

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

The following checklist outlines measures to be implemented by the site when Enhanced Monitoring is recommended or an Outbreak has been Declared.

**NOTE**: The Enhanced Monitoring measures <u>may</u> be revised by Public Health depending on the COVID-19 vaccination status of the staff and residents at the site.

For the purposes of this document, the term client is used to represent residents, tenants, seniors, elders, or other terms used to describe a person that resides in the facility.

Ongoing Case Detection and Confirmation		
Symptomatic client(s) and/or Staff		
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 Client(s)		
Nursing staff (LTC and AL only) obtain a nasopharyngeal (NP) swab specimen for		
symptomatic clients:		
If unable to obtain a nasopharyngeal swab, a saline gargle sample may be appropriate		
<ul> <li>For Instructions on how to collect a nasopharyngeal swab or saline gargle</li> </ul>		
sample see Specimen Collection Processes & Resources		
<ul> <li>The swab/gargle should be obtained as soon as possible and sent to BCCDC</li> </ul>		
Label requisition "LTC" to ensure prioritized testing		
Symptomatic clients should be provided meals in their room during isolation.		
Symptomatic Staff		
Staff that present to work with symptoms, or begin to experience symptoms during their		
shift are to inform supervisor, leave the worksite immediately and go for testing.		
Confirmed COVID-19 Case(s) – Enhanced Monitoring Recommended		
Client Case(s)		
Isolate the case in their room and Implement Droplet Precautions		
Post Droplet Precautions signage at the door of the affected clients (see Droplet		
Precautions Poster)		
Place a <b>PPE</b> , hand hygiene and disinfectant wipes station and laundry hamper outside the		
cases' rooms for the use of staff entering and leaving the room		
Implement COVID-19 care plan for clients as appropriate		
Continue to ensure <b>proactive goals of care</b> 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		
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Staff Case(s)		



	Return to Work Guidance:
	Based on Public Health's direction, staff infected with COVID-19 can generally return to
	work 10 days after the onset of symptoms or once symptoms resolve (whichever is
	longer).
	• 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.
Faci	lity Measures
	Isolate and implement droplet precautions for any symptomatic clients
	Isolate and implement droplet precautions for any clients who are unvaccinated and
	exposed
	Active Screening twice 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); Under order to quarantine after travel outside
	of Canada, and/or; Been told to self-isolate by public health following a close contact
	exposure.
	TIPS:
	ACTIVE SCREENING of all staff: follow BCCDC guidelines for screening at beginning of shift and
	during shift. Staff screening of each other must occur and must be documented during the
	shift.
	NOTE: If an outbreak is declared, FH Screeners can be deployed to support screening which
	is to occur twice shift beginning and during shift.
	Do Not test asymptomatic staff or residents.
	Testing for asymptomatic staff and residents will be directed by Public Health.
	Cohort staff assignment.
	Staff working with symptomatic clients avoid working with clients who are well.
	If cohorting not possible, provide care to asymptomatic clients first, then to the
	confirmed positive COVID-19 client(s)
	Limit staff movement throughout facility (no staff coverage between units/floors)
	Enhanced cleaning of floor and/or neighbourhood
	• Twice daily cleaning throughout the affected unit/floor including high-touch
	surfaces (door knobs, faucets in bathrooms, common areas, dining rooms, gyms,
	recreational therapy rooms, shared equipment)
	<ul> <li>Use 0.5% accelerated hydrogen peroxide wipes or bleach wipes</li> </ul>
	Remind clients of hand hygiene and respiratory etiquette
	Staff to continue with extended medical/procedural mask and eye-protection when in
	common resident/tenant areas? add in wear gloves and gowns when providing care for
	clients on droplet precautions
	Continue to ensure adequate <b>supply</b> 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
	Ensure delivery staff (e.g. linens, food and nutrition, supply management) deliver first to the
	unaffected units before progressing to affected unit
	Dedicate <b>housekeeping</b> 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
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	Visitation
	• Essential visits will be allowed on the affected unit(s). All essential visitors must be
	masked at all times
	• Social visits are to stop on the affected unit(s) until directed otherwise by Public Health
	Admission/Transfers/Group Activities
	To stop on the affected unit(s) until directed by Public Health
Com	municate
	Provide <b>communication</b> 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.
	Encourage diligence in hand washing and use of alcohol hand sanitizer for all
	visitors/clients/staff
	Notify non-facility staff, professionals, and service providers of the Enhanced Monitoring
	status to ensure appropriate precautions are taken
Out	tbreak Declared by MHO
	dition to all the Enhanced Monitoring measures described above, the following are
addi	tional measures to implement when an outbreak is declared.
	Activate site Emergency Operations Centre (EOC) with at a minimum the Director of
	Care, the Facility Medical Director (if applicable) and the FH assigned site EOC lead.
	Post COVID-19 <b>outbreak signage</b> throughout the facility on doors, desk, boards, etc.
	<b>Isolate and implement droplet precautions</b> for 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)
	If in-room meal service not possible:
	<ul> <li>Serve asymptomatic group first in common dining area AND clean dining area particularly high touch areas when finished</li> </ul>
	<ul> <li>THEN serve symptomatic/confirmed clients.</li> </ul>
	Maintain physical distancing as much as possible
	Discontinue group activities for the affected unit
	Close affected unit to <b>admissions</b>
	Close affected unit to social visitors (essential visits can continue – masks must be worn at
	all times)
	Confirm facility staff are not actively working at another site
	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
	Notify non-facility staff, professionals, and service providers of the Outbreak status to
	ensure appropriate precautions are taken