

## 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 prior to coming to work are to stay home and follow return to work guidance below</li> <li>• 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. Then follow return to work guidance below.</li> <li>• Treatment: start treatment as advised by your primary care provider</li> </ul> <p><b>Return to work Guidance:</b></p> <ul style="list-style-type: none"> <li>• Staff are to stay home when sick and can return to work when:</li> <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> <li>• Upon returning to work, all staff must do the following:</li> <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> <li>• 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></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> </ol>

	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>
<b>Influenza Staff Cases</b>	
	<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>

<b>Other RI (e.g., RSV, enterovirus, etc.)</b>	
	<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 if needed</li> <li>• Staff unvaccinated for influenza who have recovered from a non-influenza viral respiratory illness can still benefit from influenza vaccination</li> </ul>
<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>	
	<p><b>Active symptom</b> screening by 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>• Universal masking is required when it is directed by FH Public Health, for example, when the unit has a COVID outbreak, on Enhanced Monitoring with Public Health Support or on Enhanced Monitoring with Additional Measures</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 must follow appropriate Infection Control measures</li> </ul>

	<ul style="list-style-type: none"> <li>Visitors should follow current provincial masking guidance/direction. Universal masking is required when it is directed by FH Public Health, for example, when the unit has a COVID 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>