Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

BRITISH COLUMBIA Ministry of Health

HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself.
Wash your hands, don't touch your face, and stay home if you are sick.
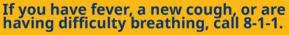
Stay at Home and Physically Distance
Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living

Provincial COVID-19 Task Group
May 19, 2020

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A. Introduction

This document provides interim guidance to Long-Term Care (LTC) facilities and Seniors Assisted Living (AL) residences for preventing and controlling COVID-19.

This guidance is based on the latest available scientific evidence about this emerging disease. Accordingly, best practices and guidance may change in the future as new information becomes available.

Use this document in conjunction with BC's [Personal Protective Equipment (PPE) Framework](#).

Note: Seniors Assisted Living residences are advised to apply the measures outlined in this document for their facilities to the greatest extent possible.

1.   Access to & Distribution of Personal Protective Equipment (PPE)

During COVID-19, LTC and AL operators requiring PPE have direct access through established Health Authority supply contacts. Supply requests are assessed based on need and urgency, and filled accordingly. Distribution mechanisms may vary across health authorities.

2.   Key Sources of Provincial COVID-19 Guidance & Information

Provincial guidance and information specific to COVID-19 can be found at:

- ⬩ 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

- ⬩ BCCDC – Guidance for Long-Term Care & Assisted Living Facilities: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living

- ⬩ 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

- • Facility operators must maintain awareness of data about the local and regional spread of COVID-19.

3.   About COVID-19

Coronaviruses are a large family of viruses found mostly in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The disease caused by this new coronavirus has

been named COVID-19. While many of the characteristics of COVID-19 are still unknown, mild to severe illness has been reported for confirmed cases.

Transmission
COVID-19 is most commonly transmitted through liquid droplets produced when a person infected with COVID-19 coughs or sneezes. The virus in these droplets can enter through the eyes, nose, or mouth of another person if they are in close contact with the person who coughed or sneezed. The virus can also enter a person's body from touching something with the virus on it and then touching one's eyes, mouth or nose before performing hand hygiene.

4. Key Terms
- **Client:** Refers to a person in care in a Long-Term Care facility or a client of an Assisted Living residence.
- **Incubation Period:** Current evidence suggests that the incubation period for COVID-19 is up to 14 days. The incubation period is the time from when a person is first exposed until symptoms appear. A close contact is likely to develop COVID-19 illness during this time.
- **Infectious Period:** 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 Period of Isolation is 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.
- **Staff:** The term "staff" includes, but is not limited to, anyone working in LTC facilities and AL residences, such as registered nurses, licensed practical nurses, care aides, dieticians, allied health professionals, food service and environmental support staff.

B. Infection Prevention and Control Practices for COVID-19

In order to prevent and control the transmission of COVID-19 in LTC and AL facilities, the following items must be addressed:

1. Screening

Passive Screening (Signage)
- Post signs at all facility entrances indicating visitor restrictions are in place: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living
- Post signs in multiple languages at all entrances reminding people not to enter if they are sick or if they are required to self-isolate in accordance with Public Health directives: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_DoNotEnterPoster.pdf
- Post signs in multiple languages reminding people within facilities with COVID-19 symptoms to wash their hands, put on a surgical or procedure mask and self-identify to reception or a health care

provider: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters

Active Screening at Facility Entry Points

- Limit the number of entry points into the facility.
- Develop and implement an appropriate script and process for active COVID-19 screening at building entry points (see Appendix A of this document).
- Actively screen at all building entry points seven days a week, 24 hours a day.
- Maintain a list of all staff and facility visitors, seven days a week, 24 hours a day.
- During business hours, post a staff member at all entry points to actively screen every person who enters the building for symptoms of COVID-19. This includes actively screening all staff entering the building before the start of their shift.
- Outside of regular business hours, the administrator must develop and implement a comparable process to ensure that everyone entering the building is actively screened.
- Develop a script and implement a process for managing individuals who do not comply with screening.
- Increase protections for 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.

Active Screening of Staff

- Staff 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.
  - Staff must take and record their temperature twice daily.
  - Staff must avoid the use of fever-reducing medications (e.g., acetaminophen, ibuprofen) as much as possible because these medications can mask early symptoms of COVID-19.
  - If a staff member feels that their personal health has worsened in any way, they should re-check and record their temperature, and inform their supervisor.
  - Please see the BCCDC's guidance for How to Self-Monitor for further information: http://www.bccdc.ca/Health-Info-Site/Documents/Self-monitoring.pdf
  - Please refer staff to their health care provider, 8-1-1, their local public health unit, or the COVID-19 BC Support App and Symptom Self-Assessment Tool if they have questions about their health status.
- Staff must not come to work if they are experiencing acute respiratory or gastrointestinal symptoms (e.g., new or worsening cough**, sneezing, runny nose, fever, sore throat, difficulty breathing, or episodes of vomiting and/or diarrhea). ** Cough that is not due to seasonal allergies or known pre-existing conditions.
  - If symptoms develop, the staff member must self-isolate at home and must report their illness to those responsible for Workplace Health and Safety in their place of work.
  - If a staff member develops symptoms related to COVID-19 while on duty, they must perform hand hygiene, continue to wear their surgical or procedure mask, inform their supervisor to arrange for replacement, safely transfer care as soon as possible and go directly home to self-isolate.
  - Please see the BCCDC's guidance on return to work for HCWs for further information: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/testing-and-case-management-for-healthcare-workers

Active Monitoring of Clients

- Conduct enhanced, active screening of clients for new-onset of respiratory or gastrointestinal symptoms.
    - All clients 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. See 'Presentation Definitions' below.
    - All clients should be actively monitored for compatible symptoms/presentations. Staff need to be sensitive to any changes from the client's baseline, as symptoms in the elderly can be subtle or atypical.

Presentation Definitions
- Clients who meet the following presentation definitions are considered possible cases and should be tested for COVID-19 via a nasopharyngeal (NP) swab:

1. **Influenza-like illness (ILI)**:
   - New or worsening cough with fever (>38°C) or a temperature that is above normal for that individual <u>and</u> one or more of the following:
     - Sore throat,
     - Arthralgia (joint pain),
     - Myalgia (muscle pain),
     - Headache,
     - Prostration (physical or/and mental exhaustion).

2. **Respiratory infection**:
   - Includes new/acute onset of any of the following symptoms*:
     - Cough** (or worsening cough),
     - Fever,
     - Shortness of breath,
     - Sore throat,
     - Rhinorrhea (runny nose).

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

3. **Fever of unknown cause:**
   - 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 symptoms associated with COVID-19:**
   - Includes, but not limited to:
     - Nausea/vomiting,
     - Diarrhea,
     - Increased fatigue,
     - Acute functional decline,

- Loss of smell and/or taste.

- Clients should also be actively screened for other changes in health that could indicate an infection. Older people with underlying health conditions often develop non-specific symptoms, such as diarrhea, reduced alertness, reduced cognitive status and/or reduced mobility as a result of an infection. Such symptoms may indicate COVID-19 in these clients.

If a client is suspected of having COVID-19:
- Increase formal monitoring to at least twice daily (see Section C: Outbreak Protocol of this document).
- Implement Droplet and Contact Precautions (see Section 8: Respiratory Protection) and complete a Point of Care Risk Assessment (see Section 7: Point of Care Risk Assessment).
- Place the client in a single room, if possible (see Section 10: Placement and Accommodation).
- Post droplet and contact precautions signs on the door of the client's room: https://www.picnet.ca/resources/posters/precaution-signs/
- Notify client care leaders for the facility/residence (e.g., Director of Care, Medical Director or Site Manager).
- Test the client for COVID-19 via a nasopharyngeal (NP) swab.
- Inform housekeeping of the need for enhanced cleaning in the client's room.
- Provide meals within the client's room while awaiting test results, if possible.
- Notify the client's primary care provider to determine if further assessment or treatment is required.
- Notify the client's family, substitute decision maker or next of kin about the potential need to set or modify orders from the primary care provider.
- Ensure the facility's Medical Director or Site Manager is aware of the pending test result.
- Ensure the facility's Medical Director or Site Manager is aware of the client's goals of care.
- Setup a PPE station outside of the client's door.
- Ensure all staff entering the client's room follow droplet and contact precautions, including using appropriate PPE and practicing rigorous hand hygiene.
- Maintain an increased level of surveillance of other clients who fit the Presentation Definitions (see above).
- Maintain an increased level of surveillance for any staff who fit the Presentation Definitions (see above).
- Maintain a Line List of all clients with symptoms (see Appendix E).
- Maintain a Line List of all staff with symptoms (Appendix F).

2. Visitors

- Please refer to BC Ministry of Health Policy Communiqué 2020-01 for family and visitor policy guidance: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-infection-prevention-control.pdf
- All visitors entering the facility must be actively screened on every visit for signs and symptoms of all gastrointestinal and respiratory infections, including COVID-19 (see Appendix A of this document).
- All visitors with symptoms identified via screening must NOT enter the facility.
- All visitors on self-isolation in accordance with Public Health directives must NOT enter the facility.
- All visitors must sign-in when entering the facility (see Appendix B of this document).

- 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.
- All visitors must be instructed on how to put on a surgical/procedure mask.
- 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).
- Provide all visitors with handouts and information about COVID-19, including the need for visitor restrictions during the pandemic.
- All visitors should limit the time they spend in the facility by visiting the client's room or suite directly upon arrival and exiting the building immediately following their visit.

* Note: A Medical Health Officer may give direction to change visitor restrictions and related criteria in the event of an outbreak in a facility.

3. Hand Hygiene

- Post signs and posters around the facility to promote and guide proper hand washing by clients, staff and visitors: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters
- Alcohol-based hand rub with at least 70% alcohol content should be freely available to clients, staff 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 that antibacterial soap is not required for COVID-19.
- Ensure other supplies, including disinfecting wipes, tissues and waste bins are available as required at point-of-use.
- Teach all clients to perform hand hygiene where physically and cognitively feasible.
- If clients are unable to perform hand hygiene, help them clean their hands.
- Promote and reinforce the importance of diligent hand hygiene and proper hand hygiene technique with staff on an ongoing basis.
- Staff, clients and visitors must perform diligent hand hygiene at the following moments:
  - When hands are soiled,
  - Before and after touching others,
  - After using the toilet,
  - Before and after handling food and eating,
  - After personal body functions, such as oral care,
  - Before and after handling medications,
  - After sneezing or coughing,
  - When entering or leaving client rooms.
- In addition, all staff must clean their hands:
  - At the beginning of the work day,
  - Before preparing or serving food,
  - After removing each individual piece of PPE, and before putting on new PPE,
  - Before and after contact with a client or their environment, even if gloves are worn,
  - Before performing an aseptic procedure,
  - Before moving from a contaminated to a clean body site during the care of the same client,
  - Before assisting clients with feeding or medications,
  - After contact with body fluids,
  - Immediately after removing gloves.

4. Respiratory Hygiene

Respiratory hygiene is also known as 'respiratory etiquette' and 'coughing etiquette'.

- Post signs and posters around the facility to encourage and guide clients, staff and visitors on proper respiratory hygiene.
- Ensure an adequate supply of tissues and lidded, non-touch waste baskets are available for use by clients, staff and visitors.
- Teach clients how to perform respiratory hygiene (e.g., coughing into their elbow, using tissues, disposing tissues into a proper waste bin, performing hand hygiene immediately after) where physically and cognitively feasible.
- Promote and reinforce the importance of diligent respiratory etiquette with staff on an ongoing basis.

5. Source Control and Physical Distancing

Administrative and engineering controls help protect clients and staff from exposures to infectious agents, including COVID-19.

- Assess all areas of the building including the physical plan and the types of client care activities undertaken in each of the areas to determine what administrative and engineering controls are required for your facility.

Physical Distancing

- Enforce a minimum of two meters of safe physical distance between staff, clients and visitors, including in hallways and all communal areas.
- Post signs to promote and encourage safe physical distancing by staff, clients and visitors at all times: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters
- Instruct staff, clients and visitors to avoid physical greetings (e.g., shaking hands, hugging) and non-essential touching of others.
- Re-organize shared facility spaces to maintain a safe physical distance of at least two metres between people.
- Reinforce the importance of physical distancing with staff, clients and visitors on an ongoing basis.

Engineering Controls

- Ensure the availability of single rooms with private toilets. If single rooms are not available, use physical partitions to establish at least two meters of physical distance between clients.
- Properly maintain building ventilation systems.
- Install physical barriers, such as clear partitions at reception desks and sneeze guards in food service areas.
- Hand hygiene sinks, liquid soap dispensers, paper town holders, hand sanitizer dispensers and no-touch waste bins with lids, plus related supplies and consumables, should be readily available throughout the facility.
  - Hand sanitizer dispensers should be available in hallways at the entry to each client room or suite, in communal areas, and at point of care for each client.

Administrative Controls
- Train staff on the proper selection and use of PPE.
- In accordance with an [Order from the Provincial Health Officer](), assign staff and restrict staff movement between facilities and residences, unless otherwise permitted by a Medical Health Officer.
- Prevent all individuals who are sick from entering the building.
- Train staff and clients on appropriate infection prevention and control measures. Monitor for compliance and take immediate corrective action when needed.
- Wherever possible, re-organize work processes within the facility to designate teams of staff to specific units or cohorts of clients. If dedicated teams or staff for ill client areas are not an option, staff must first work with well clients, before moving on to work with ill clients.

6. Staff Movement

The movement of staff between facilities and residences can promote the transmission of COVID-19 and increase the risk of infection for clients, staff and visitors.

By law, regional health boards, Medical Health Officers, operators, contractors, staff, educational institutions, students and volunteers must comply with all Orders from the Provincial Health Officer. As of this writing, the Provincial Health Officer has issued the following Orders relating to staff assignment and inter-facility/residence staff movement:
- Movement of Long-Term Care Facility Staff (March 27, 2020): [https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-pho-order-movement-health-care-staff.pdf]()
- Long-Term Care Facility Staff Assignment (April 15, 2020): [https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-order-long-term-care-facility-staff-assignment.pdf]()
- Please refer to the respective Orders from the Provincial Health Officer for all required actions and relevant details, including the Medical Health Officer's role in assessing local circumstances, making decisions about the assignment of staff, and exemptions.

7. Point of Care Risk Assessment (PCRA)

A Point of Care Risk Assessment is a risk assessment focusing on a series of fundamental questions that must be asked before every client interaction to determine whether an individual is at risk of being exposed to a potential hazard.

The 5 questions to be answered during a PCRA are:
1. Is the hazard present in the situation?
2. What is the health status of the client?
3. What type of task am I doing?
4. Where am I doing my task?
5. What action do I need to take?

The PCRA helps the care provider decide what actions are required to protect against exposure to, for example, respiratory infections. The PCRA is based on the care provider's informed judgment (i.e., knowledge, skills, reasoning and education) about care needs, the clinical situation, how a facility has

been designed, the implementation of engineering and administrative controls, and the proper use of PPE.

A PCRA will determine whether PPE is necessary. Overreliance on PPE can result in a false sense of security.

- Prior to every client interaction, staff must complete a PCRA to assess the risks posed by a client, situation or procedure to themselves, other care providers, other clients and visitors.

See Appendix C of this document for a Point-of-Care Risk Assessment Tool to assist with evaluation.

8. Respiratory Protection (Use of PPE)

PPE Guidance During the COVID-19 Pandemic

During the COVID-19 pandemic, PPE supplies are in historically high demand. PPE will be prioritized for health care workers who provide essential services and who are at greatest risk, as outlined in BC's *Personal Protective Equipment (PPE) Framework (the PPE Framework)*. The PPE Framework highlights the clinical, ethical, and operational structures and principles that must be applied to effectively manage PPE in the context of a pandemic and critical supply shortages.

PPE supply and demand volumes are determined by the Provincial Health Services Authority (PHSA) Supply Chain and health authority operational leads across the province. If PPE resources become depleted, resource allocation decisions will be determined based on the stages outlined in the PPE Framework. At each stage, there are required actions that need to be taken to extend the provincial supply.

The transmission of COVID-19 is primary through droplet spread. Appropriate PPE is considered an effective risk mitigating strategy when used properly and when used in conjunction with a comprehensive suite of engineering controls and administrative controls that are crucial for preventing and controlling the transmission of respiratory pathogens, including COVID-19.

Surgical/procedural masks are effective at capturing droplets, the main transmission route of COVID-19. For this reason, surgical/procedural masks provide adequate protection for health care workers caring for clients with COVID-19.

- **During the COVID-19 pandemic, all persons working in or visiting a Long-Term Care facility or Seniors Assisted Living residence should wear a surgical/procedure mask for the full duration of their shift or visit.**
    - Surgical/procedure masks should be changed if the masks become wet, damaged or visibly soiled.
    - Surgical/procedure masks should be removed just prior to breaks or when leaving the facility.
- Staff should always follow droplet and contact precautions when entering COVID-19 units or rooms on droplet and contact precautions (i.e., rooms where clients diagnosed with confirmed or suspected COVID-19 have been admitted). PPE for droplet and contact precautions includes gloves, gown, eye protection and a surgical or procedure mask.
- If an airborne precautions sign is posted, wear an N95 respirator.

- o Use of a fit-tested N95 respirator is *only* required when performing aerosol-generating medical procedure (AGMPs) on a person with suspected or confirmed COVID-19.
- o In LTC and AL settings, AGMPs on clients suspected or confirmed to have COVID-19 should only be performed <u>when medically necessary</u> to reduce the need for N95 respirators.
- o If an AGMP is performed, ensure the fewest number of staff necessary to perform the procedure are present.
- o Nasopharyngeal (NP) and throat swabs can be performed using droplet and contact precautions with surgical/procedure masks and eye protection, and do not require the use of an N95 respirator.
- Always use PPE in combination with frequent hand washing using plain soap and water or an alcohol-based hand rub with a minimum of 70% of alcohol content.
- The employer must train, test and monitor staff compliance to ensure vigilant donning (putting on), wearing and doffing (removing) of PPE.
- Monitor and safely secure PPE stock to prevent theft and loss, while still ensuring staff can access PPE when needed.
- Wherever possible, PPE should be accessible and available at the point-of-care with each client.
- Staff should launder work clothes after each shift.
- Staff should use dedicated footwear while at work.
- Staff should shower immediately upon returning home after every shift.

Extended Use of PPE During the COVID-19 Pandemic

Extending the use of PPE conserves the overall PPE supply and supports the continued safe delivery of care in the context of critical global supply shortages during the COVID-19 pandemic.

- Extend the use of individual PPE items in accordance with the stages outlined in the *Personal Protective Equipment (PPE) Framework.*

Extended PPE use can include:

- Wearing the same surgical/procedure mask and eye protection for repeated, close contact encounters.
- Wearing the same eye protection, gown and mask for repeated close encounters where there is a known diagnosis of COVID-19 for all the clients being cared for.
- Cleaning and disinfecting eye/facial protection when visibly soiled, and at the end of each shift: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf
- Maximizing the number of services delivered during a single client interaction.
- Minimizing the number of times staff enter/leave the client area during their shift.
- Minimizing the number of different staff who care for clients with confirmed or suspected COVID-19.
- Designating staff to specific units or cohorts of clients, whenever feasible. These changes can be planned and implemented before COVID-19 is detected in a facility.
- Performing aerosol generating medical procedures (AGMP) only when necessary to preserve N95 respirators.

When using PPE always:
- Change gloves in between clients, accompanied by hand hygiene between each glove change.
- Doff old PPE and donn a new set when moving from clients with COVID-19 to those not diagnosed with COVID-19.
- Remind colleagues to wash their hands if they touch or adjust their PPE.
- Change surgical or procedure mask if the mask becomes wet, damaged, or soiled or when leaving the facility.
- Practice hand hygiene after removing each individual piece of PPE, and before putting on new PPE.

Signage to Guide PPE Use
- Post signage for routine droplet and contact precautions outside the room/space of clients who are suspected of having or have been diagnosed with COVID-19:
  https://www.picnet.ca/resources/posters/precaution-signs/
- Post signage on how to extend the use of PPE during the COVID-19 pandemic throughout the facility: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment
- Post signs at appropriate locations with instructions on how to put on (don) and take off (doff) PPE: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment
- Post signs at appropriate locations on how to wear a surgical (or procedure) mask: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_SurgicalMaskPoster.pdf
- Post instructions at appropriate locations on how to clean and disinfect eye and facial protection: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf

9. Cleaning and Disinfection

Handling, Cleaning and Disinfection of Equipment
- Identify which staff are responsible for cleaning client care equipment and inform them about all required duties.
- Dedicate reusable equipment and supplies specifically to individual clients with suspected or confirmed COVID-19 infections.
- If dedicating equipment and supplies to an individual client is not possible, all reusable equipment that is shared between multiple clients must be cleaned and disinfected with a hospital grade disinfectant first.
- Items that cannot be easily cleaned and disinfected should not be shared among clients.
- Discard all single-use items into no-touch waste bins after use.
- Always follow the manufacturer's instructions for dilution, contact times, safe use and materials compatibility of all cleaning products.

Environmental Cleaning

Cleaning products and disinfectants that are regularly used in hospitals and health care settings are effective against COVID-19: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf

- Clean and disinfect high-touch surfaces at least twice a day and when visibly soiled. High touch surfaces include, but are not limited to, doorknobs, countertops, handrails, phones, light switches, bathroom fixtures, sinks, toilets, bedside tables and outsides of paper towel dispensers.
- Disinfectants should be classed as a hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses.
- Clean visibly dirty surfaces before disinfecting, unless otherwise stated on the product instructions.
- Follow product instructions for dilution, wet contact time and safe use (e.g., use of PPE and proper ventilation).
- Floors and walls should be kept visibly clean and free of spills, dust and debris.
- For COVID cohort areas/units, change the mop solution after every client room. If using a microfiber mop system, follow standard procedures - changing mop solutions between client rooms is not required.
- For COVID cohort areas/units, dedicate cleaning implements and supplies to the area/unit. This includes the housekeeping cart, mop and mop bucket. If this is not possible, clean and disinfect all items and transfer them to another cart before leaving the COVID-19 area/unit.
- Remove items from all areas that cannot be easily cleaned and disinfected (e.g., plush cushions).
- Follow the facility's normal protocol for daily cleaning of client rooms/space and terminal cleaning of client rooms/space after discharge, transfer or discontinuation of Droplet and Contact precautions.
  - Wash bedside privacy curtains and clean the entire room/bed space area, including all touch surfaces (e.g., overhead table, grab bars, hand rails, shelves, bedside chairs or benches, windows, overbed light fixtures, message or white boards, outsides of sharps containers).
  - Remove personal items following discharge, transfer or death of a client. Clean and disinfect items prior to returning to family members, storage or donation.
- Do not remove additional precaution signs until the client's personal hygiene and the environmental cleaning of their space have been completed.
- Practice diligent hand hygiene when entering and leaving each room/unit.
- Dedicate cleaning staff to specific units or areas whenever feasible. When this is not possible, cleaning staff should provide service to non-COVID rooms/units first and COVID-19 rooms/units last.
- The facility operator must monitor all environmental cleaning and disinfection practices for compliance.
- Please see the BCCDC's information sheet for environmental service providers for further information: http://www.bccdc.ca/Health-Info-Site/Documents/Environmental_Service_Providers_Health_Care.pdf

Laundry

- Soiled laundry from clients with COVID-19 should be handled using routine laundering practices.
- Do NOT shake dirty laundry.
- Place dirty laundry directly in a linen bag without sorting. Do not overfill bags. Do not compress bags or try to remove excess air.
- Contain wet laundry before placing it in a laundry bag (e.g., wrap in a dry sheet or towel).
- Consider placing a bag liner in the hamper that is either disposable (can be thrown away) or can be washed.

- Clean and disinfect hampers or carts used for transporting laundry regularly using hospital grade disinfectant that has a Drug Identification Number (DIN).
- Proper hand hygiene must be practiced when entering and leaving each room/unit.
- Wash items in accordance with the manufacturer's instructions. Use the warmest water settings allowed and dry items completely.
- Store clean laundry in designated areas.
- Maintain clear separation between clean and dirty laundry.

Waste Management

- Waste from clients with COVID-19 should be handled using routine procedures.
- Proper hand hygiene must be practiced when entering and leaving each room/unit.
- Waste that is normally considered biomedical should be disposed in the usual biomedical bag or container.
- If a bag is punctured or has waste spilled on the exterior, it should be placed into a second biohazard bag.
- Sharps should be placed in sharps containers, per usual practice.
- All bags should be securely closed for disposal. Do not compress bags or try to remove excess air.
- Waste should be transported using clearly defined transport routes within the health care facility.
- Removal of waste should be scheduled at designated times from designated locations when possible.
- Clean and disinfect carts used for transporting waste regularly using hospital grade disinfectant that has a Drug Identification Number (DIN).

Food Service, Delivery and Pick Up

- If there are suspected or confirmed cases of COVID-19 in the facility, 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, then serve symptomatic clients.
- Food services staff should not enter dedicated COVID-19 cohort units or rooms with 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.

- o Implement a staggered dining schedule to support physical distancing and reduce the number of individuals in the dining area at any given time.
- o 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.
- o Pre-place utensils and cutlery for clients prior to seating.
- o Ensure alcohol-based hand rub with at least 70% alcohol content is available in shared dining rooms.
- o 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.

10. Placement and Accommodation of COVID-19 Clients

- Immediately place any client identified as being exposed to COVID-19 or any client with new-onset respiratory or gastrointestinal symptoms (e.g., new or worsening cough, sneezing, runny nose, fever, sore throat, difficulty breathing, or episodes of vomiting and/or diarrhea) in a single room with a private toilet and sink.
  - o If a single room is not available, maintain a physical separation of two meters between the bed space of the ill client and all roommates. Where available, close the privacy curtains.
- Implement contact and droplet precautions and use appropriate PPE when in direct contact with the client.
- Post signage outside the client's room/space indicating the required precautions: https://www.picnet.ca/resources/posters/precaution-signs/
- Set up a PPE station outside of the client's room.
- Post signs with instructions on how to put on and remove PPE inside and outside of the client's room.
- Restrict the client to their room or bed space, including during meals and any other clinical or social activities, unless absolutely necessary.
- Provide a designated commode chair for the client's use.
- Designate reusable equipment to the client with suspected or confirmed COVID-19, if possible.
- For long term care facilities with clients sharing rooms, move roommates of clients with symptoms related to COVID-19 to a new private room for isolation, then monitor the roommates for symptoms. If a new private room is not available, maintain a physical separation of two meters between all beds in the current room and close any privacy curtains.

- In the rare circumstances where a client with COVID-19 symptoms must leave their room, they should wear a surgical or procedure mask (if tolerated) or use tissues to cover their mouth and nose.
  - Assist clients in performing hand hygiene.
  - Encourage clients to use respiratory hygiene.
  - Clients should minimize touching surfaces or items outside of their room.
  - Immediately clean and disinfect any surfaces touched by the client while outside of their room.
- Identify and assign specific floors or units within the facility just for clients with confirmed COVID-19.
  - Long term care clients with suspected COVID-19 should only be cohorted with other clients with suspected COVID-19.
  - Designated COVID units should not be located close to vulnerable clients (e.g., clients with compromised immune systems or underlying health conditions).
  - Cohorting of clients who are confirmed to have COVID-19 should only be considered once other infectious etiologies (causes) have been ruled out.
- Dedicate teams of staff to care for clients with suspected or confirmed COVID-19, wherever possible.
- To minimise the risk of the transmission of infection in the building, consider re-organizing the work flow to limit the movement of staff between units/floors.
- Provide training for staff in how to care for COVID-19 clients.

11. Social Activities and Outside Appointments

- Cancel all non-essential external social activities and outside appointments for all clients, unless medically necessary.
- If clients must leave the facility for medically necessary care or treatment (e.g., hemodialysis treatment):
  - Call the medical facility and the transportation service (e.g., HandyDART, taxi or SNT hospital transfer service) ahead of the appointment to discuss necessary precautions.
  - Clients with confirmed or suspected COVID-19 who need urgent medical attention should wear a surgical or procedure mask when leaving their room or space. Droplet and contact precautions must be maintained during client transport. See Section 12: Client Transfer of this document for further information.
  - Provide the client with clean clothing when leaving for the appointment.
  - Advise the client to only bring necessary items to the appointment.
  - Instruct and assist the client in practicing diligent hand hygiene at all times, particularly when leaving and returning to the facility.
  - Remind the client to not touch their face, eyes, nose, mouth or food before performing hand hygiene.
  - Encourage the client to practice respiratory hygiene.
  - Remind the client to avoid touching any surfaces outside of their room/space.
  - Clean mobility aids, such as wheelchairs, canes and walkers before exiting the client's room/space and upon returning from the appointment.
  - Assist the client to change into another set of clothes upon returning from the appointment.
  - Clients returning from an outpatient medical appointment (e.g., hemodialysis and cancer treatment) do not require 14-day isolation upon arrival at the facility. Staff must complete a PCRA to assess the risk posed by returning clients and determine appropriate control measures. See Section 7: Point of Care Risk Assessment for more information.
- Re-organize shared spaces to maintain a physical distance of at least 2 metres between people.

- Re-organize social activities to maintain a physical distance of at least 2 metres between people.
- If community or group activities take place, limit the number of clients involved as much as feasibly possible.
- Restrict internal group activities to a single floor or unit.

12. Client Transfer

- Clients with confirmed or suspected COVID-19 infection should stay in their room unless there is essential need for movement and/or transport. Transfer within and between buildings should be avoided unless medically indicated.
- Moving clients who are on CPAP or BiPAP within a facility should be avoided.
- Clients with suspected or confirmed COVID-19 who require urgent medical attention and transfer to an acute care facility should wear a surgical or procedure mask, if tolerated.
- Call the receiving unit, physician and/or Medical Health Officer (or designate) to review and discuss the transfer.
- Notify the BC Ambulance dispatch and the receiving institution about the client's known or suspected COVID-19 status ahead of transport.
- Provide the client with clean clothing or a clean hospital gown for the transfer.
- Instruct and assist the client in performing hand hygiene.
- Remind the client to practice respiratory hygiene.
- Remind the client to avoid touching surfaces outside of their room/space.
- Clean wheelchairs and transport stretchers before exiting the client's room/space.
- Ensure clients and staff are at least two meters away from the transferring client.
    - Staff who are within two meters of the transferring client must follow routine practices, and droplet and contact precautions.
- Clean and disinfect all high touch surfaces, such as doorknobs, push buttons or handrails, touched by the client after leaving their room/space.
- Screen new or returning clients for symptoms related to COVID-19 before their transfer to the facility.
- When transfers must happen, transfer all outgoing and incoming clients directly to their room or space.
- Criteria for determining clients who need to undergo 14-day isolation upon arrival at the facility (e.g., new clients, clients returning from an inpatient admission or a community visit) should be at the discretion of the MHO.
- Clients undergoing 14-day isolation should be placed on droplet and contact precautions.
- Notify the transferring facility/residence and the local Medical Health Officer if a client develops COVID-19 symptoms within 14 days of transferring in from that facility/residence.

13. Laboratory Testing

- Review the latest BCCDC Public Health Laboratory COVID-19 Testing Guidance before testing: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/lab-testing
- Test clients experiencing influenza-like illness (ILI) or respiratory symptoms, clients with fever without known cause, and clients experiencing other symptoms possibly due to COVID-19 (see Section 1: Screening). COVID-19 cases in LTC populations are known to occur in clients with mild presentations.
- Ensure that the correct swabs and collections systems are ordered and being used.
- Obtain a nasopharyngeal (NP) swab (preferred) or an oropharyngeal (throat) swab from any symptomatic client to send for laboratory confirmation.

- o Note: Taking a swab for culture and susceptibility is not a restricted activity according to the Nurse's (Registered) and Nurse Practitioner Regulation. Accordingly, this activity does not require an order for a nurse to carry out this activity.[1]
- Use the Virology Requisition form.
  - o Write "COVID-19 testing requested" OR add a special label to the requisition indicating the need for COVID-19 testing.
  - o To prioritize testing, label the requisition as coming from a Long-term Care facility (i.e., label as "LTCF").

Please see Appendix D of this document for instructions on how to collect a Nasopharyngeal Swab (preferred specimen).

14. Notification & Reporting

- Notify the Infection Control Practitioner or designate at the facility/residence regarding all clients, care providers, staff, volunteers or visitors with symptoms related to COVID-19.
- The Infection Control Practitioner or designate at the facility/residence must notify Public Health of all clients, care providers, staff, volunteers or visitors confirmed to have COVID-19.
- The Director of Care or Site Manager should call the Communicable Disease Unit at their local Public Health unit. Please see Section C: Outbreak Protocol of this document.

15. Contact Tracing

- In conjunction with Public Health, start contact tracing of clients and staff potentially exposed to a person diagnosed with COVID-19 while in the facility.
- All client(s) who share a room with the ill client should be considered as exposed and should be monitored for symptoms at least twice a day for 14 days from last date of exposure.
- Report any new symptoms to the area Medical Health Officer or their designate. http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/public-health-management
- Follow BCCDC guidance regarding health care worker exposures to COVID-19 while at work: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/testing-and-case-management-for-healthcare-workers
- For staff exposed to COVID-19 outside of work, follow BCCDC guidance for the management of cases and contacts associated with novel coronavirus in the community: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/2019-nCoV-Interim_Guidelines.pdf

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[1] College of Registered Nurses of British Columbia. "Scope of practice for registered nurses: Standards, limits and conditions". 2010.

16. Discontinuation of Droplet/Contact Precautions

- Health care workers, such as a physician or a nurse, should assess the clinical status of the client for resolution of symptoms related to COVID-19 and follow the criteria below to determine discontinuation of contact and droplet precautions.
- If the client tested POSITIVE for COVID-19 AND their illness was mild AND they were NOT hospitalized or immunocompromised, the following conditions should be met for discontinuing contact and droplet precautions:
  a. At least 10 days have passed since onset of symptoms; AND
  b. Fever has resolved without use of fever-reducing medication; AND
  c. Symptoms (respiratory, gastrointestinal, and systemic) have improved.
- If the client tested POSITIVE for COVID-19 AND their illness was severe AND they were hospitalized or they have a compromised immune system (e.g., transplant, hematology-oncology), the following conditions should be met for discontinuing contact and droplet precautions:
  a. At least 10 days have passed since onset of symptoms; AND
  b. Fever has resolved without use of fever-reducing medication; AND
  c. Symptoms (respiratory, gastrointestinal, and systemic) have improved; AND
  d. Two negative laboratory test results for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart. Note: Exceptions can be made at the discretion of the MHO.
- Mild symptoms may include some or all of the following: Low-grade fever, cough, malaise, rhinorrhoea, fatigue, sore throat, gastrointestinal symptoms such as nausea, vomiting, and/or diarrhea.
- More severe symptoms may include any of the above, as well as fever, shortness of breath, difficulty breathing and/or chest pain.

Note: The residual dry cough after 10 days of symptom onset may persist for several weeks and is not considered to be infectious, as long as all other symptoms have resolved. This includes temperature being back to normal without the use of fever-reducing medication (e.g., acetaminophen or ibuprofen) and improvement in clinical symptoms, including respiratory, gastrointestinal and systemic symptoms.

17. Managing Deceased Persons

- Follow BCCDC guidance for the safe handling and care of deceased persons with suspected or confirmed COVID-19: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/deceased-persons

18. Psychosocial Supports

Support for Clients

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. Prevention measures 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 use. To avoid damaging electronics, follow the manufacturer's instructions regarding cleaning products and technique; and
    - Ensure clients and staff 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

Support for Staff

It is important to support the psychosocial well-being and resilience of staff during the COVID-19 pandemic. Open communication is key to this objective.

- Provide staff with up-to-date information about COVID-19.
- Provide staff with information on how to protect themselves and others against COVID-19 transmission.
- Where possible, offer staff options for teleworking/working from home.
- Regularly communicate and check-in with staff who are working from home or self-isolating.
- Acknowledge staff feelings of grief, exhaustion, anger and fear.
- Remind staff about the importance of physical activity, healthy eating, sleep and good personal hygiene.
- Support the adoption and implementation of BCCDC guidance for Health Care Provider Support during the COVID-19 pandemic: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/health-care-provider-support

An ethical analysis of the duty of health care workers to provide care in circumstances where there is a risk of harm to their own person is available online: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/ethics

Staff who have any questions or concerns regarding their possible exposure or symptoms are advised to call their local Public Health unit and/or their Workplace Health and Safety department for assessment and advice. Information regarding risk assessment of HCWs exposed to COVID-19 while at work as well as guidance to support decision-making on return to work for HCWs with symptoms of COVID-19 is available online: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/testing-and-case-management-for-healthcare-workers

Mental health support for health care providers is available online: https://careforcaregivers.ca/

C. Outbreak Protocol for COVID-19

Early detection of influenza-like-illness (ILI) or gastrointestinal symptoms and laboratory testing of symptomatic clients will facilitate the immediate implementation of effective control measures. In addition, the early detection and immediate implementation of control measures are two of the most important factors in limiting the size and length of an outbreak.

- Use COVID-19 outbreak surveillance forms (see Appendix E and Appendix F of this document for examples) to maintain ongoing surveillance for influenza-like illness (ILI) or gastrointestinal symptoms.
    - Monitor all clients for influenza-like illness or gastrointestinal symptoms, such as new or worsening cough, sneezing, runny nose, fever, sore throat, difficulty breathing, or episodes of vomiting and/or diarrhea.
    - Difficulty breathing is another common symptom of COVID-19.
- In the event of a suspected outbreak of influenza-like-illness, immediately report and discuss the suspected outbreak with the Medical Health Officer (or delegate) at your local health authority.
- Take viral specimens (nasopharyngeal or nasal swab) for lab testing as soon as possible. See Appendix D of this document for instructions on how to collect a Nasopharyngeal Swab (preferred specimen).
- Isolate all symptomatic individuals promptly (see Section 10: Placement and Accommodation of this document).

i.   Outbreak Detection and Confirmation

Outbreak definition: One or more clients 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.
- 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.

- Immediately report and discuss the suspected outbreak with a Medical Health Officer or designate (i.e., Public Health Nurse, Residential Care Licensing Officer) at your local health authority.
- Isolate all symptomatic clients in their rooms (see Section 10: Placement and Accommodation).
- Implement routine, droplet and contact precautions (see Section 8: Respiratory Protection) for the confirmed positive client(s).
- Post signage on the door of the client's room indicating that droplet and contact precautions must be followed.
- During an outbreak, test all clients in the facility/residence for COVID-19 as a screen.
- Review the latest BCCDC Public Health Laboratory's COVID-19 Guidance for specimen collection. The testing guidance specifies the number of samples to be collected from symptomatic clients to confirm an outbreak.
- Obtain viral specimens as soon as possible.
- Forward specimens to the BCCDC laboratory for testing (see Section 13: Laboratory Testing of this document).

- Start contact tracing of clients and staff members potentially exposed to another client or staff member who is diagnosed with COVID-19 (see Section 15: Contact Tracing of this document).
- Re-confirm that staff are not working at multiple Long Term Care facilities or Seniors Assisted Living residences.
- Notify all non-facility staff, professionals and service providers of the outbreak and assess their need to enter the facility.
- Communicate with families of clients about the outbreak and associated risks.
- Implement a daily outbreak management meeting to discuss operations and issues arising at the facility.

ii.   Outbreak Management Infection Control, Cleaning and Disinfection Procedures

- **All outbreak control measures shall take priority over routine operations until the outbreak is declared over.**
- **All restrictions shall remain in place until the outbreak is declared over by the Medical Health Officer.**

1. **Facility/Residence**
   a. Post notification sign(s) at all facility entrances and on all entrances to floors/units/wards advising clients, staff and visitors about the outbreak: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_OutbreakInFacility_poster.pdf
   b. Maintain an outbreak **Line List** of cases in clients and a Line List of cases in staff (e.g., nursing, food handlers, housekeeping, others).
       i. Record details on the accompanying Influenza-Like-Illness Line List for Clients and/or the Influenza-Like-Illness Line List for Staff (see Appendix E and Appendix F).
       ii. Forward the Line List(s) to the Medical Health Officer or designate.
   c. Notify housekeeping, food services and laundry that the facility has an outbreak of COVID-19 so that department-specific outbreak management protocols are initiated, including:
       a. Enhanced housekeeping and cleaning, including increased frequency of cleaning and disinfection, with a focus on high touch surfaces and items,
       b. Safe disposal of contaminated items and laundry within client rooms,
       c. Increased availability of alcohol-based hand-sanitizers (with a minimum of 70% alcohol content) in each client's room, and
       d. Cleaning and disinfection of equipment between use for different clients/areas. Refer to the Cleaning and Disinfection section of this document for more details.
   d. Close the affected floor/unit/ward or facility/residence to new admissions, re-admissions, or transfers, unless medically necessary and/or approved by a Medical Health Officer.
       a. Notify the receiving hospital, facility or clinic to ensure that care can be provided safely (see the Client Transfer section of this document for more information).
   e. If a client is transferred to an acute care facility for treatment of COVID-19 or its complications, that client may return back to their home facility/residence when they are medically stable.
   f. Clients transferred to an acute care facility who do not have COVID-19 should not generally be re-admitted to the facility/residence until the outbreak is declared over. Exceptions can made at the discretion of the Medical Health Officer.
   g. Notify other service providers such as volunteers, clergy, Handy DART, oxygen service, BC Ambulance, companions, students, and others of any outbreak control measures that may affect their provision of services.

h. Suspend non-essential services for the duration of the outbreak.
i. Notify any facility that has received/admitted a client from the facility on COVID-19 outbreak status within the past 14 days.
j. For facilities owned and operated by Health Authorities, notify and consult with Infection Prevention and Control.

2. Clients
a. For symptomatic clients, restrict contact as much as possible while maintaining essential care, until symptoms resolve. This includes:
    i. Placing symptomatic clients in private rooms or, if that is not possible, cohorting symptomatic clients with other symptomatic clients.
    ii. Serving meals in the client's room or floor/unit.
    iii. Restricting participation in any group activities.
    iv. If tolerated, clients wearing a surgical or procedure mask when a health care worker or essential visitor is in the room.
b. For all clients:
    i. Minimize contact between clients on affected floors/units/wards with clients from unaffected floors/units/wards.
    ii. Remind clients to practice hand hygiene and respiratory hygiene, and to report any symptoms.
    iii. In consultation with the Medical Health Officer or their designate, discontinue any remaining group activities, adult day programs, in-facility respite and outings. In general, all group activities within a facility/residence should be discontinued and non-essential outings should be cancelled. The Medical Health Officer can make exceptions on a case-by-case basis.

3. Staff
a. If symptoms develop, staff should isolate promptly, phone 8-1-1 or their health care provider and report their illness to those responsible for Occupational Health.
b. If staff develop respiratory symptoms while on duty, they should perform hand hygiene, continue wearing their surgical mask, inform their supervisor to arrange for replacement, safely transfer care as soon as possible and then go directly home to self-isolate.
c. Staff will remain off work until a decision to discontinue isolation is made, in consultation with Workplace Health and Safety and Public Health. To maintain adequate staffing levels, exceptions can made at the discretion of the MHO.
d. Follow the current guidance for testing health care workers for COVID-19, available at the BCCDC Lab Testing page.
e. Maintain a COVID-19 outbreak Line List for staff diagnosed with COVID-19 (see Appendix F of this document).
f. Cohort staff as much as possible. Staff working with symptomatic clients should avoid working with clients who are well.
g. If dedicated staff for sick clients are not available, staff should first work with the well and then move on to care for the ill, avoiding movement between floors and units wherever possible.
h. Staff must practice strict hand hygiene between clients at all times.
i. Comply with all Orders from the Provincial Health Officer regarding staff assignment and restricted inter-facility staff movement.

4. **Visitors:**
   a. In the event of an outbreak, restrict visitors to facilities in accordance with advice and direction from the local Medical Health Officer.
   b. If a visit is deemed essential, the visitor should wear a surgical or procedure mask during the visit and visit only their immediate family member or friend.
   c. Symptomatic persons should not enter a facility.
   d. Essential visitors must keep a two-meter distance from symptomatic clients during their visit.
   e. Visitors to a client with COVID-19 symptoms should be offered the same personal protective equipment as that worn by health care providers, in accordance with the PPE Allocation Framework.
   f. Restrict all visitation involving multiple clients. If visiting multiple clients is essential, visit asymptomatic clients first.
   g. Provide education to essential visitors about the importance of diligent hand hygiene and respiratory hygiene during their visit.

iii. Outbreak Termination

- Control measures will be continued until the outbreak is declared over by 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:
   a. Order replacement viral specimen kits by emailing an updated Sample Container order form to kitorders@hssbc.ca or by faxing a request to BCCDC at 1-604-707-2606.
   b. Debrief with facility managers and staff to evaluate the management of the outbreak. Implement all corrective actions, as required.
   c. Remain alert for possible new cases in staff and clients.
   d. Report any suspect outbreaks to the Medical Health Officer or designate.

Appendix A – Entrance Screening Tool for COVID-19

This tool provides basic information and is not intended to take the place of medical advice, diagnosis or treatment.

Implementation Checklist:

☐ Are staff posted at entry points during business hours to actively screen every person who enters the building for symptoms related to COVID-19?

☐ Is a comparable process implemented to screen and log all persons entering the building outside of regular business hours?

☐ Have you limited entry points into the building?

☐ Is signage posted at building entry points to support the active screening process?

    ☐ Post signs at all facility entrances indicating visitor restrictions in place: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living

    ☐ Signage reminding people <u>not</u> to enter if they are sick or if they are required to self-isolate in accordance with Public Health directives: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_DoNotEnterPoster.pdf

    ☐ Signage reminding people with COVID-19 symptoms to wash their hands, put on a surgical or procedure mask and self-identify to reception or a health care provider: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters

    ☐ Signage on cough etiquette, hand hygiene, and physical distancing: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters

    ☐ Signage on how to put on a mask: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters

☐ Is alcohol-based hand sanitizer (minimum 70% alcohol content) available at all building entry points?

☐ Are tissues, no-touch waste receptacles and disinfection wipes available at all building entry points?

☐ Are surgical/procedure masks available and accessible at all entry points?

☐ Are physical distancing supports in place at screening kiosks?

    ☐ Spacing markers on the floor (2 metres apart).

    ☐ Transparent barriers between screeners and others at kiosks.

☐ Is information for visitors about COVID-19 and the need for visitor restrictions available to be handed out?

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 <u>NO</u> 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 <u>YES</u> to any question or <u>refuses to answer</u>, 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.*

Appendix B – Visitor Sign-in Sheet

First & Last Name	Phone Number	Email	Date

Appendix C – Point of Care Risk Assessment Tool for COVID-19

Prior to each client interaction, staff must complete a Point of Care Risk Assessment (PCRA) to assess the risks posed by a client, situation or procedure to themselves, other care providers, other clients and visitors[2,3].

Conducting a PCRA involves asking following questions before every client interaction to determine the risk of being exposed to a potential hazard, such as COVID-19:

1. Is the hazard present in the situation?
    - ☐ Close contact (within two meters) with a client with symptoms of COVID-19?
    - ☐ Close contact with surfaces or items contaminated with body fluids?
    - ☐ Likelihood of splashes or sprays of blood or body fluids?

2. What is the health status of the client?
    Examples of situations in which there might be a greater risk of exposure include:
    - ☐ Clients requiring assistance with care needs and hand hygiene?
    - ☐ Clients having copious respiratory secretions?
    - ☐ Clients with frequent cough or sneeze?
    - ☐ Clients with poor compliance to respiratory hygiene, hand hygiene and physical distancing?
    - ☐ Clients who are immunocompromised (potential prolonged viral shedding)?
    - ☐ Clients undergoing aerosol-generating medical procedures?

3. What type of task am I doing? (from a specific interaction)
    - ☐ Direct care tasks requiring close contact involve a greater risk of exposure (e.g., wound care, feeding, assisting with bathing, dressing, giving medications, transporting clients)?
    - ☐ Indirect care tasks do not require close contact (e.g., housekeeping, delivering or removing trays or equipment from an empty room)?
      Note: Always try to maintain a safe distance of two meters for tasks that do not require close contact.

4. Where am I doing my task?
    Some examples of situations in which there might be a greater risk of exposure include:
    - ☐ Prolonged and frequent contact to an infected source?
    - ☐ Shared rooms or washrooms?
    - ☐ Sub-standard housekeeping?
    - ☐ Shared client care equipment without cleaning between episodes of client care?
    - ☐ Inadequate spatial separation between client and caregiver (at least two meters)?
    - ☐ Inadequate ventilation?
    - ☐ Non-compliance with cleaning and disinfections standards?
    - ☐ Inadequate client placement or cohorting?

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[2] Vancouver Coastal Health (September 16, 2020). IPAC Best Practices Guideline: Point of Care Risk Assessment.
http://ipac.vch.ca/Documents/Routine%20Practices/PCRA%20Best%20Practices%20Guideline.pdf
[3] Occupational Health and Safety Agency for Healthcare in British Columbia (March 2010).
http://www.phsa.ca/Documents/Occupational-Health-Safety/GuideAssessingandControllingPersonalRiskSelfStudyG.pdf

5. <u>What action do I need to take?</u>
    Choose appropriate actions, control measures and/or PPE needed to minimize the risk of clients, care providers and other staff being exposed to COVID-19. Appropriate actions include consideration of:

    - ☐ Hand hygiene (see [Section 3](#))
    - ☐ Respiratory hygiene (see [Section 4](#))
    - ☐ Source control and physical distancing (see [Section 5](#))
    - ☐ Environmental and equipment cleaning (see [Section 9](#))
    - ☐ Accommodation selection (see [Section 10](#))
    - ☐ Client ambulation or transfer (see [Section 12](#))
    - ☐ Use of PPE and additional precautions as required (see [Section 8](#))

Appendix D – How to Collect a Nasopharyngeal Swab (Preferred Specimen)

- Review the latest BCCDC PHL COVID-19 Guidance for Testing (see the BCCDC Lab Testing Page). The testing guidance is subject to change and will be updated accordingly. The guidance also specifies the number of samples to be collected from symptomatic clients to confirm an outbreak.
- Ensure the nasopharyngeal swab (NP) is collected by qualified staff trained in the collection method.
- Limit staff in the room to those necessary for the procedure. Persons in the room during the procedure should, ideally, be limited to the client and the staff performing the procedure.
- Assemble supplies:
  - Recommended collection devices that are routinely used for NP swabs for Influenza or other respiratory virus testing.
  - Requisition and label.
  - Biohazard bag.
  - Tissues for client to clean nasal mucous before the procedure and to contain cough and sneezes after the procedure.
- Perform proper hand washing.
- Put on PPE (gown, gloves, surgical/procedural mask with eye protection - face shield or goggles) to protect yourself if the client coughs or sneezes while you are collecting the specimen.
- Explain the procedure to client.
- Provide client with tissues to contain cough and sneezes after the procedure.
- If the client has a lot of mucous in their nose, this can interfere with the collection of cells. Ask the client to use a tissue to gently clean out all visible nasal mucous before a swab is taken. Respiratory viruses are located in cells that line the surface of the nasal cavity and are shed into respiratory secretions.
- Stand to the side of the client, not directly in front of them.
- Seat the client in a high-fowler's (70^0) position in bed with the back of their head supported. It may be necessary to have a second person available to assist with collection.
- With a slow, steady motion along the floor of the nose (straight back, not up the nose) advance the swab until the posterior nasopharynx has been reached (distance from nostrils to external opening of ear). If nasal mucosa is swollen, rotating the swab during insertion may facilitate entry.
  - Place a finger on the tip of the client's nose and depress slightly once resistance is met (the swab should pass into the pharynx relatively easily). Rotate the swab twice and allow it to remain in place for a few seconds to absorb the sample, then withdraw the swab.

- Move away (at least 2 meters) from the client when the procedure is complete.
- Place in the tube of transport medium (check your local policy for sending specimens).
- Break the shaft of the swab at the constriction, and screw on the lid without cross-threading.

- Label the swab with 3 patient identifiers and indicate "NP Swab".
- Remove PPE according to the steps of doffing (taking off) PPE. Ensure attention to hand hygiene.
- Complete the Virology Requisition form requisition indicating the tests requested and write "COVID-19 testing requested" OR add a special label to the requisition indicating the need for COVID-19 testing.
- To prioritize testing, label the requisition as coming from Long-Term Care facility (label as "LTCF").
- Ensure that the client identifiers and ordering physician or health care worker name are correct.
- Place the specimen container in a biohazard transport bag. Insert the requisition in the side pouch.
- Submit samples as you usually do through your local diagnostic Microbiology Laboratories.

Appendix E – COVID-19 Outbreak Line List – Clients

Patient Demographics					Clinical Presentation			Specimen(s) Sent	
Name	DOB y/m/d	Unit	Room #	Room type	Date of symptom onset	Symptoms	Date symptoms resolved	Collection date/date submitted	Result

*ROOM TYPE: **P**=Private **S**=Semi-private **M**=Multi-bed
SYMPTOMS: **C=Cough, **D**=diarrhea, **SB** = Shortness of Breath, **F**=Fever, **NA** = Nausea, **NC**= Nasal Congestion (runny nose), **O**=Other**, ST=**Sore Throat, **V**=vomiting

Appendix F – COVID-19 Outbreak Line List – Health Care Staff

*SYMPTOMS: **C**=Cough, **D**=diarrhea, **SB** = Shortness of Breath, **F**=Fever, **NA** = Nausea, **NC**= Nasal

Health Care Staff Information					Clinical Presentation		Specimen	
Name	DOB y/m/d	Occupation	Unit(s) worked	Date of symptom onset	Symptoms*	Date symptoms resolved	Collection date/date submitted	Result

Congestion (runny nose), **O**=Other**, ST=**Sore Throat, **V**=vomiting