Guideline for COVID-19 Outbreak Prevention and Management in Northern Health Facilities

(Including acute care and long-term care facilities)

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northern health
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REVISIONS

Changes from the May 4, 2020 version are highlighted in yellow.

INTRODUCTION

This guideline was developed to assist Northern Health facilities to prepare, detect and respond to cases and outbreaks of COVID-19. Managing a COVID-19 outbreak can be challenging. This guideline will ensure the risk of transmission to other clients, as well as Health Care Workers, is minimized.

COVID-19 is a virus that causes a respiratory and/or systemic illness ranging from common cold-like symptoms to more severe disease. Gastrointestinal symptoms may also occur, but it is less common for these to be the only symptoms. It spreads through droplet and contact transmission and requires appropriate PPE.

If one resident/patient or Health Care Worker is confirmed to have COVID-19, and it is believed the infection was acquired at the facility, an outbreak will be declared by the Medical Health Officer. It is vitally important that all Health Care Workers are aware of the case definition for COVID-19 and the need to monitor for and test resident/patients with new or worsening respiratory, systemic, or gastrointestinal symptoms.

This guideline includes enhanced routine preventive measures to be applied in all Northern Health facilities at all times. This guideline applies for the duration of the provincial Public Health Emergency related to COVID-19.

OUTBREAK PREVENTION AND DETECTION

Infection prevention and control practices

- All Health Care Workers must use Routine Practices (Clinical Practice Standard 1-11-1-3-070) when caring for any resident/patient.
- In addition to routine practices, when a resident/patient presents with a respiratory, systemic, or gastrointestinal illness, additional precautions are necessary. All resident/patients with a new respiratory, systemic, or gastrointestinal illness need to be placed on droplet/contact precautions.

Aerosol-generating medical procedures (AGMPs)

- N95 respirators or equivalent are only required when aerosol-generating medical procedures (AGMPs) are performed on resident/patients with suspected or confirmed respiratory infection. Examples of AGMP include nebulizers, CPAP, BiPAP, intubation and high-flow oxygen over 6 liters/min.
- In order to reduce the use of, and exposure to, AGMPs:
    - Avoid the use of nebulizers wherever possible. Respiratory medications should be delivered by an aero chamber and inhaler.
    - Consider reducing high-flow oxygen to maintain less than 6 liters/min.

- If resident/patient has the cognitive and physical ability, consider having them start and stop their own CPAP/BiPAP, and delay Health Care Worker entry into the room until 90 minutes has elapsed.
- Ensure a notice is posted immediately on the outside of any room where an AGMP takes place, to alert Health Care Workers and visitors an AGMP may be taking place in the room and to don appropriate PPE as required.

Hand hygiene and respiratory hygiene

- Teach resident/patients how to perform hand hygiene and respiratory hygiene, where physically and cognitively able.
- Post signs and posters around the facility, including in all bathrooms, to encourage and guide clients, Health Care Workers, and visitors on proper hand hygiene and respiratory hygiene.
- Ensure alcohol-based hand rub with at least 70% alcohol content is readily available to clients, Health Care Workers, and visitors at all facility entry and exit points, common areas, client units, and at point-of-care in the client's room.
- Ensure sinks are well-stocked with plain soap and paper towels for hand washing. Please note antibacterial soap is not required for COVID-19.
- Ensure other supplies, including disinfecting wipes, tissues, and lidded, non-touch waste bins are available for use by clients, Health Care Workers, and visitors, as required at point-of-use.

Housekeeping

- In addition to routine cleaning, high touch surfaces should be cleaned twice daily.

Physical distancing

- As much as possible, maintain distance of at least two metres (6 feet) between Health Care Workers, resident/patients, and visitors at all times.
- Where communal dining is provided, staggered meal times may be required to allow resident/patients to maintain this distance while dining. (LTC Only)
- Re-organize shared facility spaces to enable and encourage the maintenance of safe physical distance.
- Cancel all social activities, except where this distance can be maintained. (LTC Only)
- Install physical barriers, such as clear partitions at reception desks and sneeze guards in food service areas.

Visitor restrictions

- Limit the number of entry points into the facility.
- Restrict visitors in accordance with current policy. Place signage at the entrance of the facility regarding visitor restrictions.

- Any visitors who does enter the facility must be screened for symptoms and must sign in on the **visitor sign-in sheet (Appendix C)**. Retain visitor logs for four weeks, so potential contacts can be identified in the event of an outbreak.
- Essential visits shall be limited to one visitor per client in the facility at a time (except in the case of palliative/end of life care). Essential visitors should visit resident/patients in their rooms, rather than in common areas.
- All visitors must be instructed on how to practice respiratory etiquette, hand hygiene and physical distancing (i.e., maintaining at least two meters of physical distance from others at all times), and how to put on and remove a surgical/procedure mask.
- All visitors must be capable of complying with appropriate precautions, including infection prevention and control measures. If not, the visitor must be excluded from visiting.

LTC Only

- Place signage (LTC) at the entrance of the facility regarding visitor restrictions.
- All visitors must bring and wear their own mask (can be non-medical mask) for the duration of their visit. If the visitor did not bring their own mask, one will be provided.
- Facility will schedule all visitation appointments.

Enhanced symptom screening of all Health Care Workers, visitors, and new or returning resident/patients, upon arrival

- Actively screen all Health Care Workers, visitors, and service providers, as well as new and returning resident/patients (returning from family visits, day trips, appointments and those entering the facility for respite care) for respiratory, systemic, or gastrointestinal symptoms upon entry.
- During business hours, a Health Care Worker will be posted at all entry points to actively screen every person who enters the building for symptoms of COVID-19. Outside of regular business hours, develop, and implement a comparable process to ensure everyone entering the building is actively screened.
- Protect screeners by installing physical distancing supports including spacing markers on the floor (2 metres apart) and transparent barriers that prevent droplet transmission without interfering with communication between the screeners and others.
- Screeners should follow the Facility Entry Screening Script (Appendix B).
- In addition, passive screening of visitors should occur by way of signage (in multiple languages) posted at all entrances to the facility reminding persons entering the facility to **NOT** enter if they have symptoms such as fever, cough, difficulty breathing, chills, sore throat, runny nose, vomiting or diarrhea. It should also include clear instructions on how to perform respiratory and hand hygiene.
- **Individuals with symptoms should not enter the facility** unless under special circumstances and with the knowledge and pre-approval of the Medical Health Officer. This also applies to new admissions to LTC, which should be delayed if the person is symptomatic and COVID-19 has not been ruled out.

- If a returning resident/patient answers **YES** to any of the screening questions: provide resident/patient and any accompanying individual(s) a surgical/procedure mask to wear and ask them to perform hand hygiene. If they are unable to tolerate a mask, or if contact with the patient or their belongings is required, the Health Care Worker must wear a gown, mask, and eye protection. The resident should go directly to their room without interacting with other resident/patients, and should be assessed promptly. If symptoms are confirmed, follow the Initial Infection Control Procedure on page 10.
- Resident/patients who leave the facility overnight (or longer) should be placed on isolation for 14 days following their return, the same as new admissions. This may also occur following day trips, depending on the risk associated with the resident/patient's activities while away from the facility, at the discretion of facility management. (LTC Only)

New admissions (LTC Only)

- Symptomatic individuals should not be admitted until their acute symptoms have resolved and at least 10 days have passed from the onset of symptoms. At the direction of the MHO some confirmed COVID-19 cases may also require further testing to demonstrate non-infectiousness prior to admission.
- Asymptomatic individuals who have been identified as close contacts of confirmed or probable COVID-19 cases should not be admitted until 14 days following their last exposure.
- An admission from acute care - the requirement to self isolate for 14 days will be determined on a case by case basis according to the risk of COVID-19 exposure during the acute care admission, as well as prior to the admission if the admission is less than 14 days in duration. If there is any question or uncertainty around the admission from acute care, contact to consult with the ICP/MHO for guidance and direction.
- Any exceptions to the above recommendations in response to critical need for the inpatient bed should be reviewed with the Medical Health Officer and, if approved, liaise with infection prevention and control to prepare the receiving facility for implementing precautions on arrival.

Enhanced symptom screening of all resident/patients, daily

- All resident/patients should be monitored for new or worsening cough, sneezing, runny nose, fever, sore throat, difficulty breathing, or episodes of vomiting and/or diarrhea **at least once per day**.
- Record symptoms on the Daily Resident/Patient Symptom Check form (10-800-5007).
- If new symptoms appear, follow the Initial Infection Control Procedure on page 10.

Psychosocial supports

The implementation of infection prevention and control measures, such as the use of PPE, restrictions on visitation, and curtailing of group activities during the COVID-19 pandemic, may adversely affect the mental health and psychological well-being of clients, which may lead to behavioural and non-compliance issues. Some clients may become more agitated, stressed, and

withdrawn during the outbreak or while in isolation, and may require mental health and psychological support.

- Provide clients with up-to-date information about COVID-19.
- Make every effort to connect with clients and understand their needs during this stressful time. Consider using one-on-one support programs for clients.
- Gently educate, inform, explain, and encourage clients about the measures being put in place to maintain their health and the health of those around them.
- Where personal electronic devices (e.g., tablets, phones) are used to support virtual communication and social interactions during the pandemic:
    - Ensure mobile devices are dedicated to a single client;
    - Ensure mobile devices are cleaned after every use. To avoid damaging electronics, follow the manufacturer's instructions regarding cleaning products and technique; and,
    - Ensure clients and Health Care Workers wash their hands regularly when using mobile devices.
- Support the adoption and implementation of the World Health Organization's Mental Health and Psychosocial Considerations During the COVID-19 Outbreak for older adults: https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf

Preventive measures that apply to Health Care Workers

- Health Care Workers should follow current Northern Health recommendations regarding routine use of PPE while delivering patient care.
    - **Note:** N95 respirators or equivalent are only required when aerosol-generating medical procedures (AGMP) are performed on resident/patients with suspected or confirmed respiratory infection. See section **Aerosol-Generating Medical Procedures**, above.
- Health Care Workers must actively self monitor for symptoms related to COVID-19, such as new or worsening cough, sneezing, runny nose, fever, sore throat, difficulty breathing or episodes of vomiting and/or diarrhea.
- Health Care Workers with any respiratory, systemic, or gastrointestinal symptoms:
    - Are required to self-report their symptoms and call their site manager/supervisor without going to the worksite;
    - Are required to self-report to PWHCC (1-866-922-9464)
    - Must self-isolate promptly and phone the Northern Health COVID-19 Online Clinic (1-844-645-7811) or their health care provider to arrange testing;
    - Will be excluded from work and will remain off work on sick leave for ten days from the onset of symptoms, and until acute symptoms have resolved; or, until COVID-19 is ruled out by testing.
    - For more detailed guidance related to return-to-work for health care workers who develop symptoms, managers/supervisors should consult the BC Health Care Worker return to work decision tree.
- Health Care Workers who develop symptoms while at work should perform hand hygiene, report to their manager, safely transfer care as soon as possible, and immediately self-

isolate. Prior to leaving work they should request testing, either via the Northern Health COVID-19 Online Clinic (1-844-645-7811) or via the facility physician; the specimen should be collected at the workplace. Health Care Workers should then leave the work place immediately.

- Post signage reinforcing these messages for Health Care Workers.
- In the case of symptomatic food handlers, the informed manager/supervisor must immediately contact the local Environmental Health Officer (EHO) for direction on additional control measures.
- Asymptomatic Health Care Workers who have travelled outside of Canada, or who have been identified by Public Health or the Provincial Workplace Health Call Centre as close contacts of a confirmed case of COVID-19 in the community or at work, must also self-isolate and may be excluded from work for up to 14 days, following their return to Canada or their last exposure to the case. However, due to the essential nature of health care services, health care workers in this scenario may be deemed essential by their manager and be required to attend work (with additional precautions).
- To the greatest extent possible, Health Care Workers should only work in one facility for the duration of the COVID-19 pandemic. Additional guidance on this matter during an outbreak will be provided by the MHO.

OUTBREAK READINESS

All facility/unit managers should be prepared for an outbreak. They are vital contributors to outbreak prevention, detection, and control, and as such have many responsibilities during an outbreak. Prior to an outbreak (i.e. as soon as possible), the facility/unit manager should:

- Ensure they and all of the facility's Health Care Workers are familiar with the responsibilities of their facility regarding outbreak prevention, detection, and management.
- Ensure outbreak tools are available on site and all Health Care Workers know where they are:
    - Outbreak kits and /or appropriate specimen containers and labels
    - Signage
    - Supply of appropriate PPE
- Maintain an up-to-date list of the members of the Facility Outbreak Management Team (see "Outbreak Management", below), including the contact information for their Infection Prevention and Control Practitioner, Medical Health Officer, and Licensing Officer.
- Designate a Facility Outbreak Lead (e.g. Facility Manager, Coordinator or other) who will be able to provide up-to-date information to the Facility Outbreak Management Team on a daily basis, and oversee the implementation of control measures.

CASE AND OUTBREAK DEFINITIONS

COVID-19-Like Illness Case Definition

Acute onset of **respiratory, systemic, or gastrointestinal illness**, with ANY of the following symptoms (new or worsened), and no other definitive diagnosis*:

- Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), loss of smell and/or taste
- Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
- Gastrointestinal symptoms: nausea, vomiting, diarrhea

*Note this does NOT include symptoms with a known cause, such as fever due to urinary tract infection, or diarrhea due to a new medication. Clinical judgement is required.

If any resident/patient meets the case definition, follow the Initial Infection Control Procedure on the following page.

Outbreak Definition

Any ONE resident/patient or Health Care Worker has a laboratory-confirmed diagnosis of COVID-19, AND:

- Acute care patients: timing and/or exposure history must indicate the infection was acquired at the facility (rather than prior to admission).
- Health Care Worker: the Health Care Worker must have worked at the facility during their infectious phase.

NH Initial Infection Control Procedure for Symptoms of Novel Coronavirus (COVID19)

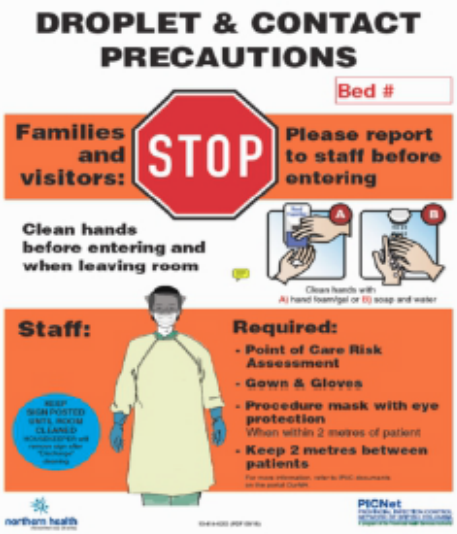
Residents/Patients with Acute onset of Respiratory, Systemic, or Gastrointestinal Illness

Any ONE of the following symptoms (new or worsened:

- Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), or loss of sense of smell and/or taste
- Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
- Gastrointestinal Symptoms: Nausea, vomitting, and/or diarrhea

Consider other common causes of outbreaks, such as influenza or norovirus. Influenza and gastrointestinal illness outbreak guidelines also still apply

- Place all symptomatic residents on **droplet / contact precautions**
- Place them in single rooms wherever possible; alternatively, they may be cohorted together



- Inform person in charge of client care
- For residents, record information on a Line List 10-800-7001
- For staff, record information on a Line List 10-800-7002

Inform your **Infection Control Professional**

Test all symptomatic residents with:

- Nasopharyngeal Swab for possible COVID19 cases
- Rapid Influenza Swab for cases with Influenza-like Illness (ILI)

Medical Health Officer is notified of all positive lab results and determines whether to declare an outbreak

Note: **Only** the Medical Health Officer (MHO) or designate can declare an outbreak

The ordering physician should be the family physician or facility physician who provides care for the residents, not the Medical Health Officer

Begin implementing enhanced infection control procedures immediately, without waiting for direction from the Medical Health Officer

Clean rooms and bed spaces of confirmed and suspected COVID-19 cases twice daily (not just high touch surfaces).

For more information see **Novel Coronavirus (COVID-19) Cleaning Specifications**.

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Long Term Care

OUTBREAK MANAGEMENT

Once an outbreak is declared, the following control and management measures should be put into place. All outbreak measures shall take priority over routine operations until the outbreak is declared over by the MHO. Any deviation from these measures occurs only at the direction of the MHO.

Activate the Facility Outbreak Management Team

Upon declaration of the outbreak, the Facility Outbreak Management Team (FOMT) should be formed and meet as soon as possible. It should continue to meet as frequently as necessary for the duration of the outbreak. The purpose of the FOMT is to direct and coordinate the control and management of the outbreak. Its members should include:

- Medical Health Officer (MHO)
- Infection Prevention and Control Practitioner (IPCP)
- Communicable Disease team representative
- Workplace Health and Safety representative
- Facility Outbreak Lead
- Manager of affected facility (may be the same as the Facility Outbreak Lead)
- Communications representative
- Support Services representative
- Staffing representative
- Licencing Officer
- Laboratory representative
- Administrative support

Any member of the team may serve as its administrative chair. The Medical Health Officer is the primary decision-maker regarding measures to control the outbreak.

The Health Service Administrator (HSA) and Chief Operating Officer (COO) should be copied on all internal communications regarding the outbreak, including meeting invitations, but are not expected to participate in daily meetings of the Facility Outbreak Management Team.

Outbreak Control Measures

The Facility Outbreak Lead is responsible for ensuring the implementation of the following control measures. Depending on the layout of the facility, the location of cases, and the degree of unavoidable movement of Health Care Workers between units, outbreak measures may be applied to specific units, or to the entire facility, at the discretion of the MHO.

Housekeeping/Laundry

- Enhanced cleaning must take place during an outbreak. This may require more staff or extra shifts to ensure housekeeping staff are onsite to respond as required.

- Housekeeping staff must undertake enhanced cleaning and more frequent disinfection of commonly touched surfaces or items (e.g., handrails, elevator buttons, phones, door handles), server and dining room area and safe handling of waste (e.g., tissues) throughout the outbreak.
- Ensure alcohol-based hand sanitizers are available in each resident/patient's room and in common areas.
- Accelerated Hydrogen Peroxide is the appropriate disinfection chemical to use in an outbreak setting. (Refer to Outbreak Cleaning policy and Procedure).
- COVID-19 requires all symptomatic resident/patients' rooms and bed spaces receive a twice daily clean. For more information, see Novel Coronavirus (COVID-19) Cleaning Specifications.
- Soiled laundry and waste should be handled using routine practices.

Food service, delivery and pickup

- Serve clients individual meals in their rooms while ensuring adequate monitoring and supervision of those clients.
    - If in-room meal service is not possible, serve asymptomatic clients first, clean the dining area, and then serve symptomatic clients.
- Food services staff should not enter dedicated COVID-19 cohort units or rooms where clients with suspected or confirmed COVID-19. Leave food trays outside the unit/room and notify client care staff.
- Use regular, reusable food trays, dishes and utensils for all clients. Disposable dishes are not required to stop COVID-19.
- Staff must clean their hands prior to delivering food trays.
- Staff must clean their hands after leaving client areas, units or floors when delivering and picking up food trays.
- Gloves are not required when delivering or picking up food trays. If gloves are worn, staff must change gloves prior to leaving COVID-19 units. Proper hand hygiene must be performed after removing gloves.
- Do NOT bring food carts into client rooms.
- Do NOT transport food on carts that have used dishes on them (i.e. carts used to deliver meals cannot be used to pick up used dishes at the same time).
- Regularly clean and disinfect carts used for transporting food between meal service and after picking up used dishes.
- Clean and disinfect cart handles before entering and after leaving each client area, unit, or floor.
- Where communal dining is provided, maintain physical distancing between clients. (LTC Only)
    - Implement a staggered dining schedule to support physical distancing and reduce the number of individuals in the dining area at any given time.

- Remove self-service food items and shared food containers (e.g., water/coffee/cream/milk dispensers, salt and pepper shakers) from communal areas.
  - Dispense shared food items for clients, while maintaining a minimum of two metre distance as much as possible.
  - Provide single-use condiment packages (e.g., salt, pepper, sugar, ketchup and mustard) directly to clients from bulk food containers.
- Pre-place utensils and cutlery for clients prior to seating.
- Ensure alcohol-based hand rub with at least 70% alcohol content is available in shared dining rooms.
- Remind clients to perform hand hygiene before handling or eating food.

Dishwashing

- Manage dishes/utensils in the same manner, regardless whether a client is on routine or additional precautions.
- Use commercial dishwashers with hot water and commercial grade detergents to clean dishware.
- Regularly clean and disinfect carts used for transporting food between meal service and after picking up dirty dishes.
- Clean hands before handling clean dishes or utensils.
- Maintain separation between dirty and clean dishes in the dishwashing area at all times.
- Clean and sanitize the entire dish room, including all dirty and clean dish buckets, at the end of the day.

Medication utilization (LTC only)

- Ensure contingency stock medications required for both acute symptom management and comfort-focused palliative supportive care are maintained at current amounts in the facility and expiry dates monitored. Note, in particular, the medications listed in the following guidelines and order sets (which may be used for symptom management for any resident, not only at end of life):
  - Therapeutic Guidance for Adult Patients with Suspected or Confirmed COVID-19
  - Symptom Management for Adult Patients with COVID-19 Receiving End-of-Life Supportive Care Outside of the ICU
  - COVID-19 Adult Palliative Care Orders (non-ICU) (10-800-5004)
  - COVID-19 Palliative Sedation and End of Life Orders (10-800-5005)
- Fax medication orders for affected resident/patients in a timely fashion to the community pharmacy to ensure same day delivery during normal pharmacy hours. After hours or on days the community pharmacy is closed, use the after-hours contact number for the community pharmacy as all medication arrangements will still go through the contracted pharmacy. The community pharmacy may utilize regional and provincial pharmacy support programs to access additional medications.

Isolation of symptomatic resident/patients and confirmed cases

- Ensure all symptomatic resident/patients and confirmed cases are on droplet/contact precautions.
- Isolation must continue for 10 days from the onset of symptoms, and until acute symptoms have resolved (excluding a lingering dry cough), or from the date of specimen collection for asymptomatic confirmed cases.
- Repeat testing of laboratory-confirmed cases is generally not necessary to confirm non-infectiousness, but may be requested by the MHO in certain circumstances (e.g. resident/patients who had severe illness requiring hospitalization or intensive care, or who are immune suppressed).
- Single rooms for symptomatic resident/patients and confirmed cases are strongly preferred. Where this is not possible, cohort symptomatic resident/patients and confirmed cases together.
- If a dedicated COVID-19 ward has been established in the nearest acute care facility and has capacity, and the outbreak appears to be well contained with few (1-2) cases, consider transferring the confirmed cases to the COVID-19 ward for isolation purposes, if it is believed this may prevent propagation of the outbreak.
    - When the confirmed cases recover, consider testing to verify non-infectiousness before their return to the LTC facility, especially if there are no confirmed or suspected cases in the LTC facility at that time. (LTC Only)

Isolation of asymptomatic close contacts

- Exposure is determined by the MHO through contact tracing activities carried out by Public Health in follow-up with confirmed cases, and is dependent on timing and nature of symptoms, the nature and duration of the interactions between the case and their contacts, and PPE use.
- Isolate for 14 days all resident/patients who are deemed to be close contacts of a confirmed case.

Testing

- Ensure swabs for all symptomatic resident/patients are collected according to the NH COVID-19 Sample Collection instructions, properly labeled with the appropriate testing code clearly visible, and sent to the lab promptly. A copy of these instructions is provided in Appendix A.
- Symptomatic health care workers should be tested and directed to contact the PWHCC to report symptoms and testing information.
- At the time of declaration, depending on the extent of the outbreak, the MHO may also request one-time testing of asymptomatic close contacts of the confirmed cases.
- Repeat testing of laboratory-confirmed cases upon recovery is generally not necessary to confirm non-infectiousness, but may be requested by the MHO in certain circumstances (e.g. resident/patients who had severe illness requiring hospitalization, or who are immune suppressed).

Surveillance

- Increase formal monitoring of all resident/patients to at least twice daily.
- Continue to record symptoms on the Daily Resident/Patient Symptom Check form (10-800-5007).
- Immediately add any new cases to the appropriate line list, Surveillance/Line List for Both Ill Clients and Ill Staff.
- Submit updated line lists daily to the Medical Health Officer (MHO), Infection Prevention contact, and Communicable Disease Team representative. **Email before 9:00am**.

Physical distancing

- Use all measures possible to encourage all clients to remain in their room, such as providing meals in their rooms. Serve resident/patients meals in their rooms using regular trays, dishes, and utensils. Disposable dishes are not necessary.
- Suspend all group activities, including group meals, during the outbreak. (LTC Only)
- Cancel or postpone non-urgent appointments of all resident/patients until the outbreak is over.

Admissions and transfers

- Close the facility/unit to new admissions for the duration of the outbreak. Exceptions may be made only at the discretion of the Medical Health Officer.

LTC only:

- Resident/patients cannot be transferred to another Northern Health facility that is not experiencing an outbreak.
- If a resident/patient needs transfer to an acute care facility, both the receiving facility and BC Ambulance must be informed the client is coming from a facility experiencing an outbreak. Symptomatic resident/patients should wear a mask during transfer, if tolerated.
- If a resident/patient is transferred to an acute care facility for treatment of COVID-19 or its complications, they may return to the facility when they are medically stable. They must remain in isolation if still symptomatic or still within 10 days from symptom onset.
- Resident/patients who had been transferred to an acute care facility prior to the outbreak declaration, and who do not have COVID-19, should not generally be re-admitted to the facility until the outbreak is declared over.
- Resident/patients who had been on temporarily leave from the LTCH to live elsewhere in the community (e.g. with family members), prior to the outbreak declaration, are not permitted to return to the LTCH for the duration of the COVID-19 outbreak at the LTCH. If family members seek to temporarily re-home resident/patients, inform them of this prohibition on returning to the LTCH for the duration of the outbreak, and discuss the care plan for the resident/patient prior to the resident/patient's removal from the LTCH.

Communication

- **Notify staff, Most Responsible Practitioners, and all other health care workers who regularly visit the facility an outbreak has been declared, and inform them of precautions and control measures in place.**

- Post signage alerting all persons within the facility of the outbreak and the outbreak restrictions in place.
- Staff will instruct clients on necessary precautions, including thorough hand hygiene.
- Notify all clients and the client's families there is an outbreak at the facility and to not visit until the outbreak is over (exception: end of life care).
- Notify other service providers of all outbreak control measures that may affect their provision of services including but not limited to volunteers, clergy, Handy DART, oxygen services, laboratory services, community pharmacy, BC Ambulance, paid companions, students, foot care providers, and security.
- Notify any other facility that admitted a resident/patient from your facility within the past 14 days, t the facility now has an outbreak.
- Population & Public Health's Communicable Disease Team will report the outbreak to BCCDC and provide daily updates to BCCDC on the status of the outbreak, including copies of the line lists.

Visitors

- Restrict visitors to essential visits only, as determined by facility management.
- Facility staff are responsible for informing all visitors the facility is currently experiencing an outbreak. Staff will post information informing visitors of the outbreak, and explain visitor restrictions.
- Require all essential visitors to:
    - Wear personal protective equipment, provided by the facility
    - Follow diligent hand hygiene
    - Follow contact and droplet precautions, if visiting a resident/patient on isolation
- Provide essential visitors with any necessary teaching on the above precautions.
- Visitors should visit resident/patients in their rooms, rather than in common areas.

Health Care Workers

In addition to the preventive measures mentioned previously, which apply at all times, the following additional measures apply when an outbreak is declared:

- Reinforce hand hygiene with all Health Care Workers.
- Record all symptomatic Health Care Workers on a line list.
- Arrange Health Care Worker cohorting. Health Care Workers performing direct client care should be assigned to care for either the well clients or the ill clients during a shift. If Health Care Worker cohorting is not possible, Health Care Workers shall provide care to symptom free clients before symptomatic clients.
- Health Care Workers who have worked in an outbreak facility may not work in a non-outbreak facility until 14 days after the last shift in the outbreak facility. Health Care Workers will be compensated for shifts missed for this reason.
- In the event of critical Health Care Worker shortages, and under the direction of the MHO based on outbreak epidemiology and site-related concerns, Health Care Workers from outbreak facilities may work in non-outbreak facilities as long as they are able to confirm

at the beginning of each shift that they are afebrile and asymptomatic and are able to self-isolate as soon as symptoms develop.
- Health Care Workers who have recovered from COVID-19 may work in all facilities.
- Health Care Workers may be eligible for Temporary Staff Accommodation (i.e. temporary housing) if needed during an outbreak.

OUTBREAK TERMINATION

All outbreak measures must remain in place until the MHO declares the outbreak over.

The MHO will generally declare the outbreak over once 28 days have passed with no new cases, following the last date of exposure to an infectious case at the facility. This may be shortened or lengthened at the MHO's discretion.

Once the outbreak is declared over:

- Population & Public Health's Communicable Disease Team will report the end of the outbreak to BCCDC.
- Remove any signage specifically related to the outbreak.
- Provide notification of the end of the outbreak to all parties who were notified of the start of the outbreak.
- Re-stock any supplies depleted during the outbreak, including swabs for viral testing.
- Consider debriefing with your facility to evaluate the management of the outbreak.
- Remain alert for possible new cases in Health Care Workers and resident/patients.

DEFINITIONS

Health Care Worker
Any person(s) in the employment of or contracted by Northern Health, working within a health care facility, in a direct patient care and/or administrative or support role (such as facilities maintenance, housekeeping, food services); includes employees, physicians, students, unionized and non-unionized health care workers.

Incubation Period: The time from when a person is first exposed until symptoms appear. Current evidence suggests the incubation period for COVID-19 is up to 14 days. A close contact is likely to develop COVID-19-like illness during this time.

Infectious Period: The period during which a person may be capable of transmitting COVID-19. For people with COVID-19, the end of their infectious period is 10 days after the first onset of symptoms. After this time, a COVID-19 patient is unlikely to be infectious. A residual dry cough may persist for several weeks. The individual is not considered to be infectious as long as all other symptoms have resolved (e.g., temperature is back to normal without the use of fever-reducing medication; improvement in respiratory, gastrointestinal and systemic symptoms).

Period of Isolation: The length of time a person must avoid situations where they could come in contact with others in order to reduce the likelihood of passing COVID-19 on to others. In outbreak situations, where some symptomatic clients may not be tested, the period of isolation is at the discretion of the Medical Health Officer.

KEY GUIDANCE DOCUMENTS

Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim guidance for Northern Health and Assisted Living Facilities (June 30, 2020)
http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

Letter from Provincial Health Officer re: essential visitors only (March 17, 2020)
http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19-LTCF-Visitor-Advisory.pdf

Public Health Laboratory Guidance on COVID-19 Sample Collection and Testing (June 1, 2020)
http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Influenza%20and%20Respiratory/ERV/BCCDC_PHL_Updated_nCoV_Lab_Guidance.pdf

Northern Health COVID-19 Sample Collection (July 8, 2020)
https://ournh.northernhealth.ca/oursites/communications/OurNH%20Communications%20Documents/covid-19-sample-collection-nh-guideline.pdf

British Columbia Centre for Disease Control (BCCDC) – COVID-19 Information for Health Professionals:
http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care

BCCDC – COVID-19 Information for the Public: http://www.bccdc.ca/health-info/diseases-conditions/covid-19

Office of the Provincial Health Officer – COVID-19 Orders, Notices and Guidance:
https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus

Government of British Columbia – COVID-19 Provincial Support and Information:
https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support

NH COVID-19 Exposure Control Plan
https://ournh.northernhealth.ca/oursites/projects/covidRestart/OurNH Documents/NH-COVID-19-Recovery-ECP.pdf

APPENDICES

Appendix A: Specimen Collection

The most up-to-date specimen collection instructions from Northern Health are available on OurNH. The July 8, 2020 version is reproduced here:

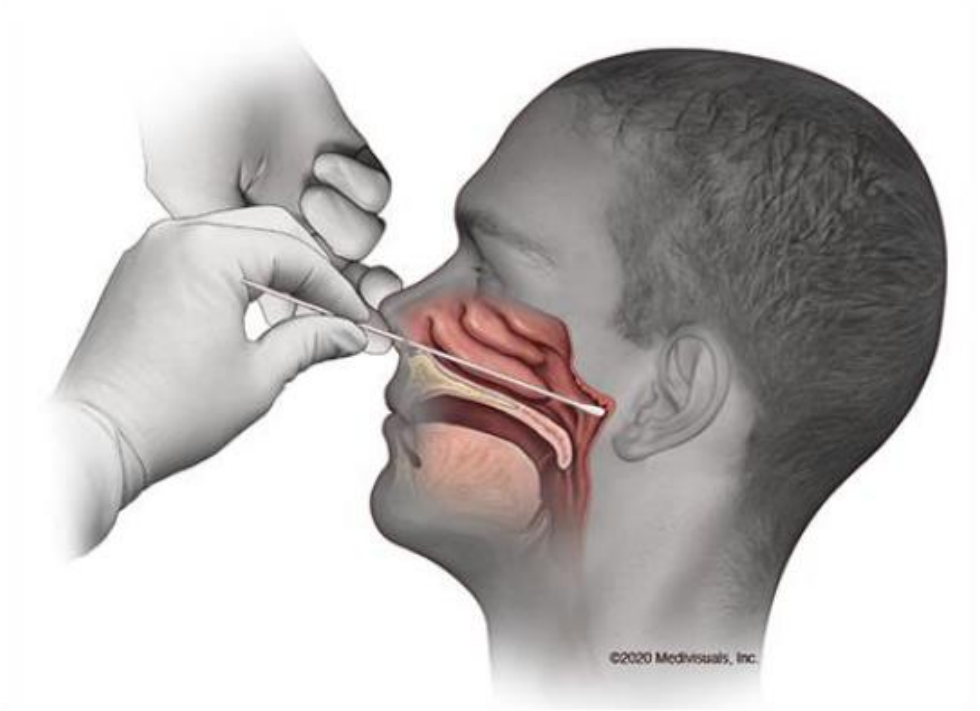
NH Lab Services – Guiding Principles	
REQUIREMENT	**Label samples immediately AFTER collection in the presence of the patient.**
RISK	**Incorrectly labelled specimens will delay results and treatment.**
LAB REQUISITION	**Each sample must be accompanied by a completed requisition. Clearly state:** ✓ Patient Name, PHN or DOB, address including postal code & contact # ✓ Ordering Provider Name & MSP, address including postal code, contact # ✓ Test request (COVID-19 NAT) ✓ Patient group code in **RED**
DEMOGRAPHIC INFORMATION	**Print legibly or use a pre-printed label.** **The following patient & collection information is required on ALL samples.** ✓ PATIENT Last Name, First Name ✓ Personal Health Number (**PHN**) or Date of Birth (**DOB**) ✓ Specimen type (eg. NP Swab) ✓ Collection Date & Time ✓ Patient group code in **RED** *Sample label information must match requisition information EXACTLY.*
PREFERRED ACCEPTABLE SWAB FOR PRIMARY CARE, UPCC & COVID-19 COLLECTION LOCATIONS	 Aptima Unisex Swab **E-rex item # 5102033 (inventory NOT managed by lab)**
ACCEPTABLE SWABS FOR INPATIENT/ LTC/ OUTBREAK	Aptima Unisex Swab / Red Top Viral Swab/ Blue Top Viral Swab • available from the laboratory for Inpatients/ UPCC/ LTC only   

<table>
<tr><th colspan="3">NH Lab Services – Guiding Principles</th></tr>
<tr><td>SAMPLE COLLECTION</td><td colspan="2">Carefully follow instructions on the next page to ensure good quality sample.

<u>Self Collection:</u>
Interim guidance for self-collected specimens has been developed by BCCDC. Patients who are asked to self-collect must be given clear instructions otherwise test may be invalid.</td></tr>
<tr><td>PATIENT GROUP</td><td colspan="2">Mark requistions and samples with one of the followng patient groups in RED
HOSP Hospital (Inpatient)
o Emergency Department (with intent to admit)
o Symptomatic pregnant woman in their 3rd trimester
o Renal patients
o Cancer patients receiving treatment
o Other immunocompromised patients
LTC Long Term Care Facility
OBK Outbreaks, clusters or case contacts
o includes individuals who are homeless or have unstable housing
HCW1 Health Care Worker - Direct Care
o Essential service providers (incl. first responders)
HCW2 Health Care Worker - Indirect Care
CMM Community
o Community or outpatient, including Urgent and Primary Care Centres
FN-CMM Specific First Nation Locations due to remoteness
o Fort St James area communities: Takla Lake, Yekooche, Tl'azt'en, Nak'azd'li
o Finlay Hub area communities: Kwadacha, and Tsay Keh Dene
o Fort Nelson
o Coastal Tsimshian: Gitgaat, Kitkatla, Lax Kwalaams, and Metlakatla
o Tahltan (Telegraph Creek) and Iskut
CGT People living in congregate settings
o work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences.
TRE Tree Planters</td></tr>
<tr><td>SAMPLE TRANSPORTATION</td><td>• Store at 4°C after collection
• Place sample in biohazard bag (one per bag) and requisition into outer pocket
• Package and transport as Category B TDG Guidelines
IMPORTANT: Send to local laboratory for processing. Do not ship elsewhere otherwise sample cannot be tracked.</td><td>  </td></tr>
</table>

Nasopharyngeal Swab Procedure

1. Assemble supplies:
   - Viral swab - Aptima Unisex Swab Collection Kit (item # 5102022)
   - check expiry date
   - PPE (surgical mask, eye protection, gown, gloves)
2. Explain procedure to individual.
3. Wash hands. Put on appropriate PPE for protection in case individual coughs or sneezes.
4. Ask individual to clear all mucous in the nose by blowing into a tissue.
   - Mucous can interfere with collection of a good quality sample. The virus does not live in mucous, only in the cells that line the nasal passage.
5. Ask individual to sit up straight and tilt head slightly backward.
6. Collect sample: enter a flexible swab several centimeteres with a slow, steady motion along the floor of the nose until the posterior nasopharynx has been reached.
7. Place finger on the tip of the patient's nose and depress slightly.
8. Once resistance is met, rotate the swab several times and withdraw the swab.
9. Place swab in transport medium and break off the top of the swab.
10. Remove PPE and perform hand hygeine.
11. Label sample and laboratory requisition, transport to the laboratory.



Appendix B: Facility Entry Screening Script

Facility Entry Screening Script

Good morning/good afternoon.

To make sure we all stay safe and healthy, we are asking everyone entering the building some questions about their health.

Some of these questions may seem very personal, but they are all important and I need to ask them.

1. Are you experiencing any of the following symptoms?

Fever	☐ Yes	☐ No
New or worsening cough**	☐ Yes	☐ No
Stuffy or runny nose	☐ Yes	☐ No
Sore throat or painful swallowing	☐ Yes	☐ No
Difficulty breathing	☐ Yes	☐ No
Diarrhea	☐ Yes	☐ No
Nausea and/or vomiting	☐ Yes	☐ No
Fatigue	☐ Yes	☐ No
Muscle aches	☐ Yes	☐ No
Loss of appetite	☐ Yes	☐ No
Chills	☐ Yes	☐ No
Headache	☐ Yes	☐ No
Loss of sense of smell	☐ Yes	☐ No

** Cough that is not due to seasonal allergies or known pre-existing conditions.

2. Have you traveled outside of Canada - including the United States within the last 14 days?
   ☐ Yes ☐ No

3. Have you been in close contact with someone who has COVID-19 within the last 14 days?
   ☐ Yes ☐ No

4. Have you been in close contact with someone who has COVID symptoms within the last 14 days? (Cough, sneezing, runny nose, fever, sore throat, difficulty breathing, or episodes of vomiting and/or diarrhea).
   ☐ Yes ☐ No

5. Have you been told to self-isolate in accordance with Public Health directives?
   ☐ Yes ☐ No

How to Respond:

*If a person answers **NO** to all questions, they have passed the screening and CAN enter the building.*

> *Thank you. You are cleared to enter. Please wash your hands and put on a surgical/procedure*
> *mask.*
> *Please wear the mask for the entire time you are in the building.*

If a person answers YES to any question or refuses to answer, they have not passed the screening and CANNOT enter the facility.

> *I'm sorry, but I'm not able to let you enter the building today. If you have questions or concerns, please contact your health care provider or HealthLinkBC at 8-1-1 for health advice.*

Reference: Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Northern Health and Seniors Assisted Living; June 30, 2020 Appendix A – Entrance Screening Tool for COVID-19

Appendix C: Visitor Sign-in Sheet

- NH Essential Visitor Sign-in Sheet During COVID-19

Essential Visitor Sign-in Sheet During COVID-19

Visitor Name	Resident Name	Phone number	Email	Date

Appendix D: Daily Resident/Patient Symptom Check

- Daily Resident/Patient Symptom Check Form 10-800-5007

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All sites and facilities

Daily Resident Symptom Check

Page 1 of 1

Name: _____
PHN: _____
DOB: _____
Unit: _____
PATIENT LABEL

Resident Name:		Room Number:	

Please only indicate IF symptoms present, otherwise check No Symptoms column. **Month:**

*"Added to Line List" is for other symptoms present to be added to the line list
*Assessment to occur once a day for each client at a time to be determined by the Nurse in Charge

Date of month	Fever (Temp)	Cough	Sneezing	Runny Nose	Sore Throat	Difficulty Breathing	Vomiting	Diarrhea	Other*	NO Symptoms	Initials	Comments

*COVID-19-like illness case definition: Acute onset of respiratory, systemic, or gastrointestinal illness, with ANY of the following symptoms (new or worsened), and no other definitive diagnosis:

- Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), loss of smell and/or taste
- Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
- Gastrointestinal symptoms: nausea/vomiting, diarrhea

*Note that this does NOT include symptoms with a known cause, such as fever due to urinary tract infection, or diarrhea due to a new medication. Clinical judgement is required.

10-800-5007 (IND - Rev. - 07/20)

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All Sites and Facilities

Covid-19-Like Illness Line List for Residents/Patients

Page 1 of 1

Email this form to your MHO, Communicable Disease Team representative, and Infection Prevention by 9:00 AM daily during an outbreak.
For departments that are under an outbreak declaration, ensure that the line list is updated daily. If there are no new cases, indicate none.

Start date	Facility	Phone	Contact person	Phone

5

Symptoms: **F** - Fever (temp), **C** - cough, **S** - sneezing, **R** - runny nose, **ST** - sore throat, **DB** - difficulty breathing, **V** - vomiting, **D** - diarrhea

Resident/ Patient initial	Room	Case definition met*?	Symptoms (tick all that apply)									Date symptoms onset (MM-DD)	Swab result	Date recovered (MM-DD)	Date next admitted to hospital (MM-DD)	Comments
			F	C	S	R	ST	DB	V	D	Other (specify)					
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***Covid-19-like illness case definition:** Acute onset of respiratory, systemic, or gastrointestinal illness, with ANY of the following symptoms (new or worsened), and no other definitive diagnosis:

- Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), loss of smell and/or taste
- Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
- Gastrointestinal symptoms: nausea/vomiting, diarrhea

*Note that this does NOT include symptoms with a known cause, such as fever due to urinary tract infection, or diarrhea due to a new medication. Clinical judgement is required.

10-800-7001 (IND - Rev. - 07/20)

Appendix F: Covid-19-Like Illness Line List for Staff

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All Sites and Facilities

Covid-19-Like Illness Line List for Staff

Email this form to your MHO, Communicable Disease Team representative, and Infection Prevention by 9:00 AM daily during an outbreak.

For departments that are under an outbreak declaration, ensure that the line list is updated daily. If there are no new cases, indicate none.

Start date	Facility	Phone	Contact person	Phone

Symptoms: F - Fever (temp), C - cough, **S** - sneezing, **R** - runny nose, **ST** - sore throat, DB - difficulty breathing, **V** - vomiting, D -diarrhea

Staff initial	Ward/ floor	Case definition met*?	Symptoms (tick all that apply)									Date symptoms onset (MM-DD)	Swab result	Date recovered (MM-DD)	Date next admitted to hospital (MM-DD)	Date last worked at facility (MM-DD)	Do they work at another facility (MM-DD)
			F	C	S	R	ST	DB	V	D	Other (specify)						
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***Covid-19-like illness case definition:** Acute onset of respiratory, systemic, or gastrointestinal illness, with ANY of the following symptoms (new or worsened), and no other definitive diagnosis:

- Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), loss of smell and/or taste
- Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
- Gastrointestinal symptoms: nausea/vomiting, diarrhea

*Note that this does NOT include symptoms with a known cause, such as fever due to urinary tract infection, or diarrhea due to a new medication. Clinical judgement is required.

10-800-7002 (IND - Rev. - 07/20)

Appendix G: BCCDC Virology Requisition Form

VI BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory
655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Virology Requisition

VI LM LABS

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	**DOB** (DD/MMM/YYYY)	**GENDER** ☐ M ☐ F ☐ UNK
PATIENT SURNAME	**PATIENT FIRST AND MIDDLE NAME**	
ADDRESS	**CITY**	**POSTAL CODE**

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#)
Name and address of report delivery

☐ I do not require a copy of the report

CLINIC OR HOSPITAL
Name and address of report delivery

PHSA CLIENT NO.

ADDITIONAL COPIES TO: (Address / MSC#)

1.
2.
3.

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY)

TIME COLLECTED (HH:MM)

Section 3 - Test(s) Requested

PATIENT STATUS

☐ Hospital inpatient ☐ ER patient
☐ History of contact with infection
Travel history

SIGNS / SYMPTOMS

Date of Onset: (DD/MMM/YYYY)

☐ Asymptomatic ☐ Cough
☐ Fever ☐ Rash
☐ Upper Respiratory Infection ☐ Lower Respiratory Infection
☐ Other, specify:

RESPIRATORY VIRUSES

☐ Nasopharyngeal swab ☐ Nasal swab
☐ Bronchoalveolar lavage ☐ Nasal wash
☐ Other, specify:

POC Tested by Submitter:

Influenza A	○ Positive	○ Negative
Influenza B	○ Positive	○ Negative
RSV	○ Positive	○ Negative

HERPES VIRUSES

☐ Genital lesion for HSV ☐ Non-genital lesion for HSV
☐ Skin swab for Varicella-Zoster
☐ Other, specify:

Urine for:
☐ Cytomegalovirus

GASTROINTESTINAL VIRUSES

Feces* for:
☐ GI Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus)
☐ Other, specify:

***Guideline for Ordering Stool Specimens**
www.bcguidelines.ca/gpac/guideline_diarrhea.html

HEPATITIS VIRUSES

EDTA Blood for:
☐ HCV RNA Quantitative (Use for diagnosis and monitoring)
☐ HCV Genotyping

For other available tests and additional information, consult the Public Health Laboratory's *eLab Handbook* at www.elabhandbook.info/PHSA/Default.aspx

ENCEPHALITIS / MENINGITIS

Cerebrospinal Fluid for:
☐ Encephalitis (e.g. HSV-1, West Nile Virus*)
For WNv, specify travel to endemic area if not WNv season:
*Offered during WNv season
☐ Meningitis (HSV-2, Enterovirus)
☐ Other, specify:

BIOPSY / AUTOPSY / OTHER TESTS

☐ Specify:

MEASLES / MUMPS / RUBELLA VIRUSES

☐ Measles ☐ Rubella*
☐ Urine
☐ Nasal / Nasopharyngeal swab
☐ Other, specify:

☐ Mumps
☐ Buccal swab
☐ Urine

*Sample forwarded to reference laboratory for testing

DATE INOC. **LABORATORY USE ONLY**

DATE	DAY	RMK	A549	MRC-5	

For information on sample collection, please call Virology Lab at (604) 707-2622 Form DCVI-100-0001f Version 2.2 07/2017

DATE INOC.		LABORATORY USE ONLY			
DATE	DAY	RMK	A549	MRC-5	
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	21				

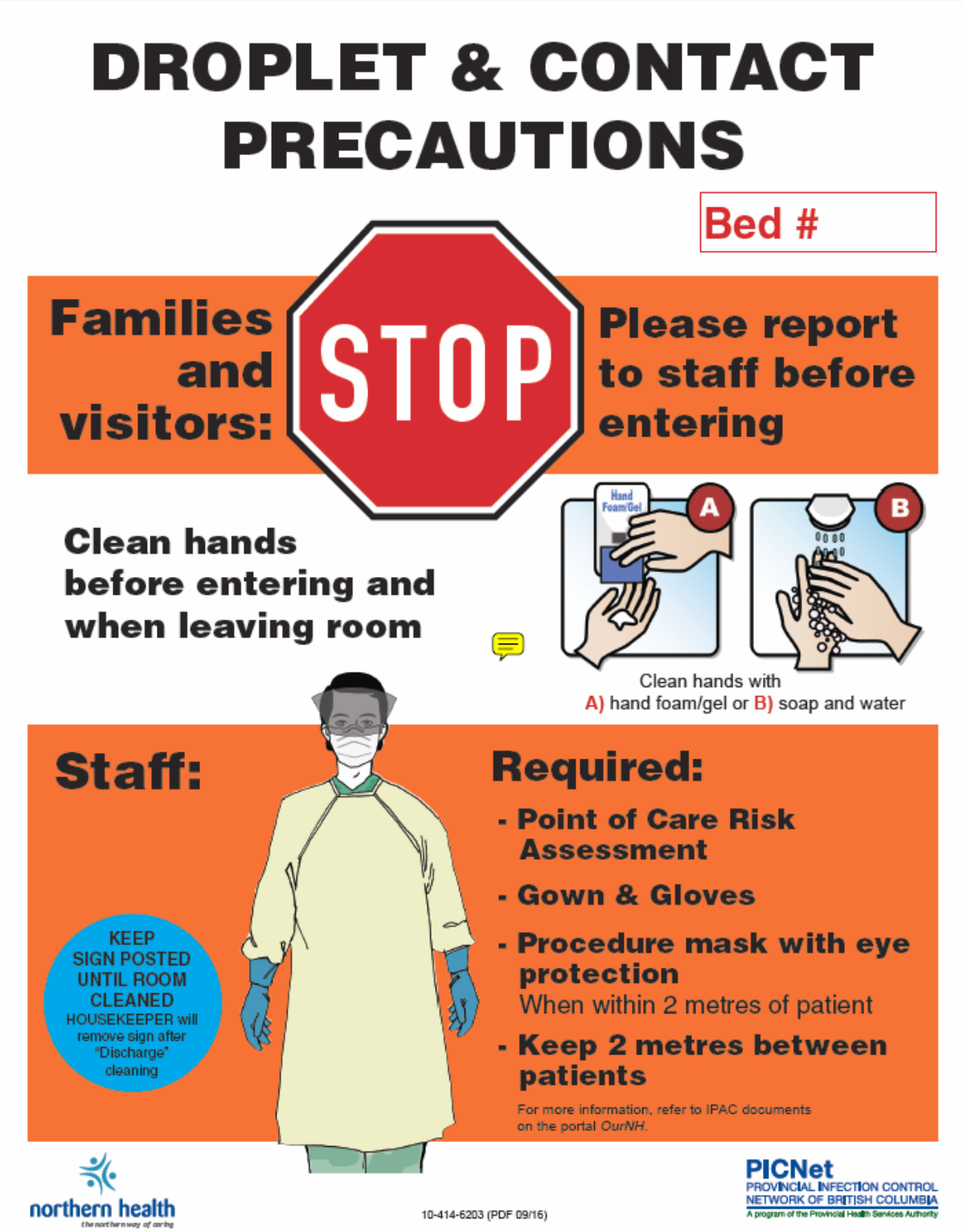
For information on sample collection, please call Virology Lab at (604) 707-2623

Form DCVI-100-0001f Version 2.2 07/2017
00055685

VI VI

Appendix H: Signage

- Droplet & Contact Precautions Signs [10-414-6203]



- STOP - Outbreak in Progress - Do Not Visit [10-414-6181]

- [BCCDC Social Visiting Guidelines poster]

NH Essential Visitor Poster