

Leamington Mennonite Home  
Long Term Care

**INFECTION CONTROL  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Disease-Specific Precautions	<b>SUBJECT:</b> Respiratory Infection Management	<b>SECTION:</b> H <b>POLICY:</b> 2
<b>DATE:</b> January 30, 2024	<b>Administrator's Signature:</b> _____ <i>J. M.</i>	
<b>REVISION DATES:</b>	<b>IPAC Lead's Signature:</b> _____ <i>L. Coppola, RN.</i>	

**RESPIRATORY INFECTION MANAGEMENT**

**POLICY:**

To prevent the transmission of respiratory infections to residents and staff. Signs and symptoms of respiratory infections include: fever, new or worsening dry or productive cough, headache, nasal congestion/sneezing, sore throat/hoarseness, muscle aches, and malaise/fatigue.

See *A9a Signs & Symptoms of Infection Guidelines* for criteria of respiratory infections including Common Cold Syndromes/Pharyngitis, Influenza-like Illness, Pneumonia, and Lower Respiratory Tract Infection (Bronchitis, Tracheobronchitis).

**PROCEDURE:**

- 1) If a resident has any of the above listed symptoms, they should be reported to the Registered Staff immediately.

The Registered Staff will:

- 1) Assess resident and if 2 or more new symptoms for resident are present, resident will be isolated. Contact Droplet precautions will be initiated.
- 2) Precautions for a Respiratory infection should include:
  - A private room is preferred; or
  - In a semi-private room:
    - Maintain physical separation and draw privacy curtain between residents to promote separation of items.
    - A covered garbage pail is to be placed inside the resident's room.
    - An isolation laundry hamper is to be placed inside the resident's room. Laundry bags are to be hand delivered to the laundry room, not thrown down the laundry chute.
    - Proper Contact/Droplet precaution and donning and doffing signage is to be placed on the door to educate staff and visitors.
    - Provide an isolation supply cart (masks, gowns, gloves, eye protection) outside the resident's room.

- Consult the IPAC Lead/DNPC on the need for a commode for symptomatic resident or roommate. If a commode is used in symptomatic resident's room, it is to be cleaned and disinfected after each use. See *Policy & Procedure on Equipment Cleaning – Resident Care & Medical*.
  - Signage will be placed on the resident's door notifying visitors to see the Registered Staff before entering the room. Registered Staff are to educate the visitors on contact precautions and hand hygiene. Visitors will be required to mask, gown, and glove for all visits.
  - BP cuffs, stethoscope etc. will be disinfected after contact with resident.
- 3) Perform a COVID-19 Rapid Antigen Test (RAT) on resident to rule out COVID-19. If resident tests positive for COVID-19 refer to *Policy & Procedure Section M Pandemic* for further guidance.
  - 4) Continue to perform a RAT on resident each morning for 5 days to ensure COVID-19 negative.
  - 5) Place out *Just the Facts Worksheet: Respiratory Infection* for PSW staff and email the fact sheet to department leaders to relay to their staff.
  - 6) Notify the IPAC Lead and DNPC. The Medical Director will be notified by DNPC.
  - 7) Document resident's symptoms on *Daily Infection Signs and Symptoms Tracking Form*. Document all necessary information in resident's progress notes and update POA/SDM
  - 8) Obtain nasopharyngeal swab if ordered by Medical Director.
  - 9) Reassess resident after 48 hours to determine if isolation can be ended. Resident may come out if no new symptoms occurring and symptoms are improving or as directed by IPAC Lead/DNPC. Continue COVID-19 RAT for the total 5 days even if removed from isolation after 2 days. (If an outbreak occurs, isolation durations will be guided by PHU).
  - 10) When a resident is removed from isolation and are in a semi-private room, the Registered staff are to send an email to Maintenance to remove the privacy curtains to have them laundered.

The IPAC Lead/DNPC will:

- 1) Review lab results with Medical Director if a nasopharyngeal swab was sent. If swab is positive for Influenza, Medical Director may order antiviral medication. Staff will follow through with any new orders
- 2) Monitor *Daily Infection Signs and Symptoms Tracking Form* and updates from Registered Staff on any new resident's showing similar signs and symptoms.
- 3) Review the PHU's definitions of Suspected and Confirmed respiratory outbreaks and if criteria are met, contact PHU.
- 4) See *Section F Outbreak Management* for further information on outbreak protocols.

The PSW staff will:

- 1) Don and doff PPE per protocol before entering and exiting resident's room.
- 2) Clean and disinfect any basins or equipment used by resident.
- 3) Disinfect toilet/commode after each use.
- 4) Provide bed bath.

The Housekeeping staff will:

- 1) Follow routine room cleaning protocols including:

- Dedicated toilet brush in bathroom. Discard when Contact Droplet Precautions are discontinued.
- Cleaning high touch surfaces daily including side rails, commodes, door knobs, light switches, call bells, drawer handles, and closet door handles.
- Laundry can be washed using normal wash and dry cycles.
- Cleaning should be conducted from least contaminated surfaces to most contaminated surfaces.
- Dedicated cleaning cloths and mop heads are to be used and changed on a daily basis.

The Dietary staff will:

- 1) Provide resident tray service until clear.
- 2) Provide disposable dishes for all meals. Dishes are to be disposed of in the resident's garbage.
- 3) Tray is to be sanitized with disinfectant wipes before returning to the servery.