

## Outbreak Checklist – Suspect Case

<b>For symptomatic client(s)</b>	
	Follow <b>droplet precautions</b> and use appropriate <b>personal protective equipment</b> (which includes a gown, surgical/procedural mask, eye protection, and gloves) to deliver care to the respective client, including the collection of the NP swab for testing.
	Post <b>Droplet signage</b> outside the client's room (see <a href="#">Droplet Precautions Poster</a> )
	Provide <b>personal protective equipment</b> (gowns, gloves, surgical/procedural masks, eye protection) and hand hygiene station outside the room for staff use prior to entering the room.
	Dedicate <b>equipment</b> (e.g thermometer, BP cuff, stethoscope, and commode) as much as possible. Equipment that cannot be dedicated must be cleaned and disinfected (using Accel intervention wipes, Cavi wipes or Sani Cloth) before subsequent reuse. Provide disinfectant wipes. Refer to Health Canada COVID-19 Approved Disinfectants: <a href="#">Health Canada COVID-19 Approved Disinfectant</a> .
	<b>Isolate</b> the client within their room, to minimize exposure risk to other clients and staff. If client is taken out of their room, provide a surgical/procedural mask to the client if tolerated and assist in cleaning their hands if required
	Initiate <b>droplet precautions</b> : <ul style="list-style-type: none"> <li>• Only essential Aerosol Generating Procedures (AGP) should be performed and will require donning a N95 respirator. This is in addition to eye protection, gown and gloves. Follow <a href="#">Aerosol Generating Procedures (AGP)</a> regarding appropriate PPE. N95 respirator is not required for droplet precautions only</li> </ul>
	Nursing staff (LTC only) Obtains a <b>nasopharyngeal (NP) swab</b> specimen: <ol style="list-style-type: none"> <li>a. For Instructions on how to collect a nasopharyngeal swab see <a href="#">Collecting a Nasopharyngeal Specimen for Culture</a> below <ul style="list-style-type: none"> <li>• The swab should be obtained as soon as possible and sent to BCCDC</li> <li>• Label requisition "LTC" to ensure prioritized testing</li> </ul> </li> </ol>
<b>Additional steps facility should initiate</b>	
	<b>Notify</b> leaders for the facility (Director of Care/AL Site Manager and/or Facility Medical Director)
	Hold all <b>admissions</b> to entire facility until swab results are known. Notify FH Access, Care & Transitions (ACT). At the time of matching, a discussion will occur to either halt the move or break the match.
	<b>Cleaning</b> : Inform housekeeping of the need for enhanced cleaning for the affected facility (see section 'cleaning' of <a href="#">BCCDC LTCF COVID-19</a> document for details and <a href="#">*NEW* Housekeeping Quick Reference: Enhanced Cleaning during COVID-19</a> ) <ol style="list-style-type: none"> <li>a. 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).</li> <li>b. Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes</li> </ol>

	<p><b>Food service:</b> Meals for client awaiting test results should be provided in their room during isolation. Food delivery is done by cohorted staff and not by food services staff. The number of residents eating at a table must be controlled to allow enough distance apart to meet the required physical distance (minimum 2 metres). Practice one or more of the following to meet physical distancing requirements:</p> <ol style="list-style-type: none"> <li>Assign residents in small groups to the shared dining room,</li> <li>Space seating to allow a two metre separation between residents,</li> <li>Stagger the meal times,</li> <li>Distribute groups into other available rooms.</li> </ol>
	<b>Notify</b> client's primary care provider to determine if further assessment and treatment is indicated.
	<b>Notify</b> client's family / substitute decision-maker / next-of-kin regarding the situation.
	<b>Notify</b> (as relevant) BC Ambulance, 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
	Document <b>goals of care:</b> Ensure proactive goals of care conversations are occurring, documented on the advance care planning record and client's MOST is current & up to date. Ensure facility Medical Director, delegate or Most Responsible Provider are involved and aware of client's goals of care.
	<b>Cohort staff:</b> Cohort staff assignment as much as possible. Staff working with symptomatic clients should avoid working with clients who are well. As much as possible, staff providing care/treatment to multiple clients within the facility should begin with unaffected units/clients and progress to affected units/clients. The same principle will also apply to housekeeping staff.
	<b>Staff personal protective equipment (PPE):</b> Staff to follow extended surgical/procedural mask and eye-protection protocol in all client areas. Staff entering the rooms of affected clients should follow Droplet Precautions including surgical/procedural mask, eye-protection, gloves and gown
	<b>Hand Hygiene:</b> Staff should follow meticulous hand hygiene practices following the 4 moments of hand hygiene and when doffing PPE. Instruct, educate and enable all clients to clean their hands before eating, after toileting and before coming out of their room
	Client symptom monitoring: facility should continue <b>twice daily screening</b> of all clients
For either symptomatic client and/or staff	
	Maintain separate <b>report and tracking</b> lists of symptomatic staff and/or clients (see <a href="#">Public Health Tool 27: Resident Illness Report and Tracking Form</a> or <a href="#">Public Health Tool 28: Staff Illness Report and Tracking Form</a> ), submit daily via Fax: 604-587-4418
	Active Screening 2 x 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. <b>FH Screeners can be deployed in an</b>

	<p><b>outbreak situation and screening will occur 2 x shift beginning and during shift.</b></p>
	<p>Prepare for <b>Public Health Risk Assessment:</b></p> <ul style="list-style-type: none"> <li>• Description of the facility: how many clients? Any shared rooms? How many levels of the facility? How many buildings? Common spaces? Independent Living / Assisted Living or Long Term Care Facilities? Are there other levels of service sharing the same 'campus'?</li> <li>• Prepare plans for isolation in the event many clients became ill. Is there a recreation room or other space that could be repurposed to cohort COVID positive clients?</li> <li>• Layout of the facility: a plan, building drawings or map of the facility if available. Identify where any suspect or confirmed clients are currently.</li> <li>• Staffing: staff that have interacted with the symptomatic client, etc.</li> </ul>