

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 home when one or more positive resident COVID 19 case(s) is identified. It encompasses follow up processes for:

- Enhanced Monitoring
- Enhanced Monitoring with additional measures (no outbreak declared)
- Outbreak declared

Resident case(s) identified: care home to follow this Checklist as it supersedes the “Staff Case – LTC or AL Site Checklist - One (or more) Positive COVID-19 Staff Case at LTC or AL site”

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 measure required
- See the [Viral Respiratory Illness Outbreak Protocol and Toolkit](#) influenza follow up

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 facility.

Ongoing Case Detection and Confirmation	
Testing and Reporting to Public Health - Confirmed Positive Client(s) and/or Staff	
	<p>Reporting to Public Health:</p> <ul style="list-style-type: none"> • Care homes are to report positive PCR/rapid point of care using the Tool 27 (Residents) and Tool 28 (Staff) daily as new cases are identified <ul style="list-style-type: none"> ○ ONLY include confirmed cases • Maintain separate report and tracking lists of confirmed positive staff and/or clients <ul style="list-style-type: none"> ○ See Public Health Tool 27: Resident Illness Report and Tracking Form or Public Health Tool 28: Staff Illness Report and Tracking Form • Submit daily to Public Health via Cerberus or if Cerberus unavailable fax to: 604-587-4414 <ul style="list-style-type: none"> ○ For information on how to use Cerberus or fill out Tool 27/28, see Reporting to Public Health - Fraser Health Authority <p>Testing</p> <ul style="list-style-type: none"> • PCR test (NP) or rapid antigen test (POC) <ul style="list-style-type: none"> ○ If Rapid Antigen Test (RAT) is negative and symptoms persist, retest at day 3 using PCR test ○ PCR test will pick up other respiratory viruses (influenza and RSV), RAT will only detect Covid • When Rapid Antigen Test is collected and positive, No confirmatory PCR testing is required • No testing of asymptomatic residents or staff unless directed by Public Health

Symptomatic Client(s)	
	<p>Nursing staff (LTC and AL only) obtain a nasopharyngeal (NP) swab or Rapid Antigen Test (POC) specimen for symptomatic clients:</p> <p>If unable to obtain a nasopharyngeal swab, a saline gargle sample may be appropriate</p> <ul style="list-style-type: none"> • For Instructions on how to collect a nasopharyngeal swab or saline gargle sample see Specimen Collection Processes & Resources <ul style="list-style-type: none"> • The swab/gargle should be obtained as soon as possible and sent to BCCDC • Label requisition “LTC” to ensure prioritized testing • DO NOT include on Tool 27 unless confirmed positive by PCR or POC
	<p>Symptomatic clients</p> <ul style="list-style-type: none"> • Isolate the client in their room and Implement Droplet Precautions • Provide meals in their room during isolation
Symptomatic Staff	
	<ul style="list-style-type: none"> ○ Staff who are symptomatic <u>prior</u> to coming to work are to stay home ○ 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 (either at testing centre or worksite if possible) ○ Rapid Point of Care testing can be used if available on site. See FHA COVID-19 Toolkit for additional information ○ When at a testing site indicate to testing facility that they are a HCW in LTC/AL ○ If site collects the specimen, ensure to put on the lab requisition and sample “HCW LTC” ○ Staff to isolate and return to work based on current Provincial LTC HCW guidance
Site Coordination	
	<p>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</p>
Confirmed COVID-19 Case(s) –Enhanced Monitoring Measures	
Client Case(s)	
	<p>Isolate the case in their room and Implement Droplet Precautions</p>
	<p>Post Droplet Precautions signage at the door of the affected clients room (see Droplet Precautions Poster)</p>
	<p>Place a PPE, hand hygiene and disinfectant wipes station and laundry hamper outside the cases’ rooms for the use of staff entering and leaving the room</p>
	<p>Implement COVID-19 care plan for clients as appropriate</p>
	<p>Continue to ensure proactive goals of care conversations are occurring and client MOST is up to date. Ensure facility (and Medical Director, their delegate, or Most Responsible Provider) is aware and involved in ongoing conversations related to client’s goals of care</p>
	<p>Ensure that ongoing serious illness conversations are occurring as appropriate with Substitute Decision Maker, and goals of care are aligning with management</p>
Staff Case(s)	
	<p>Return to Work Guidance:</p> <ul style="list-style-type: none"> • Staff infected with COVID-19 can generally return to work 5 days after the onset of symptoms and fever is gone (without taking medications that reduce fever) or once symptoms resolve (whichever is longer). • A dry cough may persist for several weeks, so a dry cough alone does not warrant continuation of self-isolation.

Facility Measures	
	Isolate and implement droplet precautions for any symptomatic or confirmed positive clients
	<p>Active symptom Screening twice per shift:</p> <ul style="list-style-type: none"> Care Homes to have a low threshold for testing any symptomatic residents or staff Beginning and during shift for all staff. Screen staff for: symptoms (i.e. fever, new or worsening cough, new or worsening shortness of breath, sore throat, and nausea /vomiting and diarrhea); Under order to quarantine after travel outside of Canada, and/or; Been told to self-isolate by public health following a close contact exposure. <p>TIPS: <u>ACTIVE SYMPTOM SCREENING</u> of all staff: follow BCCDC guidelines for screening at beginning of shift and during shift. Staff screening of each other must occur and must be documented during the shift. <u>NOTE:</u> If an outbreak is declared, FH Screeners may be deployed to support screening which is to occur twice shift beginning and during shift. Consult Quality Partner as needed</p>
	No testing of asymptomatic staff or residents unless directed by Public Health
	<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 well. If cohorting not possible, provide care to asymptomatic clients first, then to the confirmed positive COVID-19 client(s)
	<p>Enhanced cleaning of floor and/or neighbourhood</p> <ul style="list-style-type: none"> Twice daily cleaning throughout the affected unit/floor including high-touch surfaces (door knobs, faucets in bathrooms, common areas, dining rooms, gyms, recreational therapy rooms, shared equipment) Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes
	Remind clients of hand hygiene and respiratory etiquette
	Staff to continue with extended medical/procedural mask and eye-protection on affected unit(s) or when in common resident/tenant areas
	Continue to ensure adequate supply of PPE, swabs, and hand hygiene materials
	Alert regular PPE supplier that additional hand hygiene products, gloves, gowns, eye protection, and medical/procedural masks may be required
	Ensure delivery staff (e.g. linens, food and nutrition, supply management) deliver first to the unaffected units before progressing to affected unit
	Dedicate housekeeping cart to the affected unit(s)
	Avoid garbage and soiled linens traversing from the affected unit through other units; take directly to holding areas/loading dock
	<p>Communal Dining on the affected unit to be stopped</p> <p>Serve meals to all clients in-room via tray service (serve confirmed clients last)</p> <ul style="list-style-type: none"> If in-room meal service not possible: <ul style="list-style-type: none"> Serve asymptomatic group first in common dining area AND clean dining area particularly high touch areas when finished THEN serve symptomatic/confirmed clients. Maintain physical distancing as much as possible
	<p>Visitation</p> <ul style="list-style-type: none"> Essential visits allowed on the affected unit(s). Designated visits allowed on the affected unit(s), unless: <ul style="list-style-type: none"> Directed otherwise by Public Health Current provincial orders state otherwise

	<ul style="list-style-type: none"> ○ Communication from Fraser Health integrated LTC and AL services provide different direction if/when provincial orders are in the process of being updated ● Visitors must follow appropriate infection Control measures (e.g. droplet precautions)
	<p>Group Activities Group Activities to be stopped on the affected unit(s)</p>
	<p>Admission/Transfers/ Continue with admissions/transfers to the affected unit without approval from MHO</p>
Communicate	
	<ul style="list-style-type: none"> ● Facilities to send out Enhanced Monitoring letters as needed to families and staff ● Public Health will provide letters to the Care home for Outbreaks
When to Stop Enhanced Measures at the Care Home	
	Care home 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
Confirmed COVID-19 Case(s) – Enhanced Monitoring with Additional Measures (no outbreak declared)	
<p>NOTE: Public Health will indicate if Enhanced Monitoring with Additional Measures are to be implemented based on case trends and transmission. These measures are at the discretion of the Medical Health Officer and are in addition to the routine Enhanced Monitoring measures</p> <p>A Quality Partner (QP) may be recommended at the discretion of the Medical Health Officer</p> <ul style="list-style-type: none"> ● If QP recommended, Public Health will complete the referral 	
Additional Facility Measures	
	<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>Visitation</p> <ul style="list-style-type: none"> ● Designated visitor is permitted on the affected unit ● Designated visitation on the affected unit(s) may be placed on hold at the discretion of the MHO
	<p>Site Coordination</p> <ul style="list-style-type: none"> ● Continue Coordinating Team meetings including Quality Partners, Public Health, and/or Infection Control as needed
	Discuss with Public Health daily to implement additional infection control measures as directed
When to Stop Enhanced Measures at the Care Home	
	Care home will be advised by Public Health when all Enhanced Measures may be discontinued
<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 trends and transmission.</p> <p>Once declared, Enhanced Monitoring measures noted above remain in place with the exception of the revised facility measures for outbreak listed below:</p>	

Revised Facility Measures for Outbreak	
	<p>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</p>
	<p>Visitation</p> <ul style="list-style-type: none"> • Designated visitor is permitted on the affected unit • Designated visitation on the affected unit(s) may be placed on hold at the discretion of the MHO
	<p>Activate site Emergency Operations Centre (EOC) with <i>at a minimum</i> the Director of Care, the Facility Medical Director (if applicable) and the FH assigned site EOC lead.</p>
	<p>Post COVID-19 outbreak signage throughout the facility on doors, desk, boards, etc.</p>
	<p>Discuss with Public Health daily to implement additional infection control measures as directed</p>
	<p>Notify non-facility staff, professionals, and service providers of the Outbreak status to ensure appropriate precautions are taken</p>