms have significantly improved as determined by their care team; c) The resident has completed the required isolation period (isolation ends at the end of the final day) <u>and</u> d) A terminal room clean has been completed.
<p>Close Contacts – A close contact may be a roommate, table mate (dining or activities) and other Residents who have significant contact (multiple face to face interactions within a 24-hour period) with the Resident who is symptomatic/positive for a respiratory illness within 48 hours prior to the development of symptoms.</p>	<ol style="list-style-type: none"> 1) Close contacts are to be assessed for symptoms twice daily for the designated period from their last exposure to a positive case/symptomatic resident. <ul style="list-style-type: none"> • COVID – 4 days • Influenza – 2 days • RSV- 5 days • Influenza like Illness or Unknown Respiratory Organism- 2 days 2) Assessments must be charted in the resident's chart. 3) If a close contact develops symptoms, follow the Symptomatic Residents protocol
<p>Residents previously positive in the last 60 days</p>	<ol style="list-style-type: none"> 1) Monitor for symptoms. 2) Do Not test, unless a different respiratory illness is suspected. 3) If identified as a close contact and develop symptoms initiate Droplet/Contact precautions until symptoms have resolved and a terminal clean has been completed. 4) Precautions may be removed in consultation with the facility ICP.

Visitors	<ol style="list-style-type: none"> 1) When a household/neighborhood is not in outbreak, follow the current Family Presence policy located on MedWorxx. 2) When in a COVID outbreak, residents are permitted any number of visitors as long as only one visitor visits at a time. 3) When in a COVID outbreak, if transmission of illness continues to occur, the outbreak management team may be required to adjust visitation based on the circumstances.
Staff/Visitor Masking	<ol style="list-style-type: none"> 1) Please follow the Respiratory Illness (COVID-19 and Influenza) Immunization and Management policy. 2) Point of Care Risk Assessment should be completed by staff with each resident interaction to determine the required personal protective equipment for the interaction. 3) Households in respiratory outbreak will revert back to universal masking (when on the household for both staff and visitors) until the outbreak is declared over. 4) Masks for staff and visitors should remain available at all entrances for those who want to continue to mask.
Group Activities and Passes for Asymptomatic Residents During an Outbreak	<ol style="list-style-type: none"> 1) Once 40% or greater of residents become symptomatic and/or have tested positive, the outbreak management team will determine if resident group activities and Resident passes should be limited for asymptomatic residents. 2) This decision will be based on how quickly transmission is occurring, how ill the residents are becoming, and if there is transmission outside of the outbreak area. 3) In the event the outbreak management team cannot come to a decision, the decision will be escalated to the Director of Long Term Care and the Director of Infection Prevention and Control. 4) In the event group activities and Resident passes are paused, they both may resume once less than 40% of residents are symptomatic/tested positive. <p>**For example, if a household has 13 residents, this will occur once 5 or more residents were symptomatic/tested positive.</p>