Version	Date	Comments / Changes
1.0	July 2020	Initial Clinical Protocol Released
2.0	Month Year	Revision

PURPOSE: To assist facility leadership and Fraser Health Long Term Care (LTC), Assisted Living (AL) Coordination Center team to strike a balance between protecting the health and wellbeing of all residents/tenants/staff and providers and providing a degree of freedom. This document outlines a phased approach to gradually increase activities in a planned way based on Infection Prevention & Control (IPC) guidance as a facility recovers from an outbreak.

1. BACKGROUND

In Fraser Health, the philosophy for those living AL and LTC is that this is their home. During an outbreak, leadership, staff and providers often struggle with ensuring that strict infection control guidelines are followed and at the same time not imposing on the rights and freedoms of our tenants and residents as much as possible. As a facility begins to recover from an outbreak, it is essential to consider the risks and applicable IPC guidance associated with various activities and group sizes as activities are re-introduced.

2. SCOPE

Applies to registered AL and licensed LTC within the geographical borders of Fraser Health.

3. DEFINITIONS

Outbreak: One or more confirmed positive COVID-19 case in LTC, AL, IL facility in Fraser Health

Step Down Phases: Defined time periods from the last positive COVID-19 cases in which there may be a phased re-introduction or progression of activities in the facility

Pre-planning Activities: Activities to complete in preparation for initiating step-down phases

Facility: Registered Assisted Living and Licenced Long Term Care

Fraser Health Outbreak Response Lead: Co-leads the outbreak management response Emergency Operations Centre at the outbreak facility in partnership with facility leadership. Ensures best practice as it relates to infection control and outbreak management; and ensure prevention measures are implemented and sustained.

4. QUICK REFERENCE GUIDE

Component

5. ASSESSMENT

Readiness Checklist

Prior to considering moving into Step-down Phase 1, and reducing infection control (IC) measures, completion of an *approved* Readiness Checklist is required. The checklist is intended to assess the care facility's risk factors associated with reducing IC measures and increase the likelihood of success with less restrictive measures or de-escalation.

Guidelines for Use:
Complete the readiness checklist in partnership with the :

- Fraser Health Outbreak Response Lead,
- Facility leadership,
- Infection Prevention & Control,
- Public Health and
- Fraser Health Licensing.

The Fraser Health Outbreak Response Lead will bring the completed checklist information to the daily Fraser Health outbreak management meeting for decision and approval to proceed.

Readiness Checklist	
☐	Is the facility leadership able to be responsive and available to address the planning requirements by having a written plan in place that includes: ☐ Regular meetings to develop and monitor plan ☐ Engagement of all relevant departments/staff in plan ☐ Active monitoring of the plan & evaluation of outcomes ☐ A communication plan
☐	Has the site been able to implement and sustain outbreak control measures within the last 14 days, based on observations, site reports and prevention audits?
☐	Completion of Prevention Audit indicating full compliance and no high risk elements requiring ongoing action planning
☐	Has an Infection Control best practices assessment & ongoing audits been completed since COVID-19 outbreak declared? Do they demonstrate adherence to sound IC principles and ability to meet standards for: • Tenant/resident hand hygiene before and after meals, toileting and activities (individual care plans include HH) • HH audits of staff • PPE donning and doffing audits • Environmental Services(UV or ATP) audits • Decluttering audits • Proper cleaning/storage processes for shared equipment and staff understanding of shared equipment cleaning procedures • A mechanism to act on audit results is in place
☐ ☐	Does the physical environment allow for appropriate physical distancing with increased resident/tenant/client freedom of movement and less restrictive measures? Is there sufficient/appropriate space to ensure physical distancing in common areas/ Have maximum occupancy levels with physical distancing in common areas been set?
☐ ☐ ☐	Will the direct care staffing complement be able to support a stepped down approach? Does this staff complement include levels required for resident/tenant/clients who are cognitively impaired? Will the housekeeping staffing complement be able to support a stepped down approach and increased resident/tenant/client freedom of movement and less restrictive measures?
☐ ☐	Has licensing been consulted regarding compliance checks and audit findings? Has the facility completed any follow up actions identified?

6. IMPLEMENTATION

Phases

Progression through the phases will occur in consultation with Fraser Health Outbreak Response Lead, who will liaise with IPC and PH as required. A phased Step-down approach to outbreak management with a COVID-19 positive resident/tenant/client (s) includes the following phases:

Important: Medical Health Officer may provide alternative guidance unique to the outbreak

Outbreak - Days 0 to 14 from last positive COVID-19 case

- Full compliance with outbreak measures (such as isolation of case/cohorting staff/droplet precautions/hold admissions)
- Can be concluded once the 14 days of isolation from last positive case is completed and there are no pending swabs
- Completion of Readiness Checklist is required to move on to step-down phase 1
- This includes no high risk elements identified in Prevention Audit

Step-down Phase 1 – 14 to 28 days from last positive COVID-19 case in the distinct unit/floor/neighborhood. The unit/facility remains on outbreak.

- Readiness Checklist completed
- Droplet precautions are discontinued with approval (refer to Readiness Checklist)
- Gradual progression of activities, *refer to* Outbreak-Step Down Activities
- Ongoing monitoring and reporting is required by the Fraser Health Outbreak Response Lead
- Ongoing, sustainable processes in place to demonstrate ability to maintain Infection Prevention and Control (IPC) best practices
- Any new symptomatic and/or positive resident/tenant/client or staff, return to full outbreak measures

Step-down Phase 2 – 0 to 4 weeks from facility outbreak being declared over. Step-down phase 2 can be initiated when the following criteria are met:

- Phase 1 completed
- Outbreak is declared over
- Ongoing monitoring and reporting is required by the Facility leadership
- Gradual progression of activities, *refer to* Outbreak-Step Down Activities
- Any new symptomatic resident/tenant/client would be placed on droplet precautions, pending swab results
- Any new laboratory confirmed COVID-19 positive resident/tenant/client or staff would lead to immediate return to Outbreak
- Ongoing, sustainable processes in place to demonstrate ability to maintain Infection Prevention and Control (IPC) best practices

Step-down Phase 3 – 4 to 8 weeks from outbreak being declared over. Step-down phase 3 can be initiated when the following criteria are met:

- Phase 2 is complete
- Ongoing monitoring and reporting continues by the Facility leadership
- Gradual progression of activities, *refer to* Outbreak-Step Down Activities
- Prevention Audit (as per action plan and follow up) continues to demonstrate compliance
- Ongoing, sustainable processes in place to demonstrate ability to maintain Infection Prevention and Control (IPC) best practices

Pre-planning for Activities

- Develop resident/tenant/client groupings
- Assess maximum capacity for common areas such as:
  - TV lounges
  - Dining rooms
  - Activity rooms
  - Therapy rooms
  - Elevators
  - Patios and outdoor areas
- Post signage or floor markers for physical distancing
- Develop activity schedule for each unit
- Develop designated flows (designated elevator) for building and for outdoor courtyard access
- Site-wide declutter
- Set up outdoor spaces (eg patio or courtyard), establish scheduled access so all residents/tenants/clients from different neighbourhood can access and still maintain physical distance and maintain unit/neighborhood cohorting
- Set up break room spaces consider capacity for physical distancing and cohorting of staff

Outbreak Step-Down Requirements for the Phased Activities

The following requirements apply to all activities outlined in the table below:

- Move through phases gradually, monitoring risks before proceeding
- Activities are allocated to the phases below according to applicable IPC guidance
- Maintain resident/tenant/client and staff cohorting
- Keep like groups together (e.g. those who have had COVID-19, never had COVID-19) (or cohorted neighbourhoods/floors together)
- Expected phase timelines below may change in consultation with Infection Prevention and Control, Public Health
- Not all neighborhoods/floors may move through phases at the same time
- Physical distancing 2m/6ft to be maintained
- Small, consistent groups (see details in activities below)
- Hand Hygiene for residents/tenants/clients & staff
- Dedicated/person specific equipment or disposable/cleanable equipment

ACTIVITIES		PHASE 1 (14-28 DAYS FROM LAST CONFIRMED CASE)	PHASE 2 (0-4 WEEKS FROM OUTBREAK DECLARED OVER)	PHASE 3 (4-8 WEEKS FROM OUTBREAK DECLARED OVER)	NOT DURING PANDEMIC AWAIT PHO/MHO/ LTC CC DIRECTION
Recreation Therapy	1:1 with: - no equipment - dedicated equipment Or, - cleanable/disinfected equipment	✓	✓	✓	
	Small (consistent) groups (2-4 people, physically distanced): • "no touch" activities e.g. music based (not singing), trivia, Word games • person specific or disposable supplies – e.g. Bingo	✓	✓	✓	
	Medium sized group 4-8 people, physically distanced			✓	
	Large group programs 8+ people, physically distanced				✓
	Resident/tenant/client Group Programs with mixed units				✓
Rehabilitation (Ensure ability to physically distance in all activities of more than 1 person)	1:1 therapy with no or dedicated equipment/ cleanable equipment (e.g. walking program, PROM, strengthening in room)	✓	✓	✓	

ACTIVITIES		PHASE 1 (14-28 DAYS FROM LAST CONFIRMED CASE)	PHASE 2 (0-4 WEEKS FROM OUTBREAK DECLARED OVER)	PHASE 3 (4-8 WEEKS FROM OUTBREAK DECLARED OVER)	NOT DURING PANDEMIC AWAIT PHO/MHO/ LTC CC DIRECTION
	Small group (2-4 people) exercise (no equipment)	✓	✓	✓	
	Small group exercise (2-4 people) with equipment • Hand Hygiene prior to/after and clean and disinfect equipment		✓	✓	
	Therapy Room 1:1		✓	✓	
	Small group off-unit/neighborhood (therapy room/gym/etc.) determine max capacity for space and type of exercise (maintain consistent group from same unit)			✓	
	Walk Therapy Group: • Outdoors, on-site (e.g. courtyard) 2-4 people • inside max 2 people (determine max for inside space based on hallway flows & ability to physically distance)		✓	✓	
	Heat Packs/Therapeutic Heat*	*Consult with IPC regarding proper use, cleaning and disinfection of these devices*			
Music Therapy	1:1 visit with no or cleanable equipment	✓	✓	✓	
	Small group activity 2-4 people with no or cleanable equipment – excludes singing		✓	✓	
	1:1 singing				✓

ACTIVITIES		PHASE 1 (14-28 DAYS FROM LAST CONFIRMED CASE)	PHASE 2 (0-4 WEEKS FROM OUTBREAK DECLARED OVER)	PHASE 3 (4-8 WEEKS FROM OUTBREAK DECLARED OVER)	NOT DURING PANDEMIC AWAIT PHO/MHO/ LTC CC DIRECTION
	Small group singing				✓
Art Therapy	1:1 with person specific supplies/cleanable/disposable supplies	✓	✓	✓	
	Small group with person specific supplies/cleanable supplies/disposable supplies (2-4 people		✓	✓	
Spiritual Care	Individual church service with mobile device	✓	✓	✓	
	Small group memorials same unit (residents/tenants/clients only) up to 6		✓	✓	
	Large group 6-12 same unit			✓	
	Mixed unit memorials				✓
	Church services	Need more info			
Common Areas	TV lounges – small groups 2-4 – markers on floor for max capacity and spacing (4 is max)	✓	✓	✓	
Pets	Pets (e.g. cats, dogs) in the site (who roam throughout site)	Boarding (i.e. kennel) off-site	Submit plan to IPC	Submit plan to IPC	
	Pets in cages (e.g. birds, Guinea pigs)	Discourage residents/tenants/clients touching/petting	✓	✓	
Outdoor Access	Patio access on each unit with physical distancing (determine max capacity/markers)	✓	✓	✓	
	Supervised walk in courtyard 1:1		✓	✓	

ACTIVITIES		PHASE 1 (14-28 DAYS FROM LAST CONFIRMED CASE)	PHASE 2 (0-4 WEEKS FROM OUTBREAK DECLARED OVER)	PHASE 3 (4-8 WEEKS FROM OUTBREAK DECLARED OVER)	NOT DURING PANDEMIC AWAIT PHO/MHO/ LTC CC DIRECTION
	Independent Courtyard access (resident/tenant/client able to follow precautions – distancing and respiratory etiquette)		✓	✓	
	Small group courtyard - supervised		✓	✓	
	Large Group Courtyard				✓
	Smoking – smoking gazebo	Consider nicotine replacement	✓ individual care plan needed	✓	
	Outside – community access – individual - independent		AL follow guidelines in family/social visit protocol	AL follow guidelines in family/social visit protocol	LTC ✓(except for essential medical needs)
	Bus trip- drive only				✓
	Bus trip with outing				✓
On-site Medical Services/Visits	Foot Care - essential		✓ (single site exemption not required)	✓	
	Foot Care - routine				✓
	Dental Care -essential		✓	✓	
	Dental Care - routine				✓
Visits	Hairdresser		Follow Family/Social Visit Protocol	Follow Family/Social Visit Protocol	
	Virtual	✓	✓	✓	
	Window Visits	may be possible if resident/tenant does not have to leave	✓	✓	

ACTIVITIES		PHASE 1 (14-28 DAYS FROM LAST CONFIRMED CASE)	PHASE 2 (0-4 WEEKS FROM OUTBREAK DECLARED OVER)	PHASE 3 (4-8 WEEKS FROM OUTBREAK DECLARED OVER)	NOT DURING PANDEMIC AWAIT PHO/MHO/ LTC CC DIRECTION
		unit			
	Essential Visits	Essential visits limited to actively dying	Follow Essential Visit Protocol	Follow Essential Visit Protocol	
	Family/Social Visits		Follow Family/Social Visit Protocol	Follow Family/Social Visit Protocol	
	Outing with family				✓
Volunteers	Volunteers 1:1		Follow essential visit protocol	Follow essential visit protocol	
	Volunteers small groups				✓
Dining (ensure physical distancing at all times)	Tray service in rooms	✓	✓	✓	
	Eating in Dining room (25% of max occupancy with physical distancing)		✓	✓	
	Eating in dining rooms (50% of max occupancy with physical distancing) may increase incrementally if site able to ensure separation or schedule staggered dining times; gradual increase, every 2 weeks, to 100% of max occupancy with physical distancing, not to exceed 50 people (including staff)			✓	
	Nourishment station/kitchenette on unit		Staff only access	Staff only access	✓

ACTIVITIES		PHASE 1 (14-28 DAYS FROM LAST CONFIRMED CASE)	PHASE 2 (0-4 WEEKS FROM OUTBREAK DECLARED OVER)	PHASE 3 (4-8 WEEKS FROM OUTBREAK DECLARED OVER)	NOT DURING PANDEMIC AWAIT PHO/MHO/ LTC CC DIRECTION
	Communal Beverage station		Staff only	Staff only	✓
Staff	Breaks - break rooms Physical distancing, maintain cohorts within units/neighbourhood	✓	✓	✓	
	Breaks – outside Physical Distancing, maintain in cohorts at designated tables for each floor/unit/neighbourhood		✓	✓	
	Breaks - Leaving the building /premises	Discourage until outbreak over	Staff need to change clothing before leaving facility	Staff need to change clothing before leaving facility	
Throughout all phases: Maintain the following Measures	• Hand hygiene Audit Tool • PPE Audit Tool • Environmental cleaning (UV Marker Audit/ATP) • Declutter Audit Tool • Monitor & report results to site leadership				

7. DOCUMENTATION

- Documentation should be completed as per standard practice for facility
- Documentation must include:
  - Completed and approved Readiness Checklist
  - Pre-Planning for Activities (activities schedules, resident/tenant grouping etc.).
  - Monitoring and evaluation of progress
  - Any other documents related to step-down process

8. EVALUATION AND MONITORING

LTC-AL Coordination Centre will monitor feedback on process from facilities and other stakeholders involved in an outbreak response and revise/adjust as indicated

9. REFERENCES

Fraser Health Ethical Decision Making Framework FH LTC Culture Principles Supporting Residents with Dementia who are COVID + and require isolation

Consultation: Fraser Health Outbreak Response Leads, LTC IL AL clinical task group & coordination center; MHO, FH Public Health; FH Infection Prevention and Control

BC-Centre of Disease Control (BCCDC) *Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living.*