

## Enhanced Monitoring and/or Outbreak Declared Checklist – One (or more) Positive COVID-19 Resident Case(s)

The following checklist outlines measures to be implemented by the Care Community when one or more positive resident COVID-19 case(s) is identified. It includes the follow up processes for:

- Enhanced Monitoring (Self-Management or with Public Health Support)
- Enhanced Monitoring with additional measures (no outbreak declared)
- Outbreak declared

For the purposes of this document, the term **client** is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides in the Care Community

**NOTE: The Enhanced Monitoring measures may be revised by Public Health at any time.**

*If **BOTH** COVID-19 and Influenza are identified on swab results, follow this checklist for COVID-19 **AND** Consult your PH contact for additional influenza measures required*

### Ongoing Case Detection and Confirmation

#### Testing and Reporting to Public Health - Confirmed Positive Client(s) and/or Staff

- Care Community should report **confirmed** cases using the Tool 27 (Residents) daily
  - Maintain separate **report and tracking** lists of confirmed positive clients See Public Health [Tool 27: Resident Illness Report and Tracking Form](#) daily to Public Health via Cerberus or if Cerberus unavailable fax to 604-587-4414
- **For information on how to use Cerberus or fill out Tool 27, see [Reporting to Public Health- Fraser health Authority](#)**

**NOTE:** Please ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, please select COVID-19, Influenza, RSV on the requisition forms and/or any other testing recommended by the client’s most responsible provider

- **Remain** alert and assess for new cases twice daily
- **Review** with Public Health ([Tool 2](#)) if transmission management is not progressing as expected

#### Testing

- PCR test (NP) (preferred) or rapid antigen test (RAT)
- PCR is the preferred test especially during influenza season
  - If using Rapid Antigen Test (RAT), the initial test is negative and symptoms persist, switch to PCR test. If continue with RAT, retest 48 hours later PCR test will pick up other respiratory viruses (influenza and RSV), RAT will only detect COVID-19
- When Rapid Antigen Test is positive in a symptomatic person, it is considered a true positive. **No additional PCR testing is required. No testing of asymptomatic residents or staff unless directed by Public Health**

#### Symptomatic Client(s)

- Nursing staff (LTC and AL only) obtain a nasopharyngeal (NP)(preferred) swab or Rapid Antigen Test (POC) specimen for **symptomatic** clients:
- If unable to obtain a nasopharyngeal swab, a saline gargle sample may be appropriate
  - For Instructions on how to collect a nasopharyngeal swab or saline gargle sample see [Specimen Collection Process](#) the swab/gargle should be obtained as soon as possible and sent to BCCDC

	<ul style="list-style-type: none"> <li>○ Label requisition “LTC” to ensure prioritized testing</li> <li>○ <b>DO NOT</b> include on Tool 27 unless confirmed positive by PCR or POC</li> <li>● <b>Isolate</b> the client in their room and <b>Implement Droplet Precautions</b> <a href="#">Droplet Precautions Poster</a></li> <li>● Provide tray service in their room during isolation</li> </ul>
<b>Symptomatic Staff</b>	
	<ul style="list-style-type: none"> <li>● Staff who are symptomatic <u>prior</u> to coming to work are to stay home</li> <li>● Staff that present to work with symptoms, or begin to experience symptoms during their shift are to inform supervisor, leave the worksite immediately and get tested if needed</li> <li>● Follow return to work guidance (see below)</li> </ul>
<b>Site Coordination</b>	
	<ul style="list-style-type: none"> <li>● Initiate a Coordinating Team Meeting (which may include the Director of Care, Clinical Lead, other site leadership staff, and other external providers), as needed, to discuss questions and concerns related to transmission and to coordinate mitigation measures being taken</li> </ul>
<b>Confirmed COVID-19 Case(s) –Enhanced Monitoring Measures</b>	
<b>Client Case(s)</b>	
	<p><b>Isolate</b> the case in their room for at least 5 days from symptom onset regardless of vaccination status and <b>Implement Droplet Precautions</b></p> <p>NOTE: Roommates of a confirmed case are to isolate in the room as they have a high likelihood of becoming a case</p>
	Post <b>Droplet Precautions</b> signage at the door of the affected client's room (see <a href="#">Droplet Precautions Poster</a> )
	Place a <b>PPE</b> , hand hygiene and disinfectant wipes station and laundry hamper outside the cases’ rooms for the use of staff/visitors entering and leaving the room
	Implement COVID-19 <b>care plan</b> for clients as appropriate
	<b>Treatment Therapy for COVID-19:</b> Care Community medical director and/or client’s most responsible provider (MRP) to review <a href="#">BCCDC COVID-19 Treatments</a> for most up to date recommendations ( <a href="#">Tool 3</a> )
	Continue to ensure <b>proactive goals of care</b> conversations are occurring and client MOST is up to date. Ensure Care Community (and Medical Director, their delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client’s goals of care
	Ensure that ongoing <b>serious illness conversations</b> are occurring as appropriate with Substitute Decision Maker, and goals of care are aligning with management
<b>Return to Work Guidance (For suspected or confirmed viral respiratory illness including COVID-19, influenza, and RSV)</b>	
	<p>Staff are to stay home when sick and can return to work when:</p> <ul style="list-style-type: none"> <li>● Symptoms improve and they feel well enough to work AND they are afebrile for 24 hours without the use of fever reducing medications</li> </ul> <p>Upon returning to work, all staff must do the following:</p> <ul style="list-style-type: none"> <li>● Wear a medical mask until day 10 from onset of VRI symptoms, even if symptoms have resolved</li> <li>● Continue to follow current IPC recommendations and measures</li> </ul> <p>For more details, refer to <a href="#">Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness</a></p>
<b>Care Community Measures</b>	

	<b>Isolate</b> and implement <a href="#">Droplet Precautions</a> for any symptomatic or confirmed positive clients
	<p><b>Active symptom</b> screening of staff is recommended twice per shift, of residents twice a day</p> <ul style="list-style-type: none"> <li>• Staff to screen before and during the shift for <a href="#">RI symptoms</a></li> <li>• Staff to stay home if sick and if symptoms develop at work, leave work, and get tested if needed</li> <li>• Care Community to have a low threshold for testing of any symptomatic residents</li> </ul>
	<p><b>Cohorting</b> staff assignment is recommended but not required</p> <ul style="list-style-type: none"> <li>• Staff working with symptomatic clients avoid working with clients who are well.</li> <li>• If cohorting not possible, provide care to asymptomatic clients first, then to the confirmed positive COVID-19 client(s)</li> </ul>
	<p><b>Enhanced cleaning</b> of affected unit/neighbourhood (<a href="#">Tool 19</a>)</p> <ul style="list-style-type: none"> <li>• Twice daily cleaning throughout the affected unit/floor/neighbourhood including high-touch surfaces (doorknobs, faucets in bathrooms, communal areas, dining rooms, gyms, recreational therapy rooms, shared equipment)</li> <li>• Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes</li> </ul>
	Remind clients/staff/visitors of hand hygiene and respiratory etiquette
	<p><b>Masking &amp; PPE</b></p> <ul style="list-style-type: none"> <li>• HCWs, visitors, contractors and volunteers should practice continuous medical masking in resident care areas. A resident care area is any area in an LTC/AL that is accessible to residents.</li> <li>• Masking is required when it is directed by FH Public Health, for example, when the unit is on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures or on outbreaks.</li> </ul>
	Continue to ensure adequate <b>supply</b> of PPE, swabs, and hand hygiene materials ( <a href="#">Tool 15</a> )
	Alert regular <b>PPE</b> supplier that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required
	Ensure <b>delivery staff</b> (e.g., linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit
	Dedicate <b>housekeeping</b> cart to the affected unit(s)
	Avoid <b>garbage and soiled linens</b> traversing from the affected unit through other units; take directly to holding areas/loading dock
	<p><b>Ambassadors</b></p> <ul style="list-style-type: none"> <li>• Present at Care Community entrances to perform active screening on visitors for signs and symptoms of illness</li> <li>• Ambassadors will provide medical masks to everyone entering a resident care area and will direct everyone to perform hand hygiene upon entry</li> </ul>
	<p><b>Visitation</b></p> <ul style="list-style-type: none"> <li>• Visitors are allowed unless otherwise advised by public health. Sites to follow <a href="#">BCCDC guidelines for visitor guidance</a></li> <li>• Visitors will be screened for signs and symptoms of illness by an ambassador at Care Community entrance</li> <li>• Visitors who are unwell should be encouraged not to visit unless deemed necessary</li> <li>• Visitor must follow appropriate infection control measures when visiting a client that is on <a href="#">Droplet Precautions</a></li> <li>• Visitors should follow current provincial masking guidance/direction. Masking is required when it is directed by FH Public Health, for example, when the unit is on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures.</li> </ul>

	<p><b>Communal Dining</b></p> <p><b>Self-Management:</b></p> <ul style="list-style-type: none"> <li>Communal dining on the affected unit(s) can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g., physical distancing, staggered meal times, hand hygiene, pre-set the tables and cutlery, remove shared items, dispense food by staff onto plates for residents, enhanced cleaning)</li> <li>Symptomatic residents or confirmed cases should receive tray service</li> </ul> <p><b>Public Health Support</b></p> <ul style="list-style-type: none"> <li>Communal dining on the affected unit to be stopped</li> <li>Serve meals to all clients in-room via tray service (serve confirmed clients last)</li> <li>If in-room meal service not possible: <ul style="list-style-type: none"> <li>Serve asymptomatic group first in common dining area AND clean dining area particularly high touch areas when finished and THEN serve symptomatic/confirmed clients, AND clean and disinfect dining area particularly high touch areas</li> </ul> </li> <li>Maintain physical distancing as much as possible</li> </ul>
	<p><b>Group Activities</b></p> <p><b>Self-Management:</b></p> <ul style="list-style-type: none"> <li>Group Activities are at the discretion of the Leadership Team. Consult Public Health for additional guidance if needed</li> <li>Consider low risk group activities (e.g., arts and crafts, card games, bingo), ensuring appropriate infection control measures are being followed (e.g., physical distancing, masking, hand hygiene, enhanced cleaning)</li> <li>High Risk group activities (e.g., singing, large group gatherings, bus outings) should be deferred or cancelled</li> </ul> <p><b>Public Health Support</b></p> <p>Group Activities to be stopped on the affected unit(s)</p>
	<p><b>Admission/Transfers – <a href="#">Tool 31</a></b></p> <p>Continue with admissions/transfers to the affected unit <b>without</b> approval from MHO.</p>
<p><b>Communicate</b></p>	
	<p>Facilities to send out Enhanced Monitoring letters as needed to families and staff</p>
<p><b>When to Stop Enhanced Measures at the Care Community</b></p>	
	<p>Care Community can stop enhanced measures 7 days after the last positive resident case on the affected unit(s) is identified <b>UNLESS</b> otherwise directed by Public Health</p>
<p><b>Confirmed COVID-19 Case(s) – Enhanced Monitoring with Additional Measures (no outbreak declared)</b></p>	
<p><b>NOTE:</b> Public Health will indicate if Enhanced Monitoring with Additional Measures are to be implemented based on case trends and transmission.</p> <ul style="list-style-type: none"> <li>These measures are at the discretion of the Medical Health Officer and are in addition to the measure for units on <b>Enhanced Monitoring with Public Health Support</b></li> <li>A <b>Quality Partner (QP)</b> may be recommended at the discretion of the Medical Health Officer <ul style="list-style-type: none"> <li>If QP recommended, Public Health will complete the referral</li> </ul> </li> </ul>	

NOTE: If additional measures and/or outbreak is declared, a screener designate may be deployed to support screening. **Consult Quality Partner as needed, if recommended.**

### Additional Care Community Measures

#### Admissions and Transfers

- To the affected unit(s) are to be on hold until approved by the MHO
- Admissions/transfers to **unaffected** units to continue

#### Site Coordination

Continue Coordinating Team meetings including Quality Partners, Public Health, and/or Infection Control as needed

Daily check-ins with Public Health to implement additional measures as directed

#### When to Stop Enhanced Measures at the Care Community

Care Community will be advised by Public Health when all Enhanced Measures may be discontinued

### Outbreak Declared by MHO

Public Health will indicate to site when an outbreak is declared. This is at the discretion of the Medical Health Officer and is based on case and transmission trends, severity of the illness, etc.

If an outbreak is declared, a screener designate may be deployed to support screening, **consult your Quality Partner.**

Once declared, Enhanced Monitoring measures with additional measures noted above remain in place except for the revised Care Community measures for outbreak listed below:

#### Outbreak Care Community Measures

#### Admissions and Transfers

- To the affected unit(s) are to be on hold until approved by the MHO
- Admissions/transfers to **unaffected** units to continue

#### Visitation

- Visitation on the affected unit(s) may be placed on hold at the discretion of the MHO

#### Communication

- Public Health will provide the initial letter to the Care Community for outbreaks

Activate site **Emergency Operations Centre (EOC)** with *at a minimum* the Director of Care, the Care Community Medical Director (if applicable) and the FH assigned site EOC lead

Post COVID-19 **outbreak signage** throughout the Care Community on doors, desk, boards, etc.

Discuss with Public Health daily to implement additional infection control measures as directed

Notify non-Care Community staff, professionals, and service providers of the outbreak status to ensure appropriate precautions are taken

Notify BC Ambulance, HandyDART and other similar transportation suppliers, oxygen services, laboratory services and other service providers of any outbreak control measures that may affect their provision of services if called to your Care Community

#### When to Stop Enhanced Measures at the Care Community

Care Community will be advised by Public Health when outbreak may be declared over