COVID-19: COVID-19 RESPONSE PROTOCOL LTCF

Site:	Scope:

• Environment
  ○ Long-term Care Island-Wide
  ○ Affiliates & Owned & Operated
	• Audience: Managers and Directors of Care (DOC), Charge Nurse, RN/RPN, LPN, HCA, Allied health, Physicians, Long-term Care Executive Leadership
	• Indications: In the event of a suspected OR confirmed case of COVID-19 in LTCF

Need to know:

The COVID-19 Response Protocol is for use by health care providers and leadership in all Long-term Care (LTC) facilities to:

- Provide clear instructions for front line staff regarding management of residents presenting with influenza and COVID-19 like signs and/or symptoms
- Outline approved protocol to escalate communication to appropriate parties in the event of a probable or confirmed case of COVID-19.
- Ensure appropriate outbreak management of COVID-19 from system perspective
- Ensure Island Health and Ministry of Health remains informed in the event of a probable or confirmed case of COVID-19.

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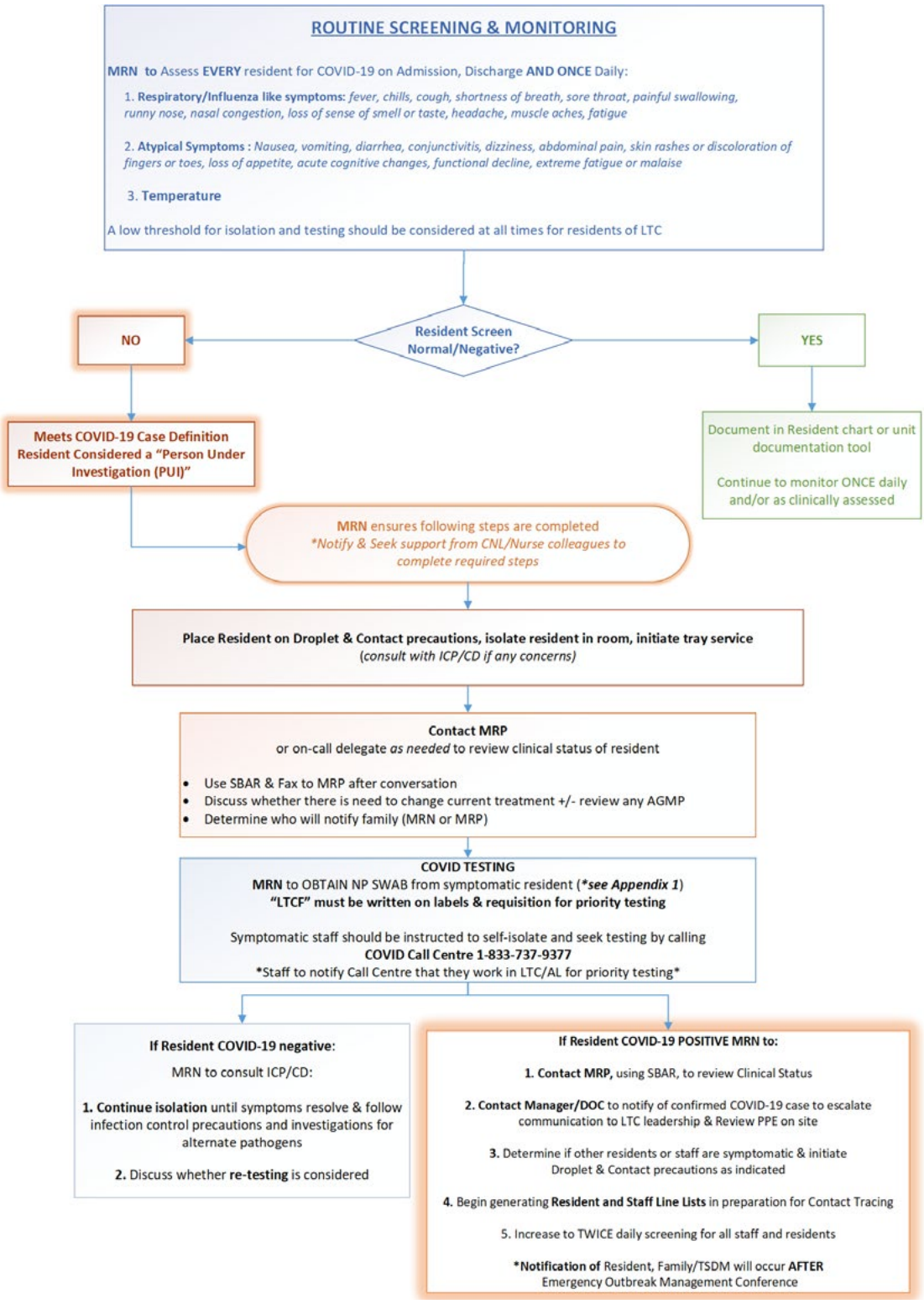
Owner: Long-term Care COVID-19 Practice Council
Date/Time Issued: 2020-MAR 23 LAST UPDATED: 2021-June-8

A. COVID-19 PROTOCOL



COVID-19 Symptoms & Testing
Screening & PUI
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B. COVID-19 SYMPTOMS & TESTING

COVID-19 may present with a range of symptoms. Testing (BC CDC LAB Testing Guidelines) is indicated for those presenting with any of the following:

1. **Influenza-Like Illness:** New or worsening cough with fever (>38°C) or a temperature this is above normal for that individual and one or more of the following:
   a. Sore Throat,
   b. Arthralgia (joint pain),
   c. Myalgia (muscle pain),
   d. Headache,
   e. Prostration (physical or/and mental exhaustion).

2. **Respiratory Infection:** Includes new/acute onset of any of the following symptoms*
   a. Cough** (or worsening cough),
   b. Fever
   c. Shortness of breath
   d. Sore Throat,
   e. Rhinorrhea (runny nose).

   * Does not include ongoing, chronic respiratory symptoms that are expected for a resident, unless those symptoms are worsening for unknown reasons.
   ** Cough that is not due to seasonal allergies or a known pre-existing condition.

3. **Fever of Unknown Origin:** Fever (>38°C) OR a temperature that is above normal for that individual without other known cause. This does not include fevers with a known cause, such as urinary tract infection.

4. **Other atypical/non-specific symptoms associated with COVID-19:** Includes, but not limited to:
   a. Nausea/Vomiting, or Diarrhea
   b. Abdominal Pain
   c. Increased Fatigue or generalized weakness,
   d. Acute Functional Decline,
   e. Reduced alertness, reduced cognitive changes (particularly hypoactive delirium), and/or reduced mobility as a result of an infection
   f. Loss of smell and/or taste
   g. Conjunctivitis (pink eye)
   h. Skin rashes or discoloration of fingers or toes

5. **At MRP Clinical discretion:** Older people with underlying health conditions often develop non-specific symptoms (as listed under #4 above), therefore testing can also occur under the clinical discretion of the MRP.

C. ROUTINE SCREENING & MONITORING COVID-19

a. All residents should be assessed for new or worsening respiratory, systemic & gastrointestinal symptoms (see COVID-19 symptoms, Section A.) & have temperature checked (preferably temporal artery measurement).

   i. **Upon admission & discharge to/from facility**

   ii. **Once daily and as clinically indicated**

b. Document any routine monitoring in resident chart; resident-specific documentation tracking tools can be used for normal (negative) screens.

c. A low threshold for testing should be considered at all times for residents of long-term care facilities (i.e., changing clinical status or developing symptoms, even if mild).

d. It is recommended by MHOs, that site leadership maintain an up-to-date staff list (full name, contact number and date of birth) prior to the onset of an outbreak to facilitate timely contact tracing, arrangements for point prevalence testing and ongoing tracking by public health and communicable disease teams.

D. INITIAL STEPS FOR PERSON UNDER INVESTIGATION (PUI)

a. For any resident who has met any one of above symptoms, the most responsible nurse (MRN) would initiate COVID-19 response protocol for LTCF as follows:

- Initiate isolation precautions by placing resident on Droplet and Contact precautions and posting signage
- Place resident in isolation, on their own, with access to their own toilet
  - Nursing team to remain alert and continue monitoring all residents (see routine monitoring). Consult immediately with Infection Control and Prevention /or the Communicable Disease Nurse if 2 or more residents meet the Influenza Like Illness (ILI) definition (section A) or are displaying other similar symptoms.
  - Inform housekeeping need for precaution cleaning for affected rooms
    - For Island Health facilities, ICP will send requisition during regular weekday office hours
    - For Affiliate sites, refer to housekeeping guidelines for recommended practices
  - Dining/Social Isolation: Meals should be provided to resident within room
- Notify Charge Nurse (or CNL/Associate Director of Care) of PUI.
- Obtain Nasopharyngeal (NP) Swab from resident (s) **(*Appendix 1*)**
  - **Ensure labels and requisition indicate "LTCF"** for prioritized testing
  - Follow lab collection protocol for specimen pick up and delivery, send without delay ***(see section 2.0 if difficulty with obtaining swabs)***
  - The swab will be tested for COVID-19, Influenza A and B, and RSV.

- *The Island Health Laboratory will phone results for resident swabs (both positive and negative results) to the facility. Facilities do not have to contact the Communicable Disease nurses, Medical Health Officer or Infection Control for results.*

- Consult with Most Responsible Provider (MRP)
  - Using SBAR ***(see Appendix 2)***, share clinical status of resident and determine whether further clinical monitoring and/or intervention needed. See Daytime Communcation SBAR.
  - Review the need to modify or stop aerosolizing generating medical procedures (AGMP) if applicable (i.e BiPAP, CPAP, nebulizers). Alternate treatment should be considered. See LTC AGMP Guideline
  - Fax SBAR to MRP once conversation complete
  - Discuss notification to family or temporary substitute decision maker (TSDM)

Staff PUI:

- Symptomatic staff should be instructed to self-isolate and seek testing by calling **COVID Call Centre 1-833-737-9377** (for Direct Care Workers)
- Staff to notify Call Centre that they work in LTC/AL for priority testing

E. COVID-19 NEGATIVE

If Resident NP swab results are negative:

- Continue isolation until symptoms have resolved. If another infectious cause is identified, consult with CD/ICP & follow appropriate infection control precautions for that pathogen.
- If symptoms continue, progress, or worsen, retesting after several days may be considered. Consult with the CD or ICP practitioner and the MRP. MRN to take NP swab if determined clinically warranted.

Staff: If staff NP swab results are negative:

- Staff may return to work provided symptoms have resolved
- If staff have been recommended by public health to self-isolate for 14 days due to being identified as a close contact, then this period of self-isolation must be followed regardless of test result
- If staff have been advised for NP testing as part of point prevalence testing during an outbreak, they may return to work pending test results as long as no symptoms of COVID-19 are present

F. COVID-19 CONFIRMED POSITIVE

IF Resident NP swab is confirmed as Positive, the MRN should ensure following steps are completed:

a. Urgently consult with ICP/CD to ensure initial containment measures are in place, including:

i. Keep Resident in Isolation (on their own with private toilet) or as directed by ICP/CD

ii. Ensure all affected residents are under droplet/contact precautions with staff adhering to PPE & hand hygiene recommendations.

iii. With support from ICP/CD, notify all support services of positive case:

- Food Services→ Tray service indicated for all affected residents
- Housekeeping→ Enhanced Cleaning and as directed by ICP/CD
- Pharmacy→ Will need to develop one way medication delivery

iv. Increase screening to TWICE daily for all residents and staff.

b. Urgently Consult with MRP regarding clinical status of resident

i. Using SBAR ***(see Appendix 3)*** Review clinical status of resident.
See Daytime Communcation SBAR.

ii. Discuss whether urgent transfer required, otherwise this will be deferred to Emergency Outbreak Management Teleconference **(Jump to Section H)****.**

iii. Fax SBAR to MRP once conversation complete.

iv. Ensure MRP is aware of emergency outbreak management teleconference via established LTC Videoconferencing Line. As of January 1, 2021, a virtual platform is the preferred teleconference platform. Ensure MRP or Medical Director for site included in invite list by providing email to COVID Response Team.

v. Ensure MRP is aware this teleconference will occur 90-120 minutes from the time CD notified you/unit of positive case, provide them with exact time.

vi. Disclosure of COVID-19 positive status to family/TSDM for impacted resident will occur after the emergency outbreak management teleconference (likely by MRP). Communication to all impacted residents will also need to occur following emergency outbreak management teleconference. Discuss with SW, CD/ICD and site leadership team.

c. Urgently Notify Manager/Director of Care or on-call delegate of positive swab

i. Manager to escalate communication ***(see Appendix 3).***

ii. Provide information to manager/DOC ***(see Appendix 3 for details):*** Extent of outbreak, Supplies: Swabs & PPE, Any staffing related matters, Time of initial notification of positive result so teleconference time can be appropriately reported out.

d. Participate in Emergency Outbreak Management Teleconference (site leadership required including charge nurse)

i. To occur 90-120 minutes from time site is notified of initial positive result by CD.

ii. To participate in teleconference, login to virtual platform using link provided in meeting invite.

e. Document any COVID-19 positive related clinical assessments, interventions and actions taken in resident's chart.

Staff NP swab is confirmed as Positive, the Charge Nurse/CNL/DOC should ensure following steps are completed:

a. Participate in public health investigation as indicated. This may include providing information about:

i. when (dates, shifts) staff member worked during infectious period (as identified by public health),

ii. the type of care or work completed,
iii. which areas/units/department staff member worked,
iv. when breaks were taken and with whom

b. Urgently Notify Manager/Director of Care or on-call delegate of positive swab
   ii. Manager to escalate communication (see Appendix 3)
   iii. Provide information to manager/DOC (see Appendix 3 for details): Extent of outbreak,
   Supplies: Swabs & PPE, Any staffing related matters, Time of initial notification of positive result so teleconference time can be appropriately reported out

c. Participate in Emergency Outbreak Management (EOM) Teleconference (site leadership required including charge nurse)
   i. To occur 90-120 minutes from time site is notified of initial positive result by CD
   ii. To participate in teleconference, login to virtual platform using link provided in meeting invite.

Final determination and declaration of an outbreak is made by the medical health officer (MHO) at the Emergency Outbreak Management (EOM) teleconference. An outbreak is generally defined as the occurrence of one or more cases of confirmed COVID-19 that were linked to a care unit or health-care facility over a predetermined time period.

Outbreak criteria for LTC or AL facilities:

- At least one staff or resident diagnosed with COVID-19;
- AND an investigation indicates transmission most likely occurred in the facility, from another resident, visitor or staff, rather than prior to admission (for residents) or from the community (for staff).

Enhanced Surveillance

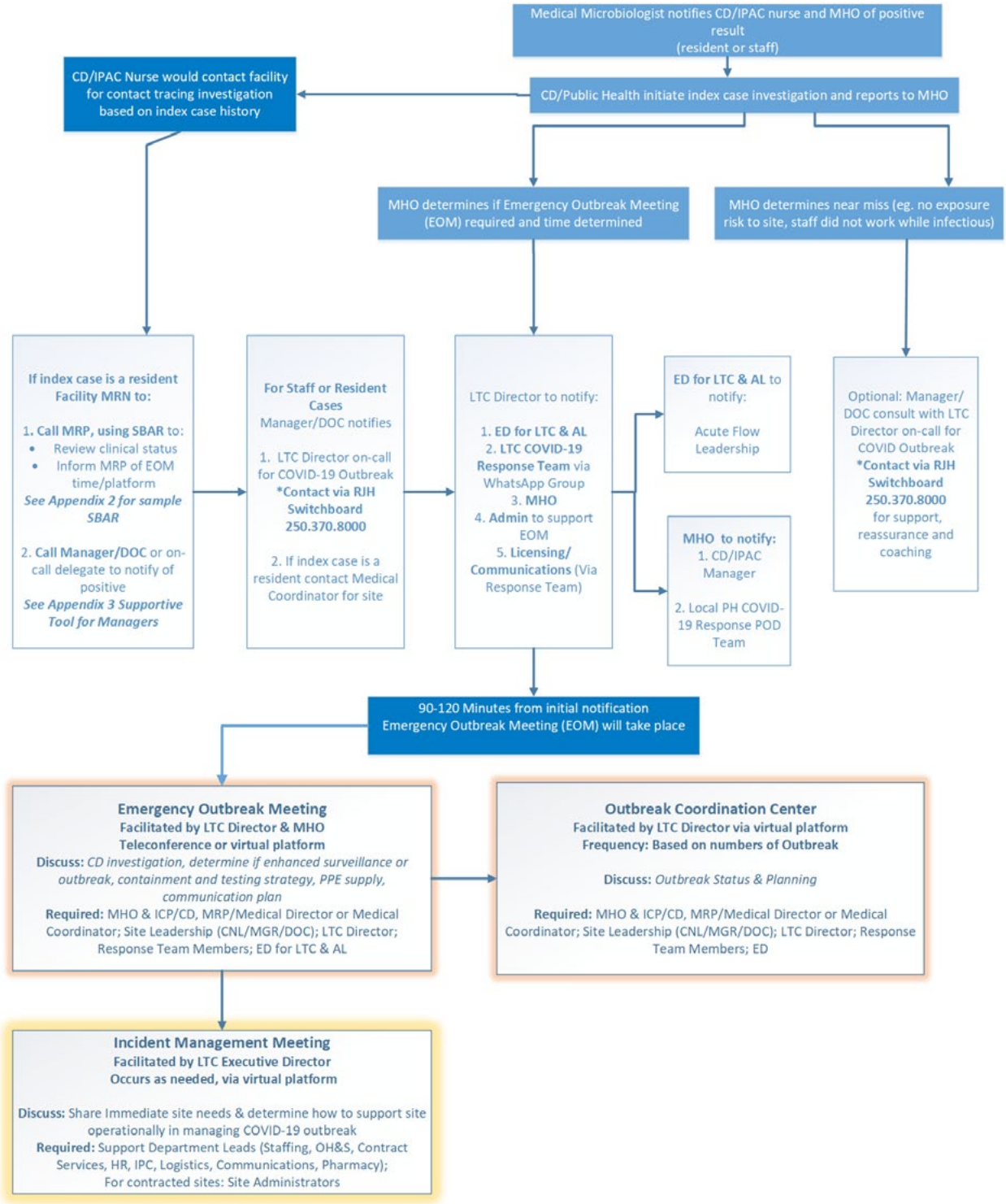
There may be some circumstances with a case(s) of COVID-19 at a unit/health-care facility that do not meet the threshold for an outbreak, but would require enhanced surveillance and implementation of additional measures to prevent transmission.

If deemed to be minimal/no risk of transmission during the public health investigation, and below the threshold to declare an outbreak, the situation may still warrant public health action. The public health action might include enhanced surveillance (such as increased screening) and IPC measures (such as isolation of residents). A number of IPC measures might be applied and adjusted as necessary, based on discussion between local IPC, the facility, and the MHO.

On a case-by-case basis during Enhanced Surveillance the following may still occur under the guidance of the MHO:

- Admissions and Transfers
- Social and Essential Visit

G. OUTBREAK COMMUNICATION STRATEGY



RESIDENT & FAMILY DISCLOSURE & COMMUNICATION FOR COVID-19 OUTBREAK

a. **For COVID-19 Positive Resident (s):** MRN will work with MRP +/- Medical Coordinator to determine who will disclose diagnosis following Emergency Outbreak Management Meeting

b. **General Family, Media, Ministry of Health (MOH)**:
   - Site Leadership will work with Island Health Communications lead & LTC Response Team member, to develop an information bulletin.
   - Input and approval will be request by site leadership. Subsequently, approval from MOH & Island Health Executive leadership will be required prior to release to family, media.
   - For any Media inquires, site leadership should re-direct and consult with Island Health communications:
     - Center & North Island Health: 250-755-7966
     - South Island: 250.370.8878
     - After Hours All Locations (Urgent only): 250-716-7750

Leadership & Site Communication

INITIAL COVID-19 POSITIVE OUTBREAK MANAGEMENT: For initial COVID-19 outbreak and up to initial 72 hours, the following meeting structure will take place:

i. Emergency Outbreak Management Teleconference (EOM) (90-120 minutes from initial site notification by CD/IPAC)
ii. Incident Management Teleconference led by ED (Immediately after EOM)
iii. Follow up Outbreak Management Follow up as required

- ***In order to ensure appropriate escalation of communication, the following notification chain should occur:***
  - Charge Nurse to notify Manager/DOC
  - Manager/DOC will escalate communication to LTC Director & site executive leadership AND medical coordinator
  - LTC Director on call is contacted via **RJH Switchboard 250.370.8000.** ENSURE Switchboard is aware you are calling regarding a COVID-19 issue
  - LTC Director to notify: 1) Executive Director; 2) LTC COVID-19 Response Team; 3) MHO; 4) Admin Assistant; 5) Licensing & Communications

ONGOING COVID-19 POSITIVE OUTBREAK MANAGEMENT: OUTBREAK COORDINATION CENTER: For ongoing management and communication regarding COVID-19 outbreaks in a single or multiple outbreak scenario, the following meeting structure will take place:

1. **Site Outbreak Meeting**

   - ***Frequency:*** Will occur at least Daily and at Frequency set by team—Should occur first thing in the morning
   - ***Coordinator:*** Site Manager, IPAC for Owned and operated; or COVID-19 Response Team Designate
   - **Participants:** Site Leadership (i.e. Manager, DOC, Support Services, CNL and/or Nursing Leadership); IPC consultant (o/o AND as remote consultant**); CD Nurse (if affiliate); Designated COVID-19 LTC Response Team Member; Licensing Officer ** (are they there daily); Environmental Health Officer (EHO) ** (are they there daily); COVID-19 Resource Coach (CRC); Medical Coordinator/Most responsible provider (MRP); For affiliates, HR & Staffing Supports.

2. **Outbreak Coordination Center**

   - ***Frequency:*** Daily @ 10:30-11:15 (excluding weekends) OR as determined by LTC Director
   - ***Coordinator:*** LTC Director
   - ***Site Reporting:*** COVID-19 Resource Coach, COVID-19 Response Team Lead or Site Lead responsible at outbreak facility would be responsible to provide an update regarding outbreak status, using standardized template:
     - Situation Response Meeting Report: LTC/AL Coordination Centre Template.
   - ***Participants*:** Executive Director LTC & AL; LTC Director; LTC Ops Director; Medical Microbiologist; Medical Health Officer; Medical Director; IPC consultant; CD Manager/Nurse; COVID-19 LTC Response Team; Regional Licensing Manager; Regional Manager of Health Protection and Environmental Services; COVID-19 Resource Coach (CRC); LTC Administrative Support; Single Site and Rapid Deployment Leaders; Others as determined by LTC director

H. COVID-19 OUTBREAK TESTING STRATEGY

- The testing strategy, for residents AND staff, for each outbreak will be determined at the discretion of the Medical Health Officer in consultation with Medical Microbiologist. The decision will be based on the investigation carried out by the communicable disease nurse and pertinent outbreak context.
- In the event essential staff who work directly with residents are asked to be tested, they will be expected to continue working at the facility while awaiting test results. **It is safe for staff to attend the facility, provided they remain asymptomatic AND HAVE NOT been directed to self-isolate by communicable disease.**

- Staff will be required to self-assess once daily including temperature checks AND are supported to book off sick in the event they develop symptoms, however **mild.**
- **In the event staff develop symptoms, they should notify their site leadership (i.e. manager) AND call the COVID-19 testing line for symptomatic direct patient care providers @** (**1-833-737-9377**) to organize testing. Testing Locations can be found on the public island health website: COVID-19 Testing Locations
- Public Health Leaders (Medical Health Officers and Communicable Disease Nurses) will be available to consult on isolation and direction in outbreak circumstances.

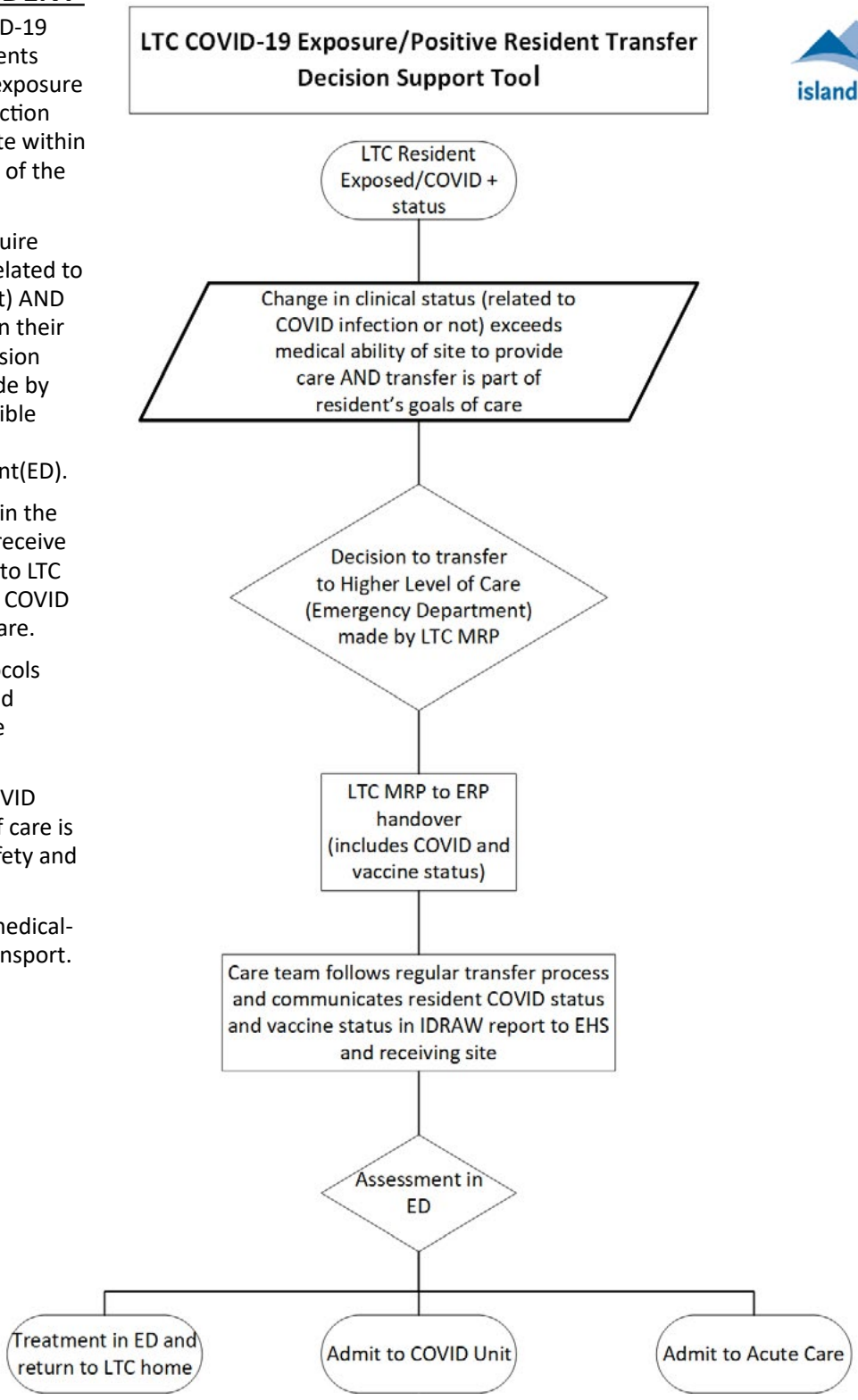
I. COVID-19 MEDICAL MANAGEMENT

Medical Management of residents during a COVID-19 outbreak will be based on their clinical and COVID-19 status.

- **Surveillance:** For all residents (as outlined in section B) monitoring will be increased to TWICE daily including temperature checks and as clinically indicated. **A high suspicion for COVID-19 should exist,** ensuring isolation and testing of any residents who develop COVID-19 symptoms, however mild, or notable change in clinical status.
- **Routine Labs & Health Visits:** The Medical Coordinator/Director for the site should review all routine labs and health visits for all residents in facility to determine what is considered medically essential, to limit any non-essential persons from coming into the facility.
- **Clinical Management:** Residents will be cared for on-site as medically indicated based on established goals of care, MOST and clinical status.
    - Refer to COVID-19 Treatment Long-term Care Clinical Order Set
    - Refer to Up to date clinical guidance, set out by the BC therapeutics Committee (CTC), regarding *Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19*
    - For residents requiring artificial hydration during the course of COVID-19 illness refer to: LTC Hypodermoclysis Clinical Order Set and Parenteral Infusion Therapy (Subcutaneous Infusion-Hypodermoclysis) for Long-term Care Procedure
    - For residents determined to be palliative or end-of-life refer to LTC End of Life Clinical Order Set
- **AGMP Therapy:** Please review the LTC AGMP Guideline for additional direction on managing AGMPs.
- **CPR:** Refer to the LTC CPR Guideline for recommended procedure for residents PUI or COVID-19 confirmed positive.

J. TRANSFER OF RESIDENT

- In the event of a COVID-19 outbreak in LTC, residents with high risk COVID exposure or COVID positive infection will be cared for on-site within the medical capability of the site.
- For residents who require higher level of care (related to COVID infection or not) AND transfer is expressed in their goals of care, the decision to transfer will be made by the LTC Most Responsible Provider (MRP) to the Emergency Department(ED).
- Based on assessment in the ED, the resident may receive treatment and return to LTC home, be admitted to COVID cohort unit or acute care.
- Regular transfer protocols for communication and documentation will be followed.
- Communication of COVID status at transitions of care is paramount to staff safety and containment.
- Resident will wear a medical-grade mask during transport.



K. COVID-19 OUTBREAK REVIEW TOOLS

- During an active COVID-19 outbreak, the COVID-19 response team member, COVID-19 Resource Coach, Environmental Health Officer (EHO), Licensing Officer (LO) and IPAC will work with facilities to perform a number of reviews at pre-specified periods in order to elicit information regarding the active issues on site. The reviews are intended to highlight gaps and ensure immediate planning and outlining actionable items requiring attention in order to adequately contain the outbreak.

- The review recommendations are as per the following table and include tools borrowed from Fraser Health with approval from their health authority executive leadership.

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 will be provided by COVID-19 Response team
Declutter Review Tool	EHO, LO and Unit Leads	Once during outbreak	Declutter Review Tool
Soiled Utility Room	EHO, LO and Unit Leads	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 provided by EHO or LO
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

L. COVID-19 OUTBREAK DE-ESCALATION & TERMINATION

- Control measures and restrictions will be continued until the outbreak is declared over and/or at the discretion of the Medical Health Officers.

- The outbreak will be declared over at the discretion of the Medical Health Officer.

    - In principle, an outbreak is considered over two full incubation periods after the last date of exposure, without any new cases. For COVID-19, two incubation periods equate to 28 days after the last date of exposure. The length of time to conclude an outbreak may be reduced or extended at the direction of the Medical Health Officer.

- Once the outbreak is declared over:
    - Site leadership and LTC COVID Response Team will provide notification of the end of the outbreak to all parties who were notified of the start of the outbreak
    - Site leadership will or designate will remove any signage related specifically to the outbreak
    - Site will re-stock any supplied depleted during the outbreak
    - Housekeeping will perform a terminal clean for the unit/facility per IPC Outbreak Cleaning Procedure
    - LTC Response Team will debrief with site leadership to evaluate the management of the outbreak and implement corrective actions as required.
    - Site leadership will debrief with staff learnings and recommendations from above
    - Site will remain alert for possible news cases in residents and staff.
    - Site will restore resident flow patterns for admissions, discharge and transfer
    - Social visiting will resume post-terminal clean of unit/facility
    - Staff and resident screening will return to once daily

L. SUPPLIES/SWABS

- Oxygen: Ensure additional supply of oxygen concentrators on site and a clear process of how to obtain additional oxygen tanks
- Swabs: All sites are to keep supply of 5 NP swabs at all time and are expected to routinely monitor supply level
    - Please place any supply requests for the weekend prior to 12 noon the proceeding Thursday
    - Should you require additional swabs, contact Island Health Lab Team via email: COVIDSwabOrders@viha.ca. The email is monitored Monday-Friday **0800-1600** (excluding STATS)
        b. In event of outbreak and after hours (**between 0700-2200**), for urgent swabs, call the Medical Microbiologist on call via the RJH switchboard **250.370.8000**

M. PERSONAL PROTECTIVE EQUIPMENT (PPE)

i. During Business hours (M-F 0800-1600): Site to contact LTC PPE Lead via email ltcresponseteam@viha.ca

ii. After hours, contact LTC Director/Operations Director will notify Logistics Corporate director via RJH Switchboard **250.370.8000**.

N. INFECTION CONTROL PRACTITIONER & COMMUNICABLE DISEASE CONTACTS

ICP Contact Numbers (Island Health Owned & Operated)

iii. Directly contact your Site Specific IPC or find their contact in hyperlink: IPC Contact

iv. After Hours: Medical Microbiologist via Royal Jubilee Hospital Switchboard **250.370.8000.**

CD Contact Numbers (Affiliates)

v. South CD Office (Victoria): **1.866.665.6626**

vi. Central CD Office (Nanaimo): **1.866.770.7798**

vii. North CD Office (Courtenay): **1.877.887.8835**

viii. After Hours CD URGENT (Affiliates): Medical Health Officer on call: **1.800.204.6166**

O. TEMPORARY STAFFING ACCOMMODATION (TSA)

- Island Health will pay for TSA costs for employees for accommodation not including ancillary costs as per the Island Health TSA policy
- In the first 72 hours during an outbreak, site leadership should identify and bring forward any staff requiring TSA to the incident management meeting to relay to Director of Logistics. Logistics Director will support TSA process up to securing and booking accommodation.
- After the initial 72 hours, employees will need to apply for TSA via the policy by submitting the TSA application form to: COVID19TemporaryStaffAccommodations@viha.ca.
- Ministry Provided Accommodation List

P. COVID-19 RESPONSE TEAM

The COVID-19 LTC Response team will engage with site as determined by LTC Director & be available to support and provide consultation to impacted site as appropriate. Refer to BC CDC and Ministry of Health's Outbreak Management Protocol for Acute Care, Long-Term Care and Seniors' Assisted Living Settings for comprehensive outbreak management.

Responsible for reviewing general oversight of the outbreak at facility; Support site with containment strategies and meeting operational needs

- Liaise with the site operator in site outbreak meeting, using Coordination Center Template to report back to Outbreak Coordination Center.
- Participate in Outbreak Coordination Center
- Point person for COVID-19 Resource Coach and/or Staff deployed to outbreak site
- Complete specific reviews on site and liaise remotely with IPC as indicated

Persons/Groups Consulted:

Medical Health Officer, LTC Medical Director, Communicable Disease Nurse, Infection Control and Prevention, Long-term Care Executive Leadership, Long-term Care Clinical Experts, LTC COVID-19 Practice Council

Definitions

- **ILI Outbreak:** Two or more epidemiologically linked cases (residents or staff) of respiratory illness occurring within 7 days in a geographic area (e.g. unit or floor). At least one much be a resident.
- **COVID-19 Outbreak:** One or more residents and/or staff of a Long Term Care facility/Senior's Assisted Living residence with a laboratory-confirmed COVID-19 diagnosis. The staff member(s) must have worked at the facility while symptomatic or during period of infectivity.
- **Most Responsible Provider (MRP):** Physician and/or nurse practitioner assigned to the resident
- **Most Responsible Nurse:** The RN and/or LPN assigned to care for the resident for that given shift

Resources

(e.g., Definitions, Related Island Health Standards, References)

- *BC Center for Disease Control (BCCDC) Long-term Care Facilities & Assisted Living*
- *BC CDC: COVID-19: Testing Guidelines for British Columbia*
- *Regional Geriatric Program of Toronto (2020). COVID-19 in Older Adults*
- *World Health Organization:* **Operational Considerations for case management of COVID-19 in health facility and community**
- *BC COVID-19 Therapeutics Committee (CTC) Clinical Practice Guideline: Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19*
- *BC CDC & Ministry of Health VIDEO: HOW TO PERFORM A NASOPHARYNGEAL SWAB*
- BC CDC & Minstry of Health: COVID-19: Outbreak Management Protocol for Acute Care, Long-term Care and Seniors' Assisted Living Settings
- Vancouver Coastal Health COVID-19 LTC Toolkit: Enhanced Surveillance

Appendix

- Appendix 1*: How to collect a NP Swab (preferred specimen)*
- Appendix 2: *SBAR Sample*
- Appendix 3: *LTC Site Leadership Checklist*

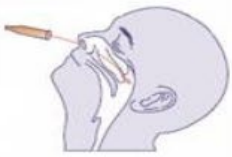
Q. APPENDICES

Appendix 1*: How to collect a NP Swab (preferred specimen)*

ILI Outbreak Management (continued)

Infection Prevention & Control Best Practice Guidelines

PROCEDURE FOR NASOPHARYNGEAL SWABS

	Procedure	
1	Explain procedure to the patient.	
2	Protect yourself (fluid resistant mask with visor, gloves and disposable gown).	
3	If the patient has a lot of mucous, ask them to use a tissue to gently blow their nose prior to specimen collection. Influenza is found in the cells that line the nasopharynx, not in the mucous.	
4	With head supported, push the tip of the nose upwards. Insert the swab backwards and downwards to a depth of 2-4 cm into one nostril. Rotate the swab gently for 5-10seconds.	
5	Place the swab into the virus transport media, snap off the top of swab, tighten lid.	
6	Label container with sample type and a minimum of two patient identifiers: First/Last Name, DOB, PHN, or use patient label with bar graph demographics	
7	Instruct the patient to use a tissue to contain cough and mucous.	

References:

- **BCCDC H1N1 Specimen Collection Guidelines.**
- **Vancouver Coastal Health, Influenza-like Illness Outbreak – Specimen Collection.**

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BC CDC & Ministry of Health: VIDEO RESOURCE: NP SWAB COLLECTION

island health

Appendix 2: *SBAR Sample*

After-Hours Communication SBAR Form

Complete this form **prior** to calling dispatch at **1.888.686.3055**

URGENT Resident issues only for After-Hours Coverage. Contact MRP during regular hours for all other issues.

HAVE READY ☐ COVID-19 Screening ** ☐ Chart & MOST ☐ Completed SBAR ☐ MAR

Resident Name *(Last, First)*

Responding Physician *(Last, First)*

Resident DOB (DD/MM/YYYY) D D M M Y Y Y Y

Resident PHN (10)

Caller Name ☐LPN ☐RN

Call Date:

Resident MRP *(Last, First)*

Facility:

Call Time:

Resident Primary Contact *(Name & Phone)*

Phone:

Local:

SITUATION

Reason for Call

☐ Abdominal pain ☐ Agitation ☐ Cardiac ☐ Change in LOC ☐ Chest pain ☐ Confusion ☐ Cough ☐ Death (unnatural) ☐ Delirium ☐ Diabetes ☐ Fall with injury ☐ Fever ☐ Gastrointestinal concerns ☐ Influenza symptoms ☐ Lab values (critical) ☐ Medication error ☐ Pain management ☐ Palliative orders ☐ Query fracture ☐ Shortness of breath ☐ Skin problem ☐ Urinary concern ☐ Other (*inform dispatch*)

Notes:_____

FURTHER COVID-19 SCREENING ** *Common COVID-19 symptoms highlighted in red* **

Other S&S's of the resident: ☐ Change in LOC; ☐ Cough or ☐ SOB; ☐ Confusion; ☐ Fatigue; ☐ Fever; ☐ Functional decline; ☐ Gastrointestinal concerns

COVID-19 Positive: ☐ Suspected ☐ Confirmed

COVID-19 Swab Collected: ☐ No ☐ Yes

COVID-19 confirmed / suspected in other resident(s): ☐ No ☐ Yes

Any staff members showing symptoms of COVID-19? ☐ No ☐ Yes

Isolation precautions ☐ No ☐ Yes: Contact ☐ / Droplet ☐

Infection Control aware of COVID status? ☐ N/A ☐ No ☐ Yes

Are any facility residents utilizing AGMPs? ☐ No ☐ Yes

(includes: O2 >5L NP, nebulizers, BiPAP, CPAP, suctioning)

BACKGROUND

Relevant Medical History / Usual Functional Status

Allergies

MOST: M____ or C____

ASSESSMENT

BP	SpO2	RR	Temp
HR	eGFR	☐ Room Air ☐ Oxygen @ ____ L/min	
If Available/Relevant			
INR	BG	Pain	

Assessment ** *Ensure all vital signs & a respiratory assessment are recorded PRIOR to calling* **

RECOMMEND

Nursing Recommendations

RESPONSE

On-Call Physician Response ** *ORDERS MUST be transcribed in the chart* – this section is to note response only **

IF RESIDENT COVID-19 + : Physician (MRP during weekday, LTCI On-Call, or MC) is to attend an **Emergency Outbreak Management Teleconference**, ***90-120 min after Communicable Health Nurse notifies the facility nurse***, by calling **250.519.7700 ext. 26834**.

➔ Refer to the Island Health ***COVID-19 Response Protocol: Long-term Care Facility*** for further steps.

FOLLOW-UP

Nurse or Designate to FAX completed SBAR & Additional Documentation to: **FAXED:** ☐ Yes ☐ No

1. **On-Call Physician** *(fax #s on second page)*: ☐ SBAR 2. **MRP:** ☐ SBAR & ☐ Additional Documentation - ☐ *Follow-up required* ☐ *For your info only*

Place completed SBAR in the Physician Notes section of resident chart: ☐ Date: _____ Time: _____

Appendix 3: ***LTC Site Leadership Checklist***

COVID-19: Long-term Care Site Leadership Checklist (CNL/Manager/Associate DOC/DOC or On call delegate

In preparation to support a site and ensuring you have the appropriate information for the emergency outbreak management teleconference, obtain following information:

Topic	
Extent of Outbreak	□ What resident has tested positive? □ Has MRP been notified? □ Are they stable? Any concerns? □ Has ICP/CD been contacted & outbreak protocol initiated □ What is the total number of symptomatic residents? □ What unit? Number of beds on unit? □ Other Units in proximity affected? □ Number of symptomatic staff? □ OH&S to support testing/call 1.844.901.8442 & need to call Provincial Workplace Call Center □ Are there any Aerosolizing Generating Medical Procedures needing modification (on any resident)? □ Number of Staff, Residents & essential visitors that have been in contact with positive index case in last 48 hours? □ Does CD nurse have these contacts? □ Sign in of staff/visitors for last 48 hrs. to be submitted to CD nurse
Availability Supplies/PPE	□ What is current Supply of PPE? □ Number of Swabs on site □ Total number of residents on isolation & on unit that may require isolation □ Total number of staff working each shift
Staffing Levels	□ Any Issues? (i.e. shortages, anxious/concerned staff) □ Workload Requests
Disclosure of COVID-19 Positive Status	**Remind nurses NOT to disclose status to family** Notification to affected resident will occur (by MRP) after emergency outbreak management teleconference
On-Call Managers to contact Site Managers in case of COVID-19 + **Emergency Teleconference Information** **250.519.7700 (local 26834)**	

Last Updated: May 5, 2020