

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

Case Detection and Confirmation	
	Maintain separate report and tracking lists of symptomatic staff and/or clients (see Public Health Tool 27: Resident Illness Report and Tracking Form or Public Health Tool 28: Staff Illness Report and Tracking Form). submit daily via Cerberus
Symptomatic Clients or Confirmed Case	
	Post Droplet Precautions signage at the door of the affected clients (see Droplet Precautions Poster)
	Isolate the client in their room
	Obtain a nasopharyngeal (NP) swab specimen for any symptomatic clients. <ul style="list-style-type: none"> • The swab should be obtained as soon as possible and sent to a lab for COVID-19 testing. • Ensure labelling of all requisitions with “LTC” to ensure prioritized testing
	Place a PPE , hand hygiene and disinfectant wipes station and laundry hamper outside the symptomatic clients’ rooms for the use of staff entering and leaving the room. Place disinfectant wipes outside the room
	Continue with extended medical/procedural mask and eye-protection when in common resident/tenant areas. Additionally, wear gloves and gowns when providing care for clients on Droplet precaution or when indicated by routine practices
	Provide care to asymptomatic clients first, then to the confirmed positive COVID-19 client(s)
	Ask the client to wear a medical/procedural mask if anyone will be entering their room
	Implement COVID-19 care plan for residents/tenants as appropriate
	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
	Ensure that ongoing serious illness conversations are occurring as appropriate with Substitute Decision Maker, and goals of care are aligning with management
	Consider cohorting COVID-19 positive clients – Applicable to LTC only
All Clients	
	Isolate and implement droplet for any symptomatic clients
	Isolate all clients on the same floor or neighbourhood as the confirmed positive COVID-19 clients (or where staff worked), to the best extent possible
	Serve meals to all clients in-room via tray service (serve confirmed clients last) <ul style="list-style-type: none"> • If in-room meal service not possible, 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
	Continue symptom checks for all clients twice daily
	Minimize contact between clients on affected floors/units/wards with unaffected areas through isolation, discontinuing group activities, physical distancing measures
	Remind clients of hand hygiene and respiratory etiquette
	Close the affected floor/unit/ward from other areas as possible
	Ensure ongoing discontinuation of group activities and cancel all client gatherings

	Continue physical distancing and avoid clients gathering in common areas
	Ensure ongoing cancellation or rescheduling of all non-urgent appointments that do not risk the health or well-being of clients
	Complete, as directed by Public Health, COVID-19 testing for other clients of the floor, regardless of reported symptoms <ul style="list-style-type: none"> Note mild symptoms in client or atypical/unusual symptoms for assessment and/or testing
Symptomatic Staff	
	Exclude staff from work <ul style="list-style-type: none"> Staff with respiratory or new gastrointestinal symptoms should be excluded from the facility and present to an assessment centre for testing. This includes support staff (e.g. food services, housekeeping, maintenance) working in any site. Home isolation of the staff member for 10 days from the onset of symptoms or until symptom resolution, whichever is longer. A dry cough may persist for several weeks, so a dry cough alone does not warrant continuation of self-isolation
	Ensure staff notify supervisor/manager if symptomatic
	Arrange for testing of symptomatic staff member
	Notify Facility Medical Director
Staff	
	Cohort staff assignment. Staff working with symptomatic clients avoid working with clients who are well
	Restrict staff throughout facility (no staff coverage between units/floors)
	Active symptom screening 2x per shift: 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); travel outside of Canada, and/or; contact with confirmed COVID-19 case. TIPS: ACTIVE SCREENING of all staff: follow BC CDC guidelines for screening at beginning of shift and during shift. Staff screening of each other must occur and it must be documented during their shift. FH Screeners can be deployed in an outbreak situation and screening will occur 2x per shift (beginning and during shift).
	Return to Work <ul style="list-style-type: none"> Based on Public Health's direction, staff infected with COVID-19 can generally return to work 10 days after the onset of symptoms or until symptom resolution. A dry cough may persist for several weeks, so a dry cough alone does not warrant continuation of self-isolation. Public Health will provide this information during routine follow-up. Encourage supervisors to follow-up with individual staff members 10 days after a positive test for psychosocial supports.
Facility	
	Close affected unit(s) to admissions
	Continue enhanced cleaning of floor and/or neighbourhood (consider facility) <ul style="list-style-type: none"> 2x/day cleaning throughout the facility 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
	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

	Increase restriction on visitors to no visitors, unless by special exception for actively dying clients by facility management. Visitor must be screened negative for symptoms.
	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
Communicate	
	Provide communication to facility staff, clients, and families using standardized letters that are provided by Public Health. These letters cannot be altered, but can be attached to a separate letter from the facility. FH Patient Care Quality Office (PCQO) will attend to notify families by phone.
	Notify non-facility staff, professionals, and service providers of the affected unit(s) and the inability to visit the facility
	Encourage diligence in hand washing and use of alcohol hand sanitizer for all visitors/clients/staff
Outbreak Declared by MHO – In addition to all the measures described above, the following are additional measures to implement when an outbreak is declared.	
	Activate site <u>Emergency Operations Centre (EOC)</u> with <i>at a minimum</i> the Director of Care, the Facility Medical Director (if applicable) and the FH assigned site EOC lead.
	Post COVID-19 outbreak signage throughout the facility on doors, desk, boards, etc.
	Close entire facility to admissions
	Close entire facility to visitors (except for essential visitors)
	Confirm facility staff are not actively working at another site <ul style="list-style-type: none"> • If staff are dually employed, staff should be asked to only work at one facility throughout the duration of the outbreak
	Discuss with Public Health daily to implement additional infection control measures as directed