

Guidelines for Admissions, Transfers, and Respite during ILI Outbreaks

The following guidelines are meant to assist decision-makers in LTC who are responsible for patient/resident transfers from facility/unit to facility/unit. As each situation will differ, one guideline cannot account for all eventualities. However, in general, when in the midst of an influenza outbreak, the following should be kept in mind when considering admissions, transfers, or respite care.

Closures

The demands on the healthcare system tend to peak during Influenza season, as such closures to facilities should be avoided. Staffing a facility adequately during an outbreak may become an issue if a significant number of staff becomes ill, and may lead to temporary bed closures. Decisions to close a facility or beds within a facility should be made with the site's senior administration and Infection Control Professional in consultation with the WRHA LTC Program Director, WRHA LTC Manager of Infection Prevention and Control, and the Long Term Care Access Centre.

Admissions

Ideally, new residents should not be admitted to units with ongoing influenza-like illness (ILI) cases during an influenza outbreak; however demands on the healthcare system often do not permit the closure of a facility or unit during outbreaks. Consider new and or re-admissions on a case-by-case basis taking into account the risks and benefits of delaying admission, the burden to the healthcare system overall, and the risk of exposure to influenza:

- **The main risk is to the resident being admitted; therefore, the resident, family and physician should be informed that an influenza outbreak is in progress.**
- **When an outbreak is declared prevention and control measures and Routine Practices are in place to protect all residents within the facility. Often the risk of influenza exposure is reduced in a facility when compared to the community.**
- **New residents should have received seasonal influenza vaccine and may need to be prescribed antiviral prophylaxis (at the digression of the attending prescriber and Medical Director of the facility).**

Transfers

Hospital: If a resident with ILI is transferred to hospital, the receiving facility should be notified of the suspected (or confirmed) influenza diagnosis, as well as the transporting service (ambulance etc.). The LTC site should notify the receiving facility both on the transfer referral form and with a phone call.

Transfers (readmissions) from hospital back to LTC should consider the following:

- The demand for capacity with in the health region;
- Status of the influenza outbreak at the LTC site;
- Reason why the resident was admitted to hospital and clinical course;
- Vaccination status of the individual being transferred;
- Whether the individual may be incubating or have symptoms of influenza;
- The opportunity to offer prophylaxis to the individual upon their return
- The opportunity to promptly recognize signs and symptoms and respond with immediate implementation of Additional Precautions.

Transfers from other facilities or other units within the LTC site

Admissions need to be told that they are going into a facility or unit where an outbreak exists. The resident being admitted / transferred should have received seasonal influenza immunization prior to the transfer and may need to receive antiviral prophylaxis if indicated upon arrival. Contact the WRHA LTC Manager of IP&C for assistance with determining same as needed.

Respite

Respite admissions should be cancelled or rescheduled during an influenza outbreak when possible. If rescheduling is not possible consider proceeding on a case-by-case basis taking into account the risks and benefits of delaying admission and exposure to influenza:

- The main risk is to the individual being admitted; therefore, the individual, family and physician should be informed that an influenza outbreak is in progress.
- Respite clients should be vaccinated with seasonal influenza vaccine and may need to be prescribed antiviral prophylaxis (if indicated).