

Long-term Care COVID-19 Response Protocol: What do I do if There's an Outbreak?

Excellent health and care for everyone, everywhere, every time.

Objectives

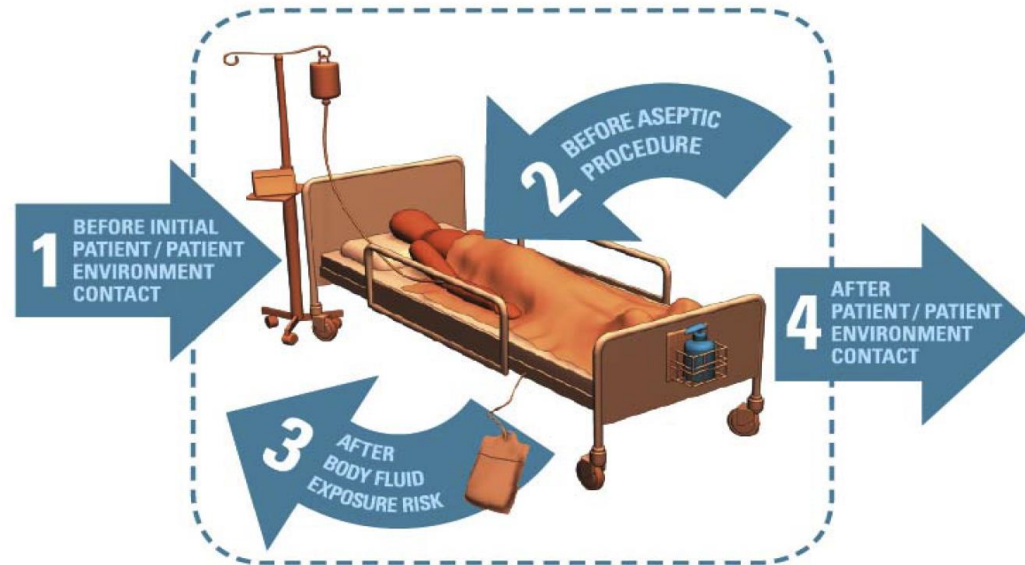
- Briefly review COVID-19 protocol for PUI and COVID-19 Positive
- Outline Meeting Structure and Commonly occurring discussions in initial outbreak management
- Outline role of COVID-19 Response Team
- Engage in a FAQ with stakeholders and key experts regarding outbreak management re: COVID-19

COVID-19 Prevention

The most important work we can do is in prevention

- COVID-19 Self-Assessments
- Stay Home if you are ill
- Physical Distancing
- Strict Hand Hygiene
- Resident Monitoring
- Limiting Visitors

The 4 Moments for Hand Hygiene



ROUTINE SCREENING & MONITORING

MRN to Assess EVERY resident for COVID-19:

1. Respiratory/Influenza like symptoms: fever, chills, cough, shortness of breath, sore throat, painful swallowing, runny nose, nasal congestion, loss of sense of smell or taste, headache, muscle aches, fatigue
2. Atypical Symptoms : Nausea, vomiting, diarrhea, conjunctivitis, dizziness, abdominal pain, skin rashes or discoloration of fingers or toes, loss of appetite, acute cognitive changes, functional decline, extreme fatigue or malaise

3. Temperature

On Admission, Discharge AND ONCE Daily

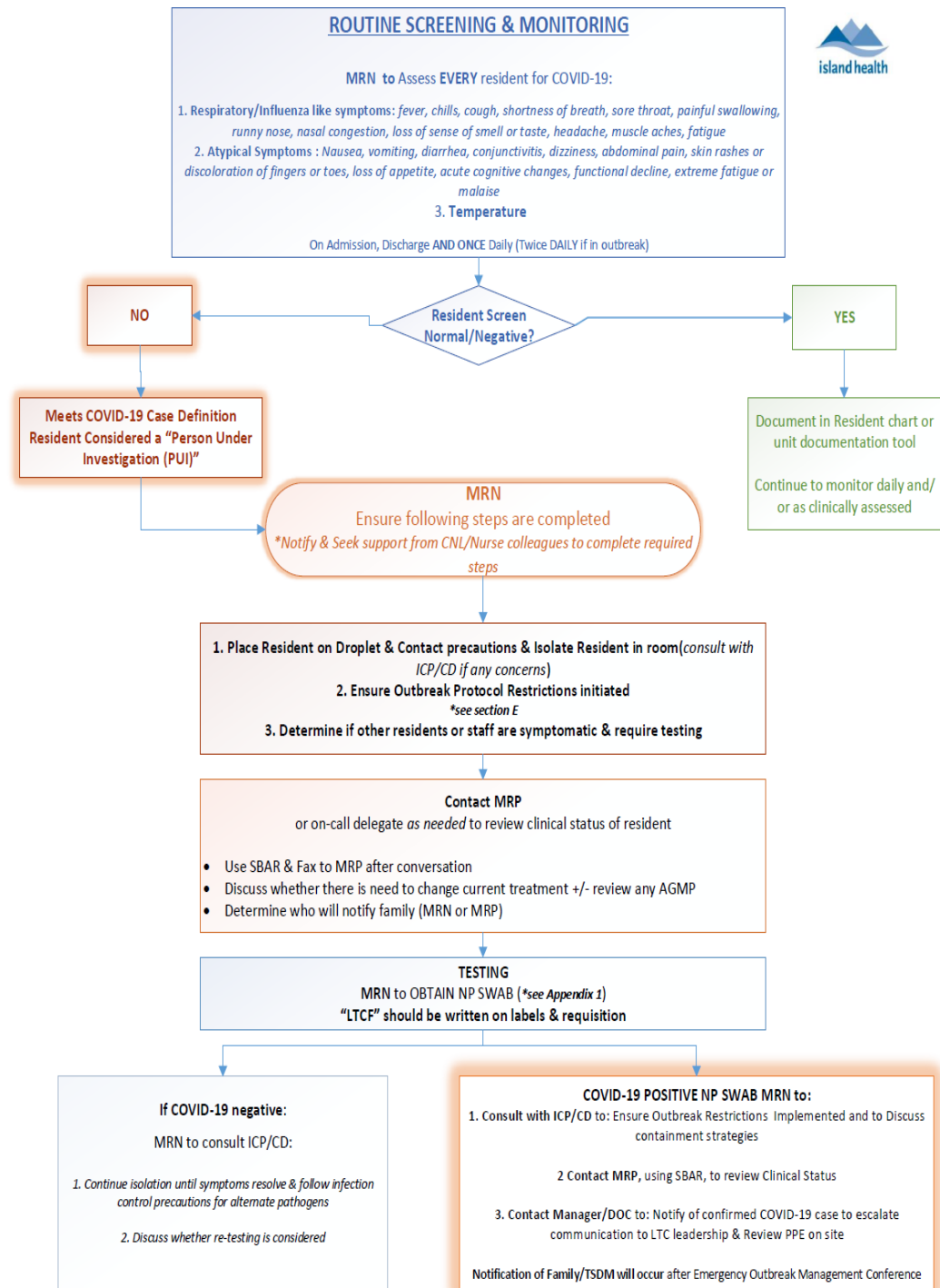
Person Under Investigation (PUI)

ISOLATE

NP Swabbing

Consider Other Exposures

Watch others for Atypical Symptoms



COVID-19 LAB CONFIRMED POSITIVE

What Happens when a resident or Staff Member is confirmed COVID-19 Positive?

Contact Tracing: What information should I have ready to share with the CD Nurse?

How are exposures or close case contacts determined?



NO RISK:

In No Risk scenarios, an HCW is not considered a close contact.

No Risk includes the following scenarios:

- HCW and patient were 2 metres apart from each other for the entire duration of the interaction.
- A brief interaction that lasted less than 15 minutes (may be cumulative, i.e., multiple interactions).
- HCW consistently wore ALL appropriate PPE.
- HCW who had NO direct or close contact with a patient.
- HCWs that may have walked by a patient.
- HCW who had NO entry to the patient's room.

These HCW are not required to exclude themselves from work and no further follow-up is required from WHS/PH/IPC after assessment. They should follow the general precautions recommended for all HCW, including assessing themselves for symptoms prior to working.

LOW-RISK EXPOSURES:

Low-risk exposures are scenarios where transmission of COVID-19 from a patient is possible due to close contact without appropriate PPE, however the patient was wearing a mask. Surgical or procedure masks worn by the patient can effectively reduce respiratory secretions from contaminating others and the environment^{a,b}.

Low-Risk Exposures include the following scenarios when providing direct care to a COVID-19 patient:

- HCW did NOT wear any appropriate PPE, however, the patient DID wear a mask.
- HCW did NOT wear gown and gloves, and did NOT engage in extensive body contact with the patient's body fluids, but HCW DID wear a mask and eye protection.
- HCW did NOT wear a surgical mask or eye protection, however, the patient DID wear a mask.
- HCW wore surgical mask when performing an AGMP.

HIGH-RISK EXPOSURES:

High-risk exposures are scenarios where an HCW's nose, eyes or mouth were exposed to potentially infectious substances and transmission of COVID-19 was likely.

High-Risk Exposures include the following scenarios when providing direct care to a COVID-19 patient:

- HCW did NOT wear any of the appropriate PPE and the patient did NOT wear a mask.
- HCW did NOT wear a surgical mask and the patient did NOT wear a mask, and had an active cough or a cough-inducing procedure performed on the patient (e.g. swabbing).
- HCW did NOT wear eye protection, and the patient did NOT wear a mask, and had an active cough or a cough-inducing procedure performed on the patient (e.g. swabbing).
- HCW did NOT use appropriate PPE when performing an AGMP (including NOT wearing an N95 respirator or eye protection during an AGMP).
- Other exposures dependent on factors that can influence exposure risk (listed above), for example;
 - HCW did NOT wear gown and gloves and had extensive body contact with the patient's body fluids;
 - PPE was damaged;
 - Hand hygiene was not adequately performed.

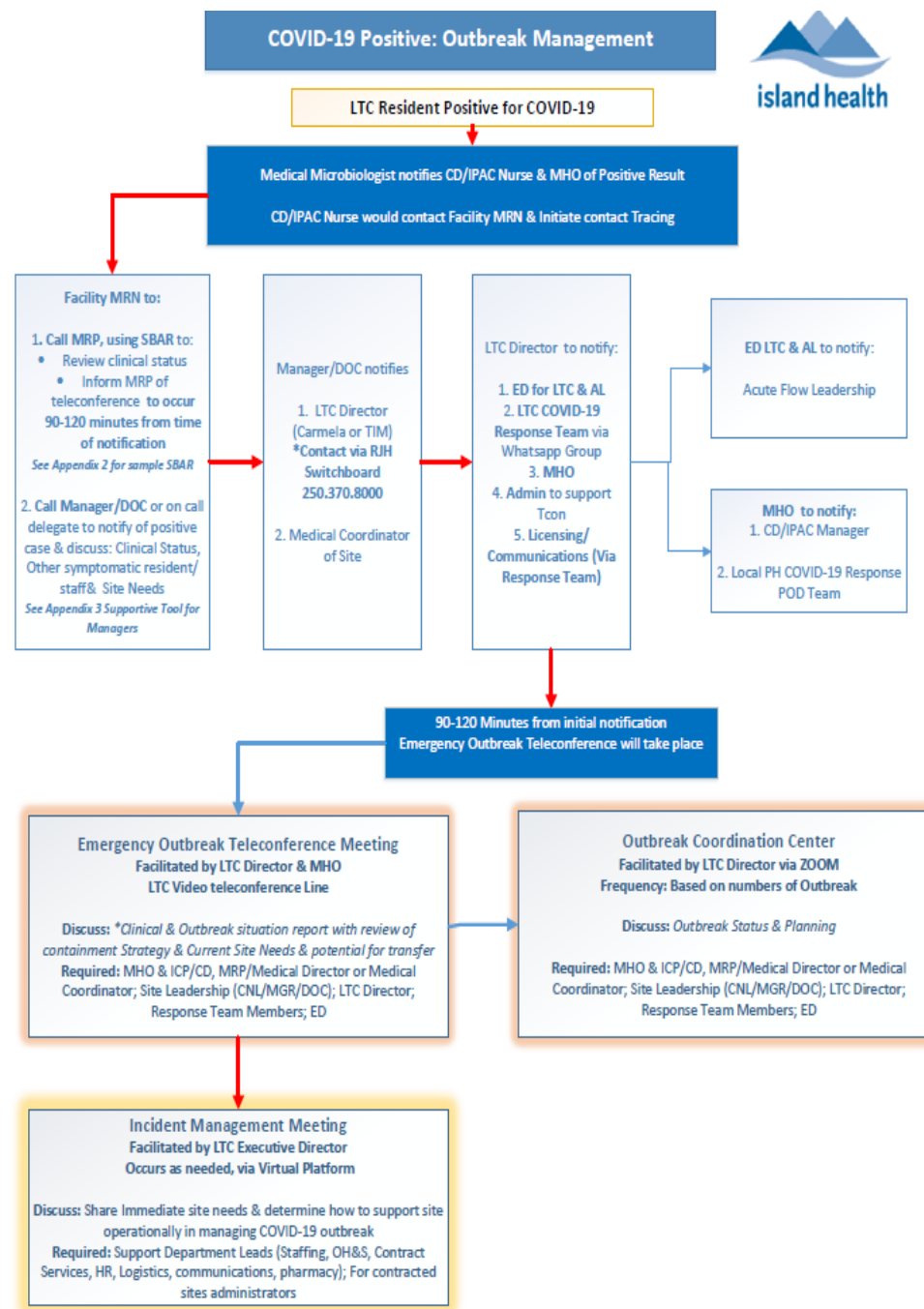
COMMUNICATION

If I am a health care worker and have tested COVID-19 positive and have not heard from anyone, what should I do?

As a staff nurse, who do I need to notify about a resident COVID-19 positive result?

What does COVID-19 outbreak Communication involve?

How are the residents, families and the public notified about the outbreak?



TESTING STRATEGY



How do we decide whether someone (resident or Staff) will be swabbed?

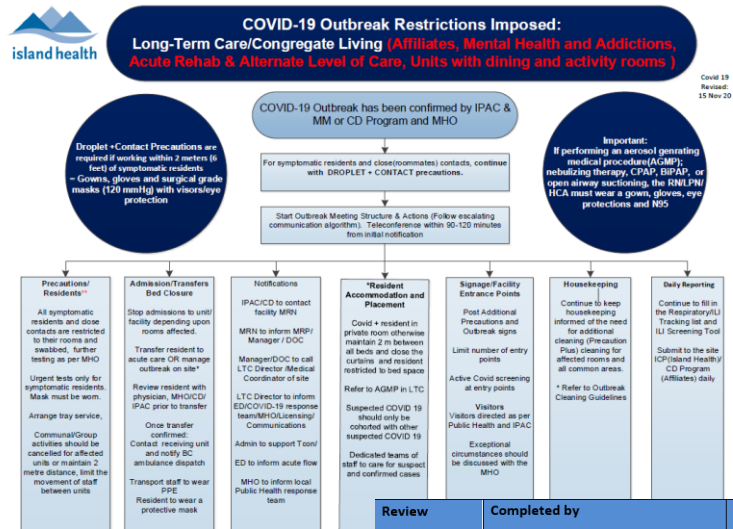
Can I come to work if I am waiting for a swab result?

What does a negative result mean?

OUTBREAK MANAGEMENT

What should we do, as leaders and front line workers, to ensure we can manage the outbreak successfully?

- Ensure Outbreak Restrictions in Place
- Cohorting Staff/Cohorting Residents
- Physical distanced Huddles and Ongoing Communication with teams
- Ensure adherence to PPE (Buddy)
- Ensure Hand Hygiene
- Work with IPAC/COVID-19 Coach on Prevention Reviews
- Ensure clear processes for using and cleaning Virtual Care tools & Vitals Machines
- Ongoing clinical surveillance and Low threshold for testing/isolating
- Ensure Frequent Check ins with Staff



Please Note: A COVID-19 outbreak identified in any residential facility will only be declared over by an ICPH officer.

Review	Completed by	Frequency	Tool to be Used
Prevention Review	To be completed by the following person(s): Infection Control Practitioner, EHO, LO, OR COVID-19 Resource Coach; WITH Manager, Director of Care, or Clinical Nurse Leader	At the beginning of the outbreak (i.e. within the first 48 hours). Can be repeated again at 2 week interval or sooner if challenging outbreak	Prevention Audit Tool
Declutter Review Tool	Unit Leads independently	Once during outbreak	Declutter Review Tool
Soiled Utility Room	To be completed by the following person(s):	as required based on prevention review	Soiled Utility Room Tool
Environmental Marker Review Tool	Environmental Health Officer; OR Housekeeping Lead; COVID-19 Resource Coach	2 times weekly	Environmental Marker Review Tool
PPE	COVID-19 Response team designate; or COVID-19 Resource Coach	3 times weekly; daily if challenging outbreak	PPE Review Tool
Hand Hygiene	Existing HH Auditors (staff); or COVID-19 Response team designate; or COVID-19 Resource Coach	3 times weekly, daily if challenging outbreak	Hand Hygiene Tool


Medical Management

What is the prognosis for residents who develop COVID-19?

Clinical Order Set: What Therapies should we consider for Residents?

How often should we monitor residents and ourselves?

What should I do with AGMPs?



Clinical Order Set

COVID-19 Treatment: Long-Term Care

Demographics

LAD, Frasierhealth, Nov242020v2

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Key: Req – Requisition MAR – Medication Administration Record K – Kardex Dis – Discontinued

Instructions for completing this order set:

- ☒ Indicates a pre-selected order. To delete a pre-selected order, draw a line through it
- ☐ Must tick the box for order to be implemented. Orders not checked will not be implemented
- ☐ Fill in blank spaces as needed/appropriate
- Indicates an item for consideration by Provider; is NOT an order

Key

Phase

COVID-19 Treatment: Long Term Care

Weight (kg): _____ (Date: _____) CrCl (ml/min): _____ (Date: _____)

GENERAL COVID-19 CONSIDERATIONS

- MRP/Provider to review and stop unnecessary medications and reduce multiple medication passes if possible
- If the resident requires transfer to acute care as recommended by Medical Health Officer (contact MHO through hospital switchboard), MRP to call ER physician or local COVID-19 Cohort Unit MRP PRIOR to calling EHS or medivan based on acuity
- If resident requires transfer, resident to wear a surgical/procedure mask during transfer

MEDICAL ORDERS FOR SCOPE OF TREATMENT

- Provider to review and update MOST status as indicated by patient's goals of care (see Link [Serious illness conversations](#))

INFECTION PREVENTION AND CONTROL

- ONLY use Patient Precaution order if no pre-existing precaution order is on the chart
- ☒ Patient Precautions, Droplet and Contact, COVID-19. Refer to Island Health IntraNet: ["AGMPs and PPE Requirements: Patients Suspected, Confirmed or at Risk of COVID-19"](#) and ["PPE During COVID-19 Pandemic"](#)
- Stop Aerosol Generating Medical Procedures (AGMP) including nebulized medications, CPAP, nocturnal BIPAP and high flow oxygen. MRP/Provider to call Respiriologist on call for guidance regarding alternative therapy based on MOST and clinical status
- Any resident (COVID-19 pending or positive) on AGMP that cannot be discontinued in facility requires Airborne Precautions (requires use of N95 masks)

MONITORING

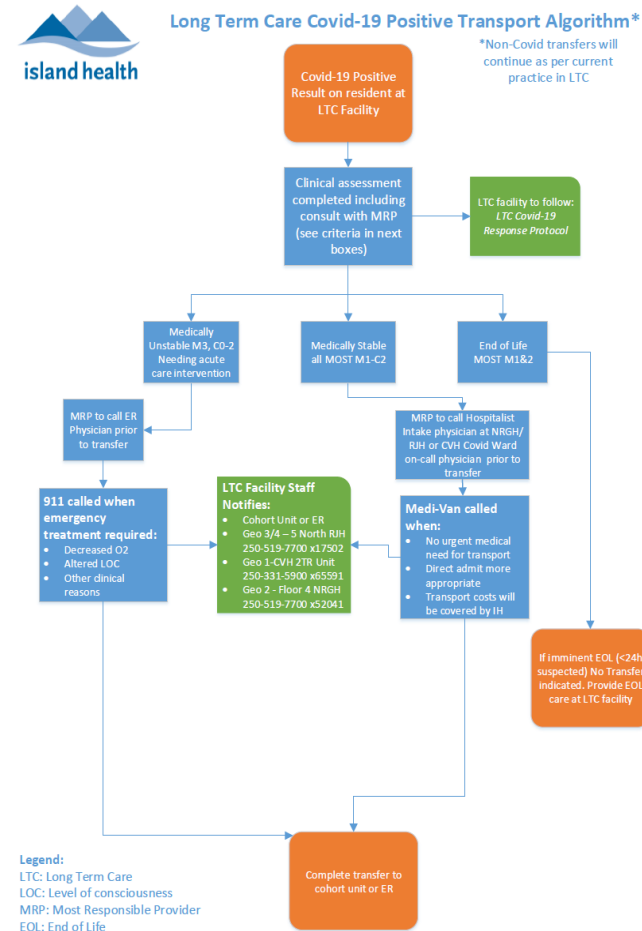
- ☒ Increase clinical assessments to twice-daily including Temperature check.
- ☒ vital signs (BP, HR, RR, O2 saturation) once daily or as clinically required based on MOST status
- ☒ Oxygen Therapy, Reason for treatment: Improve oxygenation, PRN, Titrate up to 6L/min to target oxygen saturation greater than 92% OR 88-92% for diagnosed COPD
- ☒ Notify Provider, Nurse or Respiratory Therapist must contact MRP if increasing shortness of breath and O2 needs exceed 6L via nasal prongs

COVID-19 Treatment: Long Term Care

TRANSFER

How is it decided whether a resident stays on site or is transferred to acute care?

What Kind of communication needs to happen in order to facilitate a Transfer?



COVID-19 RESPONSE TEAM

*What is the Role
of the Response
Team?*



**Why Should I
Feel
Confident
Coming to
Work?**

