



Long-term Care Communication Bulletin

outbreak site or schedule the outbreak site visit for the last visit of the day.

6. Physicians/NPs must be familiar with and meticulously adherent to appropriate use of PPE in outbreak and non-outbreak settings. Having another health-care worker observe the donning and doffing of PPE can guard against errors. Links to COVID-specific resources for LTC and PPE can be found **here**:
<https://medicalstaff.islandhealth.ca/covid-19/long-term-care>
<https://medicalstaff.islandhealth.ca/covid-19/personal-protective-equipment-ppe>
7. Work with nursing colleagues and pharmacists to reduce non-essential resident assessments (routine BP/weights), reduce medications, and limit medication administration times (ie: reduce TID to BID/daily, administer medications at the same time whenever possible).
8. Once an outbreak of COVID-19 is declared at a LTC facility, any AGMP (CPAP, Bipap, nebulizers) should be stopped. Physicians/NPs can consult respirologist/internist if needed to assist with care planning for affected residents.
9. Document visits/orders remotely when possible to reduce the time spent on-site. If a hospital transfer is necessary, ensure the ED/local COVID Unit is informed and ready to receive the resident from the outbreak facility. The MHO on-call should also be informed and can be contacted through your local hospital switchboard or the medical staff intranet on-call site :
<https://medicalaffairs.viha.ca/oncall/BrowseSchedules/Groups.aspx?TeamId=26>
10. A COVID-19 LTC clinical order set is being developed and will be ready for use shortly based on the most recent BCCDC COVID-19 Therapeutics Committee guidelines.
11. Re: essential health-care workers in a LTC outbreak setting: essential workers who not have symptoms of COVID-19 are able to return to work in LTC pending their NP swab results. They do not have to be absent from work while waiting for the results of testing.