

## Staff Case(s) Checklist in LTC/AL: Influenza and/or COVID-19

The following checklist outlines the measures to be implemented by the site when there are **ONLY staff cases identified at the Care Community and NO client (resident/tenant) cases**

Once a client case(s) is identified, Care Community should follow the [Enhanced Monitoring and/or Outbreak Declared Checklist](#) for COVID-19 or the [Influenza One Case Checklist \(Resident\)](#) for Influenza, as that checklist will supersede this one

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 at the Care Community.

Staff Case Identified, Ongoing Case Detection and Confirmation	
Testing - Confirmed Positive Staff	
	<p><b>Remain alert and assess for new cases twice daily</b></p> <p><b>Review</b> with Public Health Contact if the management of the exposure at your site is not progressing as expected</p> <p><b>Testing</b></p> <ul style="list-style-type: none"> <li>• Discuss PCR testing, if symptomatic, with most responsible provider (MRP)                             <ul style="list-style-type: none"> <li>○ PCR test will pick up other respiratory viruses (influenza and RSV), RAT will only detect COVID-19</li> </ul> </li> <li>• When Rapid Antigen Test is positive in a symptomatic person, it is considered a true positive. <b>(No additional PCR testing is required)</b></li> <li>• <b>No testing of asymptomatic staff unless directed by Public Health</b></li> </ul>
Symptomatic Client(s)	
	Refer to the <a href="#">appropriate checklist</a>
Symptomatic Staff	
	<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 their supervisor, leave the worksite immediately and get tested (at worksite if possible)</li> <li>• Rapid Point of Care testing can be used if available on site (COVID-19 only)</li> </ul>
COVID-19 Staff Cases	
	<p>Determine whether staff member worked while infectious based on the following:</p> <ol style="list-style-type: none"> <li>1. Did the staff member work during their infectious period (i.e., 2 days before and 5 days after they developed symptoms)</li> <li>2. If they did not work during their infectious period, there is no exposure to the Care Community. <b>If the staff member worked while infectious, follow this checklist for preventative and infection control measures</b></li> </ol>
Influenza Staff Cases	
	<ul style="list-style-type: none"> <li>• <b>Treatment:</b> start treatment as advised by your primary care provider (<a href="#">Tool 29</a>)</li> </ul>

Other RI (e.g., RSV, enterovirus, etc.)	
	<ul style="list-style-type: none"> <li>• Staff with onset of symptoms compatible with RI infection should report to their supervisor promptly and arrange to get tested</li> <li>• Staff unvaccinated for influenza who have recovered from a non-influenza viral respiratory illness can still benefit from influenza vaccination</li> </ul>
Return to Work Guidance (For suspected or confirmed viral respiratory illness including COVID-19, influenza, and RSV)	
	<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>
Care Community Measures	
	<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 onsite if possible</li> <li>• Care Community to have a low threshold for testing of any symptomatic residents or staff</li> </ul>
	<p><b>Enhanced cleaning</b> of floor and/or neighborhood (<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 <b>hand hygiene</b> and <b>respiratory etiquette</b>
	<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 a 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 has a RI outbreak, on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures</li> </ul>
	<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>
	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
	<b>Communal Dining</b> for residents and staff on the affected unit(s) can continue
	<p><b>Visitation</b></p> <ul style="list-style-type: none"> <li>• Visitors are allowed unless otherwise directed by MHO</li> <li>• Visitors will be screened for signs and symptoms of illness by an ambassador at Care Community entrance. Visitors who are unwell should be encouraged not to visit unless deemed necessary</li> <li>• Visitors must follow appropriate Infection Control measures</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 has a RI outbreak, on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures</li> </ul>
	<p><b>Group Activities</b></p> <ul style="list-style-type: none"> <li>• Group activities can continue in the affected unit(s)</li> </ul>
	<p><b>Admission/Transfers</b></p> <ul style="list-style-type: none"> <li>• Continue with admissions/transfers to the affected unit <b>without</b> approval from MHO</li> </ul>
<b>When to Stop Additional Measures at the Care Community</b>	
	<p><b>COVID-19</b></p> <ul style="list-style-type: none"> <li>• Monitoring can end 7 days after the last positive staff member(s) last worked if no other cases are identified</li> </ul> <p><b>Influenza</b></p> <ul style="list-style-type: none"> <li>• Monitoring can end 5 days after the last positive staff member(s) last worked on site if no other cases are identified</li> </ul> <p><b>Other VRI</b></p> <ul style="list-style-type: none"> <li>• Monitoring can end 5 days after the last positive staff member(s) last worked on site if no other cases are identified</li> </ul>