

COVID-19 Enhanced Monitoring/Outbreak Declared Checklist – One (or more) Positive 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)
- COVID-19 Outbreak

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*

Confirmed Case Follow up

Isolate and place on Droplet Precautions (see: [Droplet Precautions Poster](#)) through their infectious period (at least 5 days from symptom onset)

- Post **Droplet Precautions** signage at the door of the affected client's room
- If client is taken out of their room, provide a medical mask to the client if tolerated and assist in cleaning their hands as required.
- Provide tray service to client case(s) in their room during isolation period.

PPE (personal protective equipment)

- Use appropriate **personal protective equipment** (which includes a gown, medical mask, eye protection, and gloves) to deliver care to the symptomatic client - see Donning and Doffing ([Tool 15](#))
- Only essential Aerosol Generating Procedures (AGP) should be performed. Follow [Aerosol Generating Procedure \(AGP\) Standard Operating Procedure](#) regarding appropriate PPE.
- Place [Personal Protective Equipment \(PPE\)](#) and Hand Hygiene station outside the room for staff use prior to entering the room – see [Droplet Precautions poster](#) for recommended precautions
- Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed clients

Treatment for COVID-19:

- Care Community medical director and/or client's primary care provider to review [BCCDC COVID-19 Treatments](#) for most up to date recommendations ([Tool 19](#))

Ensure Leaders for the Care Community (Director of Care or Facility Care Community Director) are notified.

Symptomatic Staff/Staff case(s)

See [Staff Case Checklist](#)

- Staff who are symptomatic prior to coming to work are to stay home and follow return to work guidance
- Staff begin to experience symptoms at work are to put on a medical mask, perform hand hygiene,

- contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home.
- Follow return to work guidance.

Ongoing Case Detection

Roommate(s)

- Roommates of a confirmed case (asymptomatic or symptomatic) are to isolate in the room as they have a high likelihood of becoming a case
- See below: Symptomatic clients as applicable

Symptomatic Clients

- **Isolate** the client in their room to minimize exposure risk to other clients and staff
- Post [Droplet Precautions](#) signage at the door of the affected client's room
- Provide tray service in their room during isolation

PPE (personal protective equipment)

- Use appropriate **personal protective equipment** (which includes a gown, medical mask, eye protection, and gloves) to deliver care to the symptomatic client - see Donning and Doffing ([Tool 15](#))
- If performing AGPs, follow [Aerosol Generating Procedure \(AGP\) Standard Operating Procedure](#) regarding appropriate PPE.
- Place [Personal Protective Equipment \(PPE\)](#) and Hand Hygiene station outside the room for staff use prior to entering the room – see [Droplet Precautions poster](#) for recommended precautions
- Regardless of vaccination status, all staff must use the appropriate PPE when working with confirmed clients

Testing and Reporting to Public Health

Testing

- LTC Nursing staff obtain a nasopharyngeal (NP) swab for **symptomatic** clients:
 - For Instructions on how to collect a nasopharyngeal swab sample, see "[Specimen Collection Process](#)"
 - Swab should be obtained as soon as possible and sent to BCCDC
 - Label requisition "LTC" to ensure prioritized testing – see sample requisition ([Tool 8](#))
 - Ensure all requested testing is indicated on the requisition forms. For example: If a nasopharyngeal swab is collected for a client, select COVID-19, Influenza, RSV on the requisition form and/or any other testing recommended by the client's most responsible provider.
 - PCR test (NP) should be done, not RAT testing

Reporting

- **Report confirmed resident cases daily** by email using the password protected Tool 27, including weekends and stat holidays.
 - Refer to Fraser Health Website for Tool 27 and instructions: [Tool 27: Resident Illness Report and Tracking Form](#)

Care Community Measures	
Site Coordination	
	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 (Tool 32)
Preventive Measures	
	<p>Symptom Screening:</p> <ul style="list-style-type: none"> All clients on the affected unit/floor with no symptoms should continue twice daily screening <ul style="list-style-type: none"> Care Community to have a low threshold for testing any symptomatic clients Staff to continue with self-screening and monitor for VRI signs and symptoms Anyone who is symptomatic, see symptomatic client or staff section of checklist as applicable
	<p>PPE (personal protective equipment)</p> <ul style="list-style-type: none"> Place personal protective equipment and hand hygiene station outside the room for staff use prior to entering the room – see personal protective equipment for recommended precautions (Tool 15, Tool 13) Follow current provincial masking guidance Add other PPE based on Point of Care Risk Assessment Universal masking is required for all staff and visitors when a unit is on Enhanced Monitoring with Public Health Support or on COVID 19 outbreaks
	<p>Hand Hygiene and respiratory etiquette</p> <ul style="list-style-type: none"> Promote hand hygiene and respiratory etiquette Staff are to follow the 4 moments of hand hygiene Instruct, educate, and enable all clients to clean their hands before eating, after toileting and before coming out of their room
Immunization	
	<ul style="list-style-type: none"> Review Immunizations for staff, vaccinate as per Provincial guidance Unvaccinated staff who have recovered from a respiratory illness can still benefit from COVID-19 vaccination, even if they had COVID-19 Review Immunizations for clients, vaccinate as per Provincial guidance Clients who are not vaccinated against COVID-19 should be vaccinated (unless there is a medical contraindication to vaccination)
Additional Control measures	
	<p>Signage: post appropriate signage (Tool 11)</p>
	<ul style="list-style-type: none"> Alert regular PPE supplier that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required Continue to ensure adequate supply of PPE, swabs, and hand hygiene materials (Tool 15)
	<p>Cleaning and Disinfection</p> <p>Care Staff to</p> <ul style="list-style-type: none"> Contact housekeeping to ensure enhanced cleaning for the duration of the enhanced monitoring

	<p>or outbreak</p> <ul style="list-style-type: none"> • Dedicate equipment when possible • Ensure all shared equipment is cleaned and disinfected between use with a hospital grade disinfectant (Tool 17) <p>Housekeeping to do:</p> <p>Enhanced cleaning of affected unit/neighbourhood (Tool 16)</p> <ul style="list-style-type: none"> • 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) • Enhanced Cleaning (Tool 16) • Use Disinfectant Selection Guide (Tool 17) • See cohorting staff assignment in checklist
	Dedicate housekeeping cart to the affected unit(s)
	<p>Take garbage and soiled linens directly to holding areas/loading dock</p> <p>Avoid traversing from the affected unit through other units</p>
	Ensure delivery staff (e.g., linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit
	Remind visitors of hand hygiene and respiratory etiquette
	<p>IPC Audits</p> <ul style="list-style-type: none"> • Perform PPE, UV and hand hygiene audits as per audit frequency table • Report results to IPC
	<p>Cohorting staff assignment is recommended but not required</p> <ul style="list-style-type: none"> • Staff working with symptomatic clients avoid working with clients who are asymptomatic. • Cohorting not possible <ul style="list-style-type: none"> ○ If not compromising care provide care to asymptomatic clients first, then to the symptomatic clients • This principle also applies to Housekeeping Staff
	<p>Communal Dining</p> <p>Self-Management:</p> <ul style="list-style-type: none"> • Communal dining on the affected unit(s) can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g., staggered meal times, physical distancing, hand hygiene, pre-set the tables and cutlery, remove shared items, dispense food by staff onto plates for residents, enhanced cleaning) • Symptomatic residents or confirmed cases should receive tray service <p>Public Health Support</p> <ul style="list-style-type: none"> • Generally communal dining on the affected unit to be stopped • Serve meals to all clients in-room via tray service (serve confirmed cases last) • If in-room meal service not possible or not desired by the site for all residents on the unit:

	<ul style="list-style-type: none"> ○ Serve asymptomatic group in common dining area ensuring appropriate infection control measures are being followed (e.g., staggered meal times, physical distancing, hand hygiene, pre-set the tables and cutlery, remove shared items, dispense food by staff onto plates for residents, enhanced cleaning) and serve meals to symptomatic residents or confirmed cases in room via tray service OR ○ Based on consultation with PH and IPC, may 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 <ul style="list-style-type: none"> ● Maintain physical distancing as much as possible
	<p>Group Activities</p> <p>Self-Management:</p> <p>Public Health and IPC may provide additional and/or amended guidance, dependent on the situation on the unit(s)</p> <ul style="list-style-type: none"> ● May continue low risk group activities (e.g., small group activities such as arts and crafts, card games, bingo), ensuring appropriate infection control measures are being followed (e.g. physical distancing, masking hand hygiene, enhanced cleaning) ● High Risk group activities (e.g., large group gatherings) should be deferred <p>Public Health Support</p> <ul style="list-style-type: none"> ● Group Activities to be stopped on the affected unit(s)
	<p>Visitation</p> <ul style="list-style-type: none"> ● Visitors are allowed on the unit ● Visitor must follow appropriate infection control measures when visiting a client that is on Droplet Precautions ● Visitors should follow provincial masking guidance/direction. ● Universal masking is required when it is directed by FH Public Health, for example, when the unit is on Enhanced Monitoring with Public Health Support.
Education	
	<p>Teach staff, volunteers, residents’ families and visitors about signs and symptoms and prevention of COVID-19</p> <ul style="list-style-type: none"> ● Tool 4: Information on Influenza Vaccines, treatment, and Prophylaxis ● Tool 11: Signage for Use throughout the Respiratory Virus Season ● Tool 13: Routine Practices ● Tool 14: Additional Precautions (droplet precautions)
Admissions and Transfers	
	<ul style="list-style-type: none"> ● Continue with admissions/transfers to the affected unit as per Tool 29 without approval from MHO except in the following circumstance. <p><u>Transmission control is not progressing as expected</u> and PH/MHO indicates additional measures are required</p>

	<ul style="list-style-type: none"> • 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
Communicate	
	<ul style="list-style-type: none"> • Facilities to send out Enhanced Monitoring letters as needed to families and staff
	<ul style="list-style-type: none"> • Review with Public Health (Tool 2) if transmission management is not progressing as expected • Weekdays check-in may be required with Public Health to implement additional measures as directed • A Quality Partner (QP) may be recommended at the discretion of the Medical Health Officer <ul style="list-style-type: none"> ○ If QP recommended, Public Health will complete the referral
When to Stop Enhanced Measures at the Care Community	
	Care Community can stop enhanced measures 7 days after the last positive resident case on the affected unit(s) is identified UNLESS otherwise directed by Public Health (e.g. if additional measures are recommended by Public Health)
<p>Outbreak Declared by MHO</p> <p>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.</p> <p>Once declared, Enhanced Monitoring measures with additional measures noted above remain in place except for the revised Care Community measures for outbreak listed below:</p>	
Who to Notify of Outbreak	
	Community Care Facility Licensing (if a licensed Care Community or Fraser Health Long Term Care Contracts and Services (if operating under Hospital Act)
	Any Care Community that received a resident from you (include transfers up to two days before onset of illness in the first case)
	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
	Your ACCESS Coordinator regarding any restrictions on moves into your Care Community or transfers
	Notify non-Care Community staff, professionals, and service providers of the Outbreak status to ensure appropriate precautions are taken
	Community Infection Control Practitioner (askIPCCommunity@fraserhealth.ca)
	Notifying families: Site to notify families and provide letter
Outbreak Care Community Measures	
	Post COVID-19 outbreak signage
	Discuss daily with Public Health and IPC any additional control measures to implement
	<p>Visitation</p> <p>Visitation on the affected unit(s) may be placed on hold at the discretion of the MHO</p>

	<p>Admissions and Transfers</p> <ul style="list-style-type: none"> • To the affected unit(s) are to be on hold until approved by the MHO • Admissions/transfers to unaffected units to continue
<p>When to Stop Outbreak Measures at the Care Community</p>	
	<p>Care Community will be advised by Public Health when outbreak may be declared over</p>