



Long-Term Care, Assisted Living COVID-19 Resource Toolkit

Original: April 9, 2020

Updated: March 4, 2021

This toolkit builds upon the general guidance provided in the BC-CDC's [Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living](#). The following compilation of tools and resources are intended to be used in conjunction with the directions from the BC-CDC. Areas where the FH LTC/AL Coordination Centre has recommended a more conservative standard have been flagged.

All contents approved by LTC/AL Coordination Centre and will be updated regularly as the response to, and evidence regarding, COVID-19 evolves. Notification of updates will be sent via email.

A number of restrictions are already in place to prevent a potential outbreak. This Toolkit focuses primarily on outbreak management. We encourage all sites to be proactive with prevention.

Quick Reference

Visitors		<ul style="list-style-type: none"> • Visitors • Family/Social Visit • Visitor Screening Poster
Staff		<ul style="list-style-type: none"> • Staff Testing • COVID-19 Testing Process: Long Term Care Staff • Staff Symptom Monitoring Poster • Staffing Support (for Sites in COVID Outbreak) • Public Health Tool 28: Staff Illness Report and Tracking Form • Staff and Medical Safety Poster
Admission/transfers		<ul style="list-style-type: none"> • Admissions to LTC, AL & Convalescent Care • Essential Medical Appointments • LTC - Transfers for Medical Care • AL - Transfers for Medical Care
Outbreak Management		<ul style="list-style-type: none"> • Monitoring and initial response for possible COVID-19 cases • Checklist – Suspected Case • Enhanced Monitoring and Outbreak Checklist
	Reporting	<ul style="list-style-type: none"> • Notification & Management Process for Suspected/Confirmed Cases • Public Health Tool 27: Resident Illness Report and Tracking Form • Public Health Tool 28: Staff Illness Report and Tracking Form • Secure File Sharing with Fraser Health
	Testing	<ul style="list-style-type: none"> • COVID-19 Testing • Swabs • Staff Testing • Fraser Health COVID-19 Screening Process
	Resources	<ul style="list-style-type: none"> • Medical Health Officer (MHO) Orders • BC-CDC's Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living
Personal Protective Equipment (PPE)		<ul style="list-style-type: none"> • Personal Protective Equipment (PPE) Framework • Donning and Doffing Personal Protective Equipment • Equipment and Enhanced Cleaning Guidelines

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1.0 Introduction

The purpose of the toolkit is to provide facilities and Fraser Health personnel working in Long Term Care (LTC), Assisted Living (AL) and seniors Independent Living (IL) facilities with a common framework to guide response to outbreaks of COVID-19, facilities with high risk population groups, and to limit transmission to clients and staff within the facility. Guidance in this toolkit is based on the expectation that all facilities have implemented all foundational elements of COVID-19 prevention measures applicable to their facility as described in [Prevention Assessment Tool for LTC, AL & IL](#)

The guidance is meant to provide a set of interventions for COVID-19 outbreaks that builds upon existing approaches to FH respiratory outbreak protocols, available evidence on COVID-19, and current regional experience with COVID-19 control in this setting. The guidance is not prescriptive, and should be applied in the context of a specific outbreak scenario as directed by Public Health and/or the Medical Health Officer and/or Fraser Health designated Outbreak Response Lead.

The guidance in the toolkit is based on the latest available scientific evidence about this disease, and may change as new information becomes available. The Public Health Agency of Canada will be posting regular updates and related documents at <https://www.phac-aspc.gc.ca/>. The British Columbia Center for Disease Control (BCCDC) has a healthcare professional's page with resources including posters, pamphlets and other information for health care facilities in BC regarding COVID-19.

The following compilation of tools and resources are intended to be used in conjunction with the directions from the BC-CDC.

1.1 BC-CDC's Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living

This toolkit builds upon the general guidance provided in the BC-CDC's [Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living](#). Key contents of this document are below.

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1.2 Medical Health Officer (MHO) Orders

MHO orders can be found here: <https://www.fraserhealth.ca/health-topics-a-to-z/coronavirus/mho#.XrGI4Muou8w>

Guidance and general updates from the MHO can be found here:
<https://www.fraserhealth.ca/employees/medical-health-officer-updates#.XrGI48uou8w>

1.3 Key Contacts

This document is updated frequently with the most current direction, guidance and resources regarding COVID-19. Additional resources and FAQs can be found at <https://www.fraserhealth.ca/health-topics-a-to-z/coronavirus#.Xo-SDbqotPZ>.

If your specific questions are not covered in either of those places, questions and comments related to the COVID-19 pandemic can be submitted via the Online Form at www.fraserhealth.ca/ltc-al-questions. Questions will be monitored from Monday to Friday from 0800 - 1600

*Note if your site is actively managing a COVID-19 outbreak, please contact your Outbreak Response Lead with any questions.

☒ KEY CONTACT TO NOTIFY of 1+ Suspected (swabbed) and/or confirmed Cases:

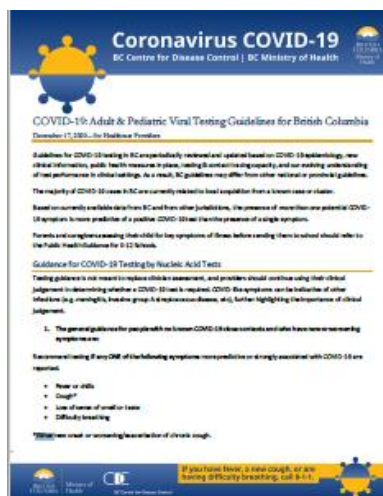
Public Health Hotline: Phone 604-507-5431 | Fax 604.587.4418

For suspected and/or suspected cases, please complete the appropriate [Public Health Tool 27: Resident Illness Report and Tracking Form](#) or [Public Health Tool 28: Staff Illness Report and Tracking Form](#) and fax to Public Health.

1.4 COVID-19 Testing

Complete resources on testing can be found through the BC-CDC here: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/covid-19-testing/viral-testing>.

Adult viral testing guidelines may be found by clicking on the image below:



1.4.1 Point Prevalence Testing

Click on the below image to obtain more information on point prevalence testing processes at long term care, assisted living, and independent living sites that have been declared outbreak or on enhanced monitoring.



Point prevalence testing (PPT) for long-term care, assisted living and independent living

General

This document is an overview of the point prevalence testing process for long-term care, assisted living and independent living facilities in an active COVID-19 outbreak or under enhanced monitoring by Public Health. This document references other resources in the LTC/AL COVID-19 Resource Toolkit, which can be found at <https://www.fraserhealth.ca/newsroom/clinical-resources/coronavirus-information-the-ltc-al-resource-toolkit>.

COVID-19 testing of individuals may be done for the following reasons when in an active outbreak or under enhanced monitoring:

- Staff with symptoms (refer to section on Staff Testing in the LTC/AL COVID-19 Resource Toolkit)
- Residents/tenants with symptoms (refer to section on Monitoring and initial response for possible COVID-19 cases in the LTC/AL COVID-19 Resource Toolkit)
- Point prevalence testing recommended by Public Health

What is point prevalence testing?

Testing a group of individuals for COVID-19 infection at a single time (e.g. on one day or over two days) is referred to as point prevalence testing (PPT). PPT occurs when there has been an exposure or outbreak and is under the direction of the Medical Health Officer (MHO). Individuals being tested may be asymptomatic or symptomatic. PPT is used to find additional cases of COVID-19 and can help provide information on the scope and magnitude of an outbreak. Public Health uses the results to inform additional prevention and control recommendations to further limit transmission. Negative results from PPT only indicate that there was no detectable virus at the time of testing. PPT may need to be repeated more than once to ensure there is no further transmission and no additional infected individuals.

Should we do point prevalence testing?

The MHO may recommend point prevalence testing (PPT) to inform prevention and control recommendations for sites on enhanced monitoring or for declared COVID-19 outbreaks. When a recommendation to do PPT is made, the outbreak response lead will communicate the decision to the site.

The recommendation will indicate when testing should occur and who should be tested (e.g. all residents/tenants and/or staff of one neighbourhood or floor, or site-wide testing of all staff and residents/tenants).

Preparation

When performing PPT of staff and residents/tenants, be prepared for possible detection of multiple residents/tenants and staff who test positive. Order and prepare to ensure sufficient supplies (e.g. PPE, PPE carts, waste, garbage cans, etc.) are present. Also, prepare a contingency plan for potential isolation.

Long-Term Care-Assisted Living
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Updated: February 1, 2021

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1.5 Definitions

Client will be used throughout the document in reference to clients, tenants and residents.

Most Responsible Provider (MRP) throughout refers to GP or NP.

1.5.1 COVID-19 Outbreak

One or more client or staff of a facility has a new lab-confirmed COVID-19 diagnosis. Outbreaks can also be declared at the discretion of Public Health.

1.5.2 Outbreak Stages

1. **Declared Outbreak:** Public Health declares the outbreak in a facility.
2. **Concluded Outbreak:** Public Health declares when an outbreak is concluded. Generally, it will be 28 days with no new cases after the date of symptom onset of the last lab-confirmed COVID-19 diagnosis at the facility or from date the outbreak was declared, whichever is later. This uses the conservative two incubation periods of 14 days each.

1.5.3 Presentation (Symptoms)

For a full list of symptoms, refer to page 11 of the BC-CDC guidelines [here](#).

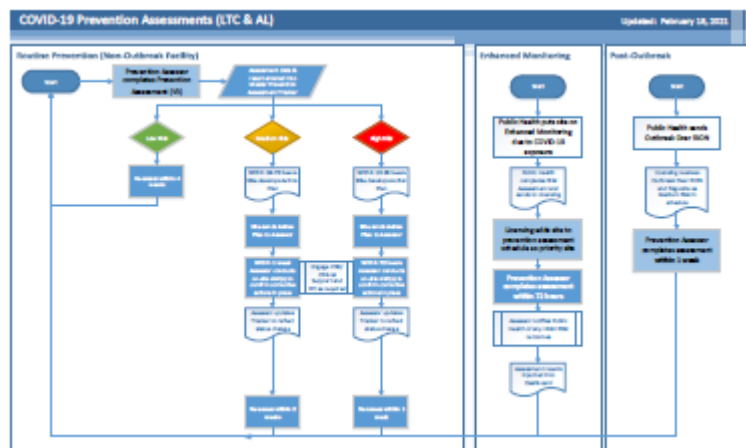
1.5.4 Droplet precautions

Additional precautions used for patients suspected or known to have an infection caused by microorganisms that are transmitted via large droplets. Droplets are expelled into the air immediately after someone coughs or sneezes, remain suspended for a very short time and then settle onto environmental surfaces. Droplets that have settled on surfaces are a risk if a person comes into contact with them; therefore droplet precautions encompass contact precautions. Droplet precautions were previously known as droplet/contact precautions (as per *FH CLINICAL PRACTICE GUIDELINE: Droplet Precautions: Acute – Best Practices*, dated December 2019).

2.0 Prevention

2.1 Frequency of Prevention Assessments

The COVID-19 Prevention Assessments – LTC/AL workflow diagram outlines the frequency of prevention assessments based on the category of assessment: Routine, Enhanced Monitoring, Post-Outbreak. Each category of prevention assessment follows a particular workflow and associated timing for frequency. In the case of Routine Prevention Assessments, the frequency of the assessment is based on the outcome score for the prevention assessment and the associated Risk Level. Facilities on Enhanced Monitoring will have their prevention assessment completed at approximately 72 hours following being declared as Enhanced Monitoring as they are considered High Risk. Post-Outbreak facilities will have their prevention assessment completed approximately one week following the conclusion of the outbreak as they are considered as being Medium Risk.



2.2 Prevention Assessment Tool for LTC, AL & IL

The prevention audit, carried out by community care facilities licensing, is intended to assist licensed long-term care and registered assisted living sites in identifying gaps in infection prevention and control standards. The prevention plan, tools and resources are intended to assist LTC & AL leaders and their teams in bridging any identified gaps to ensure the prevention of a COVID-19 outbreak


Please click on the image to access full document.

COVID-19 Prevention Assessment (Long-Term Care/Assisted Living) (Version 5)					
Site Name (If floors have a significantly different population assess all floors):			Site Category:		
Site Contact (e.g. Resident/Care Coordinator/Director of Care/Manager):			Site Type:		
*Assessor Name:			Assessment Type:		
*If assessor name is not in the list above, please enter it here:					
Assessment Date (mm/dd/yyyy):			Assessment Time (hh:mm AM PM):		
Please select a "Y" for Fully Met, "M" for Partially Met or "U" for Unmet, or N/A for each assessment question					
#	LEVEL	Legend: On/Observational/Visual For Column "A" Colors for Elements: Intervention needed within 2 to 3 days: Intervention needed within 4 to 5 days: needed within 6 days to 14 days.	QUESTION ANSWER (Fully Met, Partially Met, Unmet, N/A)	TIPS for Assessors	Assessor's Comments (please be as descriptive as possible)
Signage					
1	M	VO	Signage at entrance and exits advising staff and visitors of COVID19 - regulations and precautions. Signage must be readily visible. If multiple buildings, signage must be visible at each entrance point.	There is visible signage advising staff and visitors (including BC Emergency Services, couriers), of PPE precautions e.g.: respiratory etiquette, physical distancing, PPE for all. Ensure signage is not part of facility signage that is overwhelming and cluttered. Instruct staff and visitors to not enter site if experiencing COVID-related symptoms. Signage is displayed at the facility's single entry location. The Outbreak signage is visible during outbreaks. Ensure sites are using Fraser Health or BCCDC signs.	
2	M	VO	Signage describes step-by-step guide to proper hand hygiene (HH).	Poster reminders of the steps to perform HH are visible above HH sinks. Posters are laminated or in a plastic wipeable sleeve so they can be cleaned.	
3	M	VO	Additional Precaution Signage (Contact and Droplet) is outside the resident door for single bed rooms. For multi-bed rooms the Additional Precaution signage is posted above the resident's bed.	Ask facility if there are any residents or tenants who are on droplet precautions. If yes, go to that person's room to note if there is correct signage posted, and that PPE is accessible outside the room. Ensure sites are using HH droplet precaution sign. Signage must be laminated or in a plastic wipeable sleeve so they can be cleaned.	
4	L	VO	"4 Moments of HH" poster is visible in Care areas. Facilities should ideally have approximately two to three posters visible in each neighbourhood.	In LTC "4 moments" posters can be posted in hallways in care areas or near the nursing station. There needs to be approximately 2 to 3 posters in each neighbourhood. Facilities can decide where exactly they will place the signs in the neighbourhoods, however, the signs must be visible to staff. For AL, posters can be in the nursing station or near HH sink. Ensure sites are using the Fraser Health "4 moments of HH" sign. These must be laminated or in a plastic sleeve so they can be cleaned.	
5	L	VO	HH audit results are publicly posted on each unit and in public places, so results are visible to both staff and families/visitors; the facility also needs to have evidence that audit results are shared with staff.	Observe HH audit results posted on each unit and in public places. Check for evidence of results being shared with staff (weekly meetings, visible results posted in staff areas). For AL/L, the team may not be aware of this requirement. Ensure awareness of importance of HH practices, and that posters are visible in public places.	
Entrance / Reception / Waiting Area - OBSERVATIONAL					
6	M	VO	Alcohol-based hand rub is available, accessible and used by all who enter the facility	Observe ABRH being used by staff. PPE Minimum alcohol requirement is 70% in health care. Check expiration dates (optional), ensure adequate supply and sites aware of the supply ordering process.	
7	H	VO	Screeners are located at facility entry/ exit point.	Facility has screeners stationed at the main, controlled entry point to the facility. Visitors and staff are actively screened upon arrival. Also see element #20.1.1 for essential vs social visitors.	
8	M	VO	There is a single controlled access point to facility, and a designated exit. This controls flow of staff and visitors, and helps with screening processes. Some facilities may have more than one stand-alone building, so there will be more than one access point and more than one exit point. Facilities may also choose to have a separate entrance to control flow of visitors, to keep visitors separate from staff. This is acceptable if proper screening occurring at all these entry points.	Pay attention with shared corridors and connected buildings that signage is visible at major entry points, and flow of staff allows for the maintenance of physical distancing.	
9	H	VO	PPE is available at the single controlled access point to facility.	There is an adequate supply of Medical masks at the single controlled access point for staff and visitors	
Visits - Essential					
10	M	VO	Only 1 essential visitor permitted for LTC or AL (non-outbreak facility). In the event that a facility is on outbreak, then essential visit is only permitted for actively dying residents/tenants, one visitor per resident/tenant per day.	RESOURCE: Essential Visitor protocol. There needs to be a designated visiting area.	
Visits - Family - Social					

Auditor Notes
<p>ATTENTION AUDITOR: Ask site leadership at time of scheduling and site visit if there has been an identified/ suspected or confirmed case of COVID-19 at the facility. If suspected & pending results: Prevention auditor to complete the audit. Enhanced infection control and prevention control measures should be in place PPE a suspected resident/tenant/client (droplet precautions, isolation & PPE) If a known positive resident/tenant/client or staff member: Prevention auditor to contact clinical resource person and ensure handover to the activated FH outbreak response lead who would complete the audit. If an ELEMENT DOES NOT APPLY OR CHANGES DUE TO OUTBREAK: leave blank and comment in notes not applicable.</p>

2.3 Audit Tools

2.3.1 Hand Hygiene Audit Form




fraserhealth **Hand Hygiene Audit Form**
Submit Audits at hh.fhaaudit.com
Better health. Best in health care. Form Updated August 26, 2020

Facility: _____		Unit: _____	
Observer Name: _____		Date/Time: _____	
HCP GROUP			
Direct Care	RN/RPN	LPN	Care Aide
Physicians	MD	Med Student/Resident	
Clinical	Lab Personnel	Dietitian	Pharmacist
	Physiotherapist	Occ. Therapist	Resp. Therapist
	SLP	Porter	
Other	Housekeeping	Food Services	Unit Clerk
			Maintenance
			Volunteer

Observation #	Health Care Provider Indicate Specific discipline	Hand Hygiene Moment Use a separate line for each moment/observation				Hand Hygiene Method S = Soap A = ASHR M = Miss			Factors That Affect Hand Hygiene N = Nails R = Rings W = Watchtower			Reasons for Miss Use the descriptions provided on the back
		Before Pt. or Pnt. Contact	Before Aspxp. Procedure	After Body Fluid Risk Exposure	After Pt. or Pnt. Exit Contact	S	A	M	N	R	W	
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2.3.2 PPE Audit Tool



INFECTION PREVENTION and CONTROL
SIGNAGE, SUPPLIES & PERSONAL PROTECTIVE EQUIPMENT (PPE)
AUDIT FOR PATIENTS ON DROPLET PRECAUTIONS

Use this tool to conduct observation audits of signage, supplies, donning and doffing PPE and track compliance. The tool includes a compliance calculator to get a compliance rate. PPE compliance is critical for infection prevention, consider developing a PPE quality improvement plan and use this tool to measure compliance rates over time. To track if your quality improvement activity is working.

Submit this audit tool to the unit manager for documentation, action and follow-up.

Review the completed audit and written feedback with the observed staff members, so they know what was done well, areas for improvement, and how to correct it.

Date: _____ Facility: _____ Prevention Number: _____
☐ Mon ☐ Tue ☐ Wed ☐ Sat ☐ Sun ☐ Room & Bed Space: _____
 Unit: _____ Auditor Name: _____

Category	Y	N	N/A	Comment
Signage				
Signage is visible at the entrance to the room				
Signage is visible at the head of the bed (if in a multi-bed room)				
Bed number or space is visible on signage at the entrance of the room (e.g. 304.3 or 304.4)				
Supplies				
PPE supplies are available on an isolation cart, in closed drawers or on a wall-mounted dispenser				
The PPE supplies are immediately visible from or in the unit room				
There is an adequate amount of PPE supplies				
All sizes of gloves are available				
The gown is easily changed and not overhanging (sufficient space)				
The goggle can be easily accessible inside the room				
The goggle is not overhanging (sufficient space)				
Wall mounted ABHR and/or dedicated hand hygiene sink with liquid soap and paper towel dispenser are available inside the room				
There is a three day supply of PPE available on the (goggles/protection masks, gloves, gowns and eye protection)				

Signage total score: **/5**
Supplies total score: **/9**

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2.3.3 Environmental Audit Tool



Fraser Health Environmental Marker Audit Tool

Environmental Marking Audits

Environmental marking audits can assist in reducing hospital transmission by assessing cleaning practices. Environmental marking involves placing "markers," that are not visible to the naked eye on surfaces that are expected to be cleaned. Following cleaning, the markers are checked using a UV light or Detector to assess whether effective cleaning (defined as full removal of the marker) has occurred. The continued presence of the marker infers continued presence of organisms, and therefore inadequate cleaning. In most cases, we are satisfied with an 80% pass rate for cleaning (80% of markers no longer visible following cleaning).

Frequency: Monthly and twice a week during outbreaks

Suggested Products: UV Gel or ASSURE tracer

For COVID-19, we are requesting a 90% pass rate. Supplies required:

- UV LED Light
- UV Marking Gel (i.e. Fluorescent lotion or powder)
- Or ASSURE Tracer (Step 1), Detector (Step 2)
- Gloves
- Record of where markers were placed (10 markers are recommended but more may be used, see Marking Documentation in Appendix 1)

Steps for marking:

1. Inform unit manager, CNE, PCC and housekeeping that UV marking will be occurring.
2. Gather supplies listed above and ensure that items are in good working condition.
3. Review Environmental marker High Touch Points Checklist (Appendix 1) and unit layout to determine high touch points on unit that would be significant to highlight/place the markers.
4. Go to the unit that is receiving the marking.
5. Perform hand hygiene and don gloves if using UV Marking Gel. Gloves are not required for ASSURE
6. Using a gloved hand, apply UV Marking Gel to finger and proceed to place UV marks (~10) on the unit without identifying the location to the other parties.
7. Record the location of the markers on the Marker Audit Tool (Appendix 2).
8. Next day, Go to environmental marked areas/items and determine if placed marker is still present.
9. For every environmental marker that was placed, record on the attached document if it remains present (fail) or not (pass) by using the UV light or ASSURE detector
10. Once you have completed revisiting all the placed markers, add up the number of markers that were no longer present.
11. Divide the number of placed but not found markers by the number of placed markers. (i.e. if you placed 25 markers and were not able to find 22 of those, but did find 3 that remained, then you would divide 22/25= 88%).
12. Determine if the cleaning has successfully passed. A minimum of 80% is considered a passing score. However, for COVID-19 we are requesting a 90% pass rate.
13. If the unit does not achieve the minimum pass rate, request a second clean and reassess missed markers using UV light or ASSURE

2.3.4 Soiled Utility Room Audit Tool

Soiled Utility Room Audit Tool

This tool is designed to provide a consistent overview and summary of Infection Prevention and Control principles that relate to physical design of units. In order to prevent the unit from becoming a location that promotes the spread of organisms, it is important to verify that Infection Prevention and Control principles are being observed.


This Audit Tool is designed to provide a checklist for a quick assessment of the Soiled Utility Room as it relates to Infection Prevention and Control principles.

OPTIONAL TOOL

Audit UNIT/NEIGHBOURHOOD _____ Completed by: _____ Date: _____

	Yes	No	N/A	Comment
General				
Facility has a safe means and method of safely disposing human waste (e.g. macerator, washer/disinfector, hopper with splash guard, bed-pan/urinal liners)				
Procedure for use of human waste disposal is posted				
Soiled utility room is located within resident care areas (to minimize potential for environmental contamination by minimizing transport time and distance, etc.)				
Garbage containers are hands free				
Room is free from clean and sterile medical devices, equipment and supplies (this includes medical devices, instruments, antiseptics)				
Procedure				
Work instructions are available for each item reprocessed in soiled utility room				
Employees wear required Personal Protective Equipment (PPE) when handling soiled equipment and chemicals				

2.3.5 Declutter Review Tool

 **Declutter Review Tool**

Name of Facility: _____ Unit/Neighbourhood: _____ Date: _____
 Audit Completed: _____ Auditor: _____
 Suggested frequency: Every 6 months or at least once during outbreaks

Room Type	Yes	No	N/A	Deficiency Noted
Resident Care Rooms				
Resident care rooms have a clean orderly appearance				
If Resident is on Additional Precautions, PPE isolation cart/holder is located outside resident room or inside the anteroom				
Dirty laundry hamper is located near the exit of the room				
Dirty laundry hamper is less than ¾ full				
Hands free garbage bin is located in room near exit				
There are only resident specific supplies stored in the room with no overstocking in room (review liners, incontinent pads, and dressing/IV supplies)				
Room is clear of excessive equipment and furniture in order to facilitate safe care and effective housekeeping				
Furniture is cleanable (non-porous, non-fabric) and free of tears/holes				
Hand Hygiene Sinks				
Sinks have a clean orderly appearance				
Hand hygiene sinks are dedicated for hand hygiene only				
Hand hygiene sinks are not used for decanting of fluids, cleaning of medical devices				
Hallways				
Hallways have a clean orderly appearance and free of clutter (resident equipment, mobility aids)				
Linen carts and unused equipment are stored in alcoves or equipment storage rooms				
Hallway is clear of medication carts				
Hallway is clear of dressing/IV carts				
Clean/Sterile Supply Storage/Clean Utility Room				
Room has restricted access				
The clean/sterile supply storage has a clean orderly appearance				

2.3.6 Audits Frequency Table

IPC Audits	Frequency		Compliance
	Prevention	Outbreak	
Hand Hygiene Audit	Q Monthly	3x a week*	80% (if <80% repeat weekly during prevention)
PPE Audit	Q Monthly	3x a week*	100%
Declutter Audit	Q 6 months	Q 6 months or at least once during the outbreak	N/A
Environmental Audit	Q Monthly	2x a week*	90%
Soiled Utility Audit	Optional	Optional	N/A

IPC

Audit Frequency Table for LTC/AL Facilities

*If facility outbreak involves resident cases, please Increase Hand Hygiene and PPE Audit frequency to daily

* If Environmental Audit rates are below $\leq 60\%$ increase audit frequency to 3 x a week

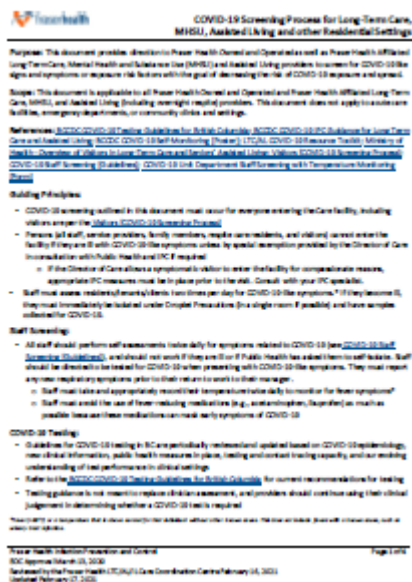
2.6.1 4 Moments for Hand Hygiene 11x17



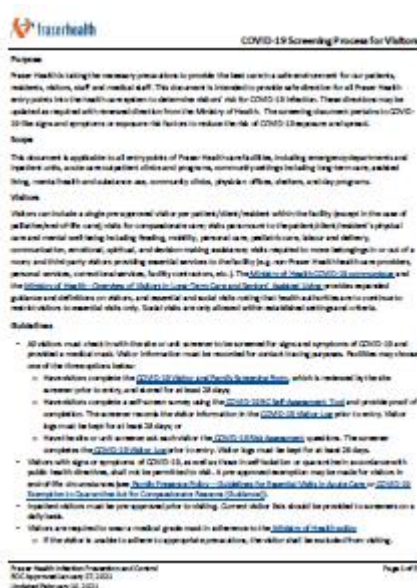
2.7 Screening

2.7.1 COVID-19 Screening Process for Long-Term Care, MHSU, Assisted Living and Other Residential Settings

The *COVID-19 Screening Process for Long-Term Care, MHSU, Assisted Living and Other Residential Settings* document below contains links to internal Fraser Health resources that may not be accessible to all. These links are being updated, in the meantime these documents are available below.



2.7.2 COVID-19 Screening Process for Visitors



2.7.3 COVID-19 Facility Entrance Staff Screening Form

COVID-19 Facility Entrance Staff Screening Form

All staff are required to complete the COVID-19 Staff Screening Form at the beginning of and at approximately halfway through each shift (for shifts longer than 4 hours). If you begin experiencing any of the symptoms listed below during your shift, notify your manager, leave the facility and call 888-1-234-5678 for the alternate reporting process for your area, and seek testing at an alternate venue.

Staff Information

Full Name: _____ Title: _____ Date: _____

Phone number: _____

Staff email: _____

Screening: ☐ First screening (start of shift) Time (00:00) _____

☐ Second screening (halfway through shift) Time (00:00) _____

COVID-19 Risk Assessment

1. Are you experiencing any new or worsening symptoms?

<input type="checkbox"/> Fever	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Extreme fatigue or weakness
<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Hoarse
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Loss of sense of taste	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Chills
<input type="checkbox"/> Sore throat		

2. Have you been notified due to experiencing COVID-19 symptoms and have a pending result?

3. In the last 14 days, have you been advised to self-isolate or quarantine at home by Public Health or by the Canadian Border Services Agency?

If you answered **YES** to any of the symptoms in question #1, you must not enter the facility, call 888-1-234-5678 for the alternate reporting process for your area, and seek testing at an alternate venue.

If you answered **YES** to question #2, you must not enter the facility, call 888-1-234-5678 for the alternate reporting process for your area, and seek testing at an alternate venue.

If you answered **YES** to question #3, continue following directions provided by Public Health or Canadian Border Services Agency and report to your manager before returning to work.

☐ I have reviewed the above symptoms list and confirm that I do not have any new or worsening symptoms.

☐ I am aware that I must follow all current BC Provincial Health Officer orders.

Signature: _____

Completed by Facility Screening representative (SIC)

Temperature <38.2°C: Yes ☐ No ☐

Fraser Health Services
October 14, 2020

Page 1 of 1
Library: 400-000-0000

2.7.4 Visitor Screening Poster


The poster below outlines restrictions on essential visitors. Essential visitors must be screened for any symptoms and may not visit if they are symptomatic. Please click on the image to access a printable version.



2.8 Vaccination

2.8.1 *NEW* Practice Alert: Practice Change in COVID-19 Immunization Preparation and Administration in Long-term Care and Assisted Living

Practice Alert



Clinical Policy Office

PLS-08
ABOUT US
CS-08
CONTACT US

March 3, 2021

Practice Alert: Practice change in COVID-19 Immunization Preparation and Administration in Long-term Care and Assisted Living

What is happening?

The COVID-19 vaccine requires fine sensitive administration of the prepared solution by health care providers across Fraser Health. Because of unique characteristics of the vaccine, Fraser Health is approving a change in practice from feed medication practice. The purpose is to support and maintain the integrity of the COVID-19 vaccine and to ensure maximum benefit, efficiency, and delivery of safe resident/care for the duration of the COVID-19 immunization campaign.

This practice alert is in addition to established standards for vaccination administration. For example, informed consent, resident/care education, assessment of health history and evaluation are to continue as per regular occupational order.

The assessed changes in practice include:

- 1) Long-term care (LTC) and Assisted Living (AL) Immunizers (includes qualified LPN, RPN, RN) at point of care may document the administration of the COVID-19 vaccine in the health care record on behalf of another health care provider (HCP). Documentation must clearly indicate who consented and administered the vaccine (name and designation). This practice can be used when the HCP does not have authority and/or access to the resident/care health record.
- 2) LTC and AL Immunizers may administer and document COVID-19 vaccines that have been prepared and labeled by another qualified HCP (nurse, pharmacist, pharmacy tech, etc.).

Note: For this practice change the qualified health care providers must have completed the education and competency verification for the administration of the COVID-19 vaccine before the LTC/AL Immunizer Education Requirements for RN/RPN/LPN - COVID-19.

How does this affect you?

LTC and AL sites who have qualified Immunizers may proceed with administration externally sourced COVID-19 vaccines using the following practice:

Qualified HCP prepares vaccine, qualified LTC/AL Immunizer administers and documents.

HCP Preparation Requirements:

- Uses professional and occupational standards for all sites
- Uses aseptic technique, non-sterile vaccine in the vial if available
- Labels vials with site, date, time of receipt/discardal number, lot number and initials (see below)
- Uses aseptic technique, vaccines vaccine in a vial as per product monograph
- Attaches a label to the vial that includes required information (see below)
- Provides a workflow log that includes the HCP's contact name and designation

2.8.2 *NEW* LTC/AL Immunizer Education Requirements RN/RPN/LPN - COVID-19



LTC/AL Immunizer Education Requirements
RN/RPN/LPN - COVID-19
February 10, 2021

Course	Completed
Experienced Immunizer Complete all or part of the following courses as they apply: 2 hours – Immunization 101: Immunization Requirements for Nurses, RPNs, LPNs (For those who have not previously taken the 3 hour RPN course or the 12 hour Immunizer and all.) 45 min – COVID-19 Immunization Webinar	<input checked="" type="checkbox"/>
New Immunizer Complete all course items listed below: 2 hours – Immunization 101: Immunization Requirements for Nurses, RPNs, LPNs 45 min – COVID-19 Immunization Webinar 45 min – Aseptic Technique Reading Material: Immunization Management of Assisted Living, LTC/AL and other facilities 1 hour – Infection Prevention and Control Practices for LTC/AL/Residential Care Facilities Mandatory Process: Observe and demonstrate. Complete 3 immunizations with resident and complete the COVID-19 Immunization Skills Checklist Reference Material: COVID-19 Immunization Competencies for RN, Health Professionals	

Signature	Date

Fraser Health LTC/AL Coordination Centre
Original Feb 10, 2021

3.0 Outbreak Management

3.1 Monitoring and initial response for possible COVID-19 cases

(i.e. client or staff is symptomatic, prior to completion of lab testing)

Staff should actively monitor clients twice daily for compatible symptoms/presentations (page 11 of BC-CDC Guideline [here](https://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/covid-19-testing/viral-testing)). Clients who meet the case definitions are considered possible cases and should be tested for COVID-19 via a nasopharyngeal swab (NP) swab (see: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/covid-19-testing/viral-testing>).

Rationale: COVID-19 cases in this population are known to occur in clients with mild or atypical presentations. **DO NOT test for COVID-19 in asymptomatic individuals.**

3.2 Checklist – Suspected Case

Please click on the image below to access the full fillable pdf checklist for use with one or more suspected COVID-19 cases (staff and/or client is symptomatic).

Outbreak Checklist – Suspect Case

For symptomatic clients:	
Follow droplet precautions and use appropriate personal protective equipment which includes a gown, surgical/procedural mask, eye protection, and gloves to reduce care to the respective client, including the collection of the NP swab for testing.	
Post a signal language outside the client's room once suspected COVID-19 cases are identified.	
Provide personal protective equipment (gowns, gloves, surgical/procedural masks, eye protection) and hand hygiene station outside the room for staff use prior to entering the room.	
Decontaminate equipment (e.g. stethoscope, BP cuff, sphygmomanometer, and cannula) as much as possible. Equipment that cannot be decontaminated must be cleaned and disinfected using Accel intervention wipes, Clorox wipes or Sani Clorox before subsequent reuse. Provide disinfectant wipes. Refer to Health Canada COVID-19 Approved Disinfectants Health Canada COVID-19 Approved Disinfectants .	
Isolate the client within their room, to minimize exposure risk to other clients and staff. If client is taken out of their room, provide a surgical/procedural mask to the client if tolerated and assist in changing their hands if needed.	
Initiate droplet precautions:	
<ul style="list-style-type: none"> Only essential Aerosol Generating Procedures (AGP) should be performed and all require wearing a N95 respirator. This is in addition to eye protection, gown and gloves. Follow general infection prevention and control regarding appropriate PPE. N95 respirator is not required for other procedures only. 	
Nursing staff (N/C only) Obtain a nasopharyngeal (NP) swab specimen:	
<ul style="list-style-type: none"> For instructions on how to collect a nasopharyngeal swab see collecting a nasopharyngeal specimen for culture below. The swab should be obtained as soon as possible and sent to BCCDC. Follow regulation 3.107 to ensure prioritized testing. 	
Additional steps facility should initiate:	
Notify leaders for the facility (Director of Care/AL Site Manager and/or Facility Medical Director).	
Hold all admissions to enter facility until swab results are known. Notify (if Access, Case & Transition (ACT)) at the time of matching, a discussion will occur to either halt the move or break the match.	
Cleaning: Inform housekeeping of the need for enhanced cleaning for the affected facility (see section cleaning of BCCDC LTC COVID-19 document for details and PPE instructions BCCDC LTC COVID-19 document for details and PPE instructions).	
<ul style="list-style-type: none"> 20/day cleaning throughout the facility including high-touch surfaces (door knobs, faucets in bathrooms, common areas, dining rooms, gyms, recreational therapy rooms, shared equipment). Use 9.5% accelerated hydrogen peroxide wipes or bleach wipes. 	

Long-Term Care-Assisted Living Independent Living
Coordination Centre Approved April 8, 2020
Updated: December 6, 2020

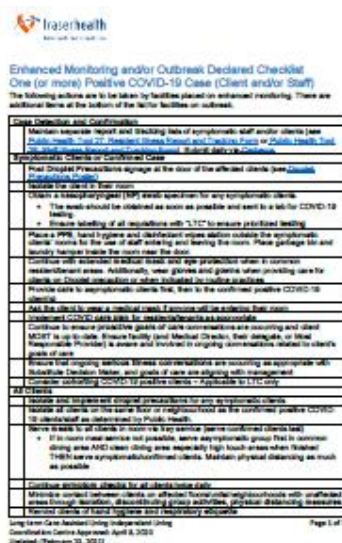
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3.3 Enhanced Monitoring and Outbreak Checklist

Public Health is notified of all new lab-positive COVID-19 cases by the BCCDC, and will investigate all positive cases. Public Health will automatically contact the affected facility to conduct a risk assessment and provide outbreak measures. If a facility hears about a case through a source that is not Public Health, the facility should implement the following infection control measures and await further instructions from Public Health.

A COVID-19 outbreak is declared by the Medical Health Officer when there is one or more positive case (resident/tenant or staff) identified along with evidence of transmission. When there is a single, low risk case of COVID with no evidence of transmission at a site (i.e. a COVID-19 exposure), an outbreak will not be declared and the facility will be placed on enhanced monitoring.

Please click on the image below to access the fillable pdf checklist for use when an outbreak is declared.



3.4 Post-Outbreak Debrief

The tentative end date of an outbreak would be 28 days from implementation of outbreak control measures or symptom onset of the last lab-confirmed COVID-19 diagnosis at the facility, whichever is later. Guidelines are being updated as we learn more about the virus and are subject to change. Also, variables specific to each facility will be taken into consideration and may impact this timeline.

Consider a debrief meeting, led by Public Health, to evaluate the management of the COVID-19 outbreak and make recommendations to further COVID-19 outbreak management guidance.

Remain alert for possible new cases in staff and clients.

4.0 Operations (processes, admissions)

4.1 Site Emergency Operation Centre (EOC)

After the declaration of an outbreak, facility receives the initial outbreak measures through the Respiratory Illness Outbreak Notification (RION) and is responsible for the implementation of the outbreak measures described therein. Facilities are also responsible to activate their site Emergency Operations Centre (EOC) with *at a minimum* the Director of Care, the Facility Medical Director (if applicable), and any affiliated third party contractors (housekeeping, staffing etc.).

A Fraser Health Outbreak Response Lead is activated by the Fraser Health LTC AL IL Coordination Centre for all long-term care, assisted living and independent living facilities regardless of whether they are owned and operated by Fraser Health, or are private pay. Fraser Health Outbreak Response Lead role is to establish and co-lead the emergency operations centre at the outbreak facility in partnership with facility leadership. Fraser Health Outbreak Response Lead connects with the facility leadership daily (completes on site visits and by telephone) and identifies/escalates concerns requiring follow up to the FHA Outbreak Management Response Team.

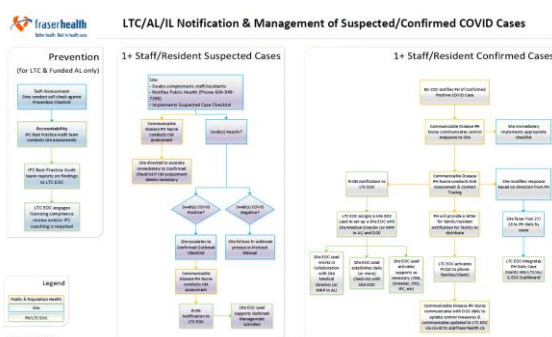
Public Health Nurse works with the facility on a daily basis to re-evaluate the outbreak. Public Health advises the facility leadership of changes to outbreak measures throughout the outbreak. These are implemented and operationalized through the facility EOC. Fraser Health Outbreak Response Lead coordinates daily communication plan between Facility Leadership (facility to invite its members of the EOC) and Public Health Nurse during the duration of the outbreak.

If there are needs that exceed the Facility's capacity, Fraser Health Outbreak Response Lead is able to activate members of Fraser Health regional resource team to meet the needs of the facility during the outbreak. The resource team consists of active staff screeners, clinical nurse educators (CNEs) to support and coach the site regarding Infection Prevention & Control (IPC) and Personal Protective Equipment (PPE), as well as what to expect with COVID-19 illness, access to IPC specialists for advanced education and problem-solving, PPE logistics, and access to staffing resources.

Roles and responsibilities (Prevention through Outbreak) are outlined in the Notification & Management Process for Suspected/Confirmed Cases algorithm below.

4.2 Notification & Management Process for Suspected/Confirmed Cases

Please click on the image below to access the notification and management process.

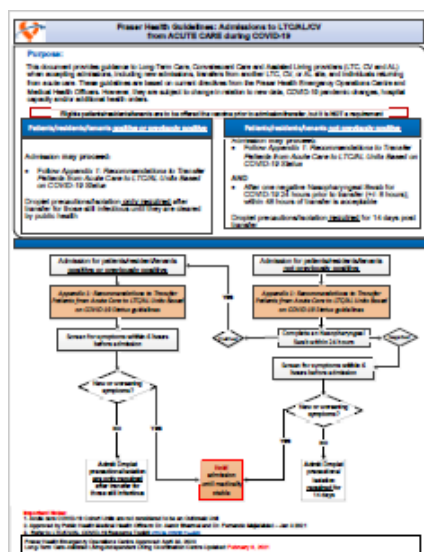


4.3 Admissions to LTC, AL & Convalescent Care

4.3.1 Vaccinations for Patients Awaiting Transfer to LTC from Acute Care

- Patients in acute care awaiting transfer to long-term care are included in the first group to get vaccinated in B.C., as per the BC Centre for Disease Control and Ministry of Health.
- Patients who are eligible and consent to receive the COVID-19 vaccine will receive their first dose in their acute care setting, starting January 14.
- Long-term care sites must accept acute care patients regardless of their COVID-19 vaccination status, as some patients will not be eligible/consent to receive the COVID-19 vaccine.
- The patient's COVID-19 vaccine status will be communicated to the recipient long-term care site via the STRATA PATHWAYS system, with their immunization record attached to PARIS and faxed to the recipient site's Access Care and Transitions Coordinator.
- If you have any questions about this process, please contact your Access Care and Transitions Coordinator.

For guidance on new admission from acute, as well as clients returning from an acute admission, please click on the image below to access the guidelines & algorithm:





Clients requiring transfer to essential medical appointments, a higher level of care, or to an acute setting during the COVID-19 pandemic will be transferred according to the algorithms below. Clients with confirmed COVID-19 infection who require urgent medical attention and transfer to an acute care facility should wear a surgical/procedural mask if tolerated. In addition to routine practices, Health Care Workers (HCWs) involved in transporting the client should wear a surgical/procedural mask, eye protection, gown and gloves as per droplet precautions.

4.4.1 LTC - Transfers for Medical Care

Please click on the image below to access the algorithm



[illegible]

For guidance on the expansion of the visit protocol to family/social visits, please reference page 7 of the BC-CDC's [Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living](#).

For guidance on essential visit and precautions to ensure the safety of clients, staff and visitors, please click on the image below to access the full document.

1. PURPOSE

- Support decision making about whether a requested visit is an essential visit.
- Support documentation of the decision made regarding essential visit approval or denial
- Support the identification of the parameters of the essential visit
- Provide requirements of necessary steps that must be taken to ensure the essential visit is conducted safely

2. SCOPE

- Support decision making about whether a requested visit is an essential visit.
- Support documentation of the decision made regarding essential visit approval or denial
- Support the identification of the parameters of the essential visit
- Provide requirements of necessary steps that must be taken to ensure the essential visit is conducted safely

2. SCOPE

Applies to registered Assisted Living and licensed Long Term Care within the geographical borders of Fraser Health.

1. BACKGROUND

As per the May 19, 2020 Ministry of Health Policy Communique 2020-01: Infection Prevention and Control for Novel Coronavirus (COVID-19) a broad definition of essential visits are those which can include but are not limited to:

- Visits for compassionate care, including critical illness, palliative care, hospice care, and end of life, and Medical Assistance in Dying;
- Visits paramount to the patient/client's physical care and mental well-being, including:
 - Assistance with feeding;
 - Assistance with mobilizing;
 - Assistance with personal care;
 - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;
 - Assistance by designated representatives for persons with disabilities, including provision of emotional support;
 - Visits for supported decision making; and
- Visits required to support belongings in or out of a client's room;
- Police, correctional officers and peace officers accompanying a patient/client for security reasons.

In a majority of cases family members or friends will be the individuals identified as the essential visitor. However, according to the Communiqué it is appropriate to utilize existing registered volunteers if they are providing an essential service.

The BCCDC/MOH Interim Guidance for Infection Prevention and Control for Covid-19 in Long Term Care and Seniors Assisted Living (May 19, 2020) provides guidance regarding practices for sites and visitors to follow when

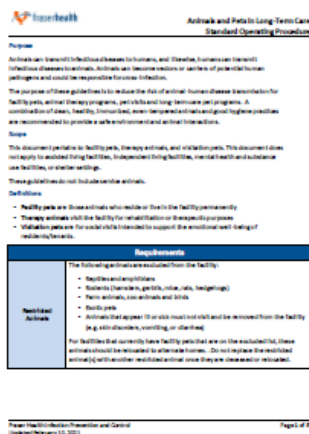
Developers: FN LTG, AG, Geomodels Center (FOI #01-046966 Page 10)
©2013 Fraser Health Authority (FHA). First versions must be compared to current evidence version in the Clinical Policy Office. First authors use fraserhealth@fraserhealth.ca for all correspondence. For commercial copyright, software, and/or medical device use, please contact fraserhealth@fraserhealth.ca. Permission must be sought separately for any reuse from Fraser. This publication was prepared for use within FHA, distributed at liberty for use by third parties. Please notify us about the proper use of this publication.

For more information on visitation, please click on the image below to access the full document.

• **Verbal Abuse** are permissible during national where facility has cultural staff for the verbal abuse. **Telling/put down someone** national with.

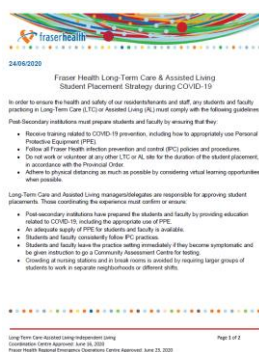
Procter & Gamble LTC/LL Coordination Center
Original Date: 6/24/2020, Revised Page 10, 2020

4.7.4 Animals and Pets in Long-Term Care Standard Operating Procedure



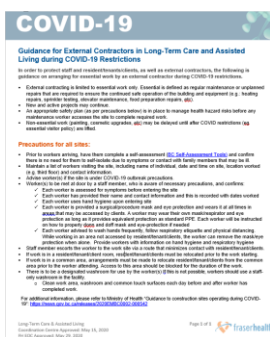
4.8 Student Placement Strategy

For guidance on welcoming students into a site during COVID, and precautions to ensure the safety of students, staff and clients please click on the image below for a full version of the document.



4.9 Guidance for External Contractors

For guidance on completing essential work (necessary maintenance or unplanned repairs) through external contractors, please click on the image below:



4.10 Food and Essential Care Items Brought in for Patients

For guidance on food and essential care items brought in for patients, please click on the image below.



4.11 Flu Vaccine Administration

As we enter flu season please review parameters below that have been established in consultation with FH Public Health and Medical Health Officer.

Outbreak site

- ✓ If on-site staff usually provide flu vaccine please provide as per normal procedure. Please ensure ongoing compliance with outbreak protocol (re: cohorting, droplet precautions)
- ✓ If external staff (eg: pharmacist, on-site clinic) usually provide vaccine, please wait until outbreak is declared over. Sites may request exemption via MHO on a case by case basis.

Non-outbreak site

- ✓ Sites not in outbreak – proceed with vaccination as per your usual process and ensure all proper precautions are followed

4.12 Ministry of Health Policy – Mask Use in Healthcare Facilities during COVID-19

<p style="text-align: center;">Ministry of Health Policy</p> <p style="text-align: center;">Mask Use in Health Care Facilities During the COVID-19 Pandemic</p> <p>Policy Objective</p> <ul style="list-style-type: none"> This Policy protects patients, clients, clinicians, health care workers, non-clinical staff and the public by outlining provincial expectations for the use of face masks in all health care facilities, programs and services, including community physician offices and outpatient clinics during the COVID-19 pandemic. <p>Definitions</p> <ul style="list-style-type: none"> Medical mask: A medical grade face mask that meets ASTM International and ISO (or equivalent) performance requirements for bacterial filtration efficiency, particulate filtration efficiency, fluid resistance, pressure differential, flame spread, skin sensitivity and cytotoxic testing. Must: A mandatory requirement based on BC Ministry of Health directive. Non-clinical staff: All staff that are not providing clinical care including, but not limited to, administrative and office staff, facilities staff, contracted staff and volunteers. <p>Guiding Considerations</p> <ol style="list-style-type: none"> Masking guidance should be based on current evidence about the known mechanisms of COVID-19 transmission. Specifically, COVID-19 is spread by liquid droplets that come from the mouth and nose when a person coughs, sneezes, and sometimes, when a person talks. Personal Protective Equipment (PPE), including masks, are one part of the hierarchy of infection prevention and exposure control measures for communicable diseases. As such, PPE are supplemental to, and not replacements for other measures on the hierarchy. These other measures include, but are not limited to: <ol style="list-style-type: none"> population-level measures (crowd limits, closures, quarantine/isolation, contact tracing), environmental measures (physical distancing, physical barriers, cleaning and disinfection), administrative measures (changes in work practices, decreased density), and personal measures (staying home when sick, hand hygiene). <p style="text-align: center;">Monday, November 9, 2020</p>

4.13 Infection Prevention Control – Holiday Guidelines

For information on Infection Prevention and Control guidelines for the selection, display and storage/handling of holiday decorations and best practices for holiday celebrations during COVID-19 please click on the below image.

Purpose: This document provides Infection Prevention and Control (IPC) guidelines for the selection, display and storage/handling of holiday decorations. It also provides best practices for holiday celebrations during COVID-19.

Scope: The document applies to all Fraser Health healthcare facilities, programs and services, including administrative settings, community physician offices, testing centres and outpatient clinics, including acute care, long-term care and senior's assisted living settings.

Guidelines	
Decoration Selection	<ul style="list-style-type: none"> Choose decorations and posters that can be easily cleaned and disinfected All decorations within the reach of patients/residents must be wipeable or cleanable <ul style="list-style-type: none"> Paper decorations must be laminated so they are wipeable or cleanable Old, dirty, worn, torn, or damaged decorations should be discarded and replaced Confirm with Facilities Maintenance and Operations (FMO) that decorations (e.g., lights, artificial trees, wreaths) do not pose a fire or safety risk prior to placement
Decoration Display	<ul style="list-style-type: none"> Ceiling tiles are not to be lifted in order to hang decorations or signs Ceiling tile integrity must not be compromised by hanging decorations or signs Decorations cannot be in nursing stations, on counters or work spaces as these areas must be accessible for housekeeping staff to clean and disinfect Adhere to FMO guidelines regarding the placement of decorations to ensure that safety risks, fire hazards, obstruction/egress issues, and potential damage to wall finishes are minimized Decorations should not be placed in areas such as: <ul style="list-style-type: none"> Clean and dirty service rooms Medication rooms Treatment/procedure rooms Sterile reprocessing areas or any area used for sterile supply storage Operating theaters High-touch surfaces that require frequent cleaning Other areas that may impede cleaning Decorations may be allowed in mental health and pediatric settings provided they are assessed by an appropriate health care provider and are deemed suitable from a health and safety perspective for that patient population
Storage and Handling	<ul style="list-style-type: none"> Stored in a lidded plastic container to minimize a accumulation of dust Clean with hospital grade disinfection wipe prior to set-up and take-down Trees that cannot be cleaned must be discarded following an outbreak and at minimum, every five years Don mask and eye protection (if required), perform hand hygiene before and after handling decorations

Fraser Health Infection Prevention and Control
Updated Dec 16, 2020

Page 1 of 2

4.14 No Outbreak Declared – Monitoring Only KYI

The below Keeping You Informed (KYI) provides information on when no outbreak is declared. This approach is in alignment with the current provincial approach to COVID-19 exposures in long-term care and assisted living.

COVID-19

December 17, 2020

KEEPING YOU INFORMED

Enhanced monitoring: Update on exposures of COVID-19 in long-term care and assisted living sites

What is happening?

- The provincial approach to COVID-19 exposures in long-term care and assisted living has been updated and Fraser Health will be aligning with this approach to COVID-19 exposures and outbreaks, as outlined by the BC Centre for Disease Control and the Ministry of Health.
- The Medical Health Officer (MHO) will declare a COVID-19 outbreak at a site when evidence of COVID-19 transmission is found.
- When there is a single, low-risk case of COVID-19 with no evidence of transmission at a site (i.e. a COVID-19 exposure), the Medical Health Officer will not declare an outbreak and the facility will be placed on enhanced monitoring. During enhanced monitoring, Public Health will provide guidance to manage the exposure, and enhanced infection prevention and control measures will be put in place at the site.

How does this affect you?

- During enhanced monitoring, facilities will continue to be supported by Public Health for questions and guidance. This will not change. A number of infection prevention and control measures will apply. Information related to these control measures can be found in the relevant sections of the [Fraser Health COVID-19 Toolkit](#)
 - Swabbing (COVID-19 Testing)
 - Isolation/quarantine procedures for those who are exposed
 - Screening of residents/tenants and staff (Fraser Health COVID-19 Screening Process)
 - Enhanced cleaning (Housekeeping Quick Reference, Enhanced Cleaning during COVID-19)
 - Stopping social visit/group activities
- Specific measures sites should apply on unit where a COVID-19 exposure occurred (the affected unit):
 - Actively screen residents/tenants and staff to identify further cases and report promptly using [Form 72](#) (resident/tenant) or [Form 73](#) (staff), testing/isolation of all who are symptomatic
 - Residents/tenants cared for by an affected staff member placed on isolation/quarantine procedures
 - Stop all communal/group activities on the affected unit
 - Tray service for all residents/tenant meals on the affected unit
 - Stop all social visitation to the affected unit
 - Stop all admissions/transfers to the affected unit
 - The measures above may be modified at the discretion of the Medical Health Officer.

5.0 Logistics

5.1 Swabs

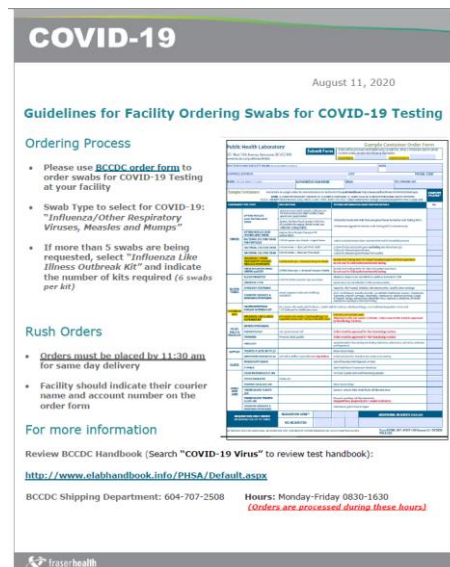
To order swabs, please contact the BCCDC. An order form can be found here:

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/PHLOrderForm.pdf>

BCCDC Virology Fillable requisition form: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/VI%20Req.pdf>

5.1.1 Guidelines for Facility Ordering Swabs

For guidelines on how facilities can order swabs for COVID-19 Testing, click on the sample form link below:



COVID-19

August 11, 2020

Guidelines for Facility Ordering Swabs for COVID-19 Testing

Ordering Process

- Please use **BCCDC order form** to order swabs for COVID-19 Testing at your facility
- Swab Type to select for COVID-19: "Influenza/Other Respiratory Viruses, Measles and Mumps"
- If more than 5 swabs are being requested, select "Influenza Like Illness Outbreak Kit" and indicate the number of kits required (6 swabs per kit)

Rush Orders

- Orders must be placed by **11:30 am** for same day delivery
- Facility should indicate their courier name and account number on the order form

For more information

Review BCCDC Handbook (Search "COVID-19 Virus" to review test handbook):
<http://www.ehahandbook.info/PHSA/Default.aspx>

BCCDC Shipping Department: 604-707-2508 Hours: Monday-Friday 0830-1630
(Orders are processed during these hours)

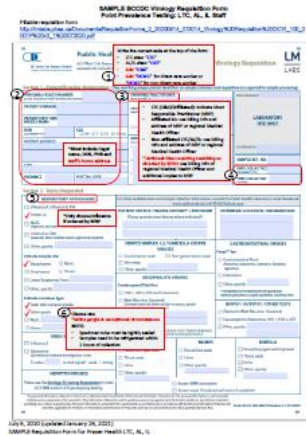
Swab Ordering Table:

Swab Type	Quantity	Notes
Influenza/Other Respiratory Viruses, Measles and Mumps		
Influenza Like Illness Outbreak Kit		

For the protocol on Transfer of Dangerous goods, please refer [Fraser Health Transportation of Dangerous Goods SOP](#).

5.1.4 Sample Requisition Point Prevalence Testing: LTC, AL, IL Staff

A sample BCCDC virology requisition form for staff during Point Prevalence Testing may be found by clicking on the link below



5.1.5 COVID-19 Testing and Assessment For Homebound Clients

COVID-19 Testing and Assessment service is available for clients unable to attend a community assessment site, including clients residing in any of the following settings:

- Private Home
- Private Assisted Living - Hotel Supportive Housing
- Seniors Independent Living - Community or Congregate Living

Clients are eligible if they:

- Meet current COVID-19 Testing Criteria as per current BCCDC:
 - o NEW ONSET respiratory or systemic symptoms compatible with COVID-19

And are:

- Unable to visit community testing centres safely due to physical or cognitive reasons or due to outbreak prevention and management protocols
- Frail, vulnerable, or otherwise 'at risk'

How to refer?

Client known to Home Health?	<u>AND</u> client has a GP?	➔ Then contact:
YES	YES	Home Health office in your community (see link)
YES	NO*	Home Health office in your community (see link)
NO	YES	Home Health Service Line at 1-855-412-2121
NO	NO*	Home Health Service Line at 1-855-412-2121

*If client has no GP and resides in private AL/Independent Living campus of care, consider facility medical director for testing and result follow up.

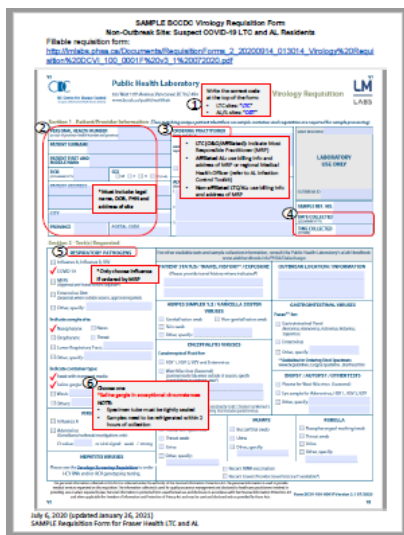
5.1.6 Covid-19 Community Testing Centres and Local Home Health Offices

Community	Home Health Office	Community Testing Centres	
	Phone and Fax Information	Website and Contact Information	Location and Hours of Operation
Abbotsford	<u>Abbotsford</u> Phone: 604-556-5000 Fax: 604-556-5010	Abbotsford COVID Response 604-870-3325 Fax: 604-852-1351	Abbotsford COVID Response 9:00 am - 5:00 pm 7 days a week
Burnaby	<u>Burnaby</u> Phone: 604-918-7447 Fax: 604-918-7631	Burnaby COVID Response	Burnaby Central Park 1:00 pm – 5:00 pm 7 days a week
Chilliwack/ Hope/ Agassiz	<u>Chilliwack</u> Phone: 604-702-4800 Fax: 604-702-4801 <u>Hope</u> Phone: 604-860-7747 Fax: 604-860-7742 <u>Agassiz</u> Phone: 604-703-2035 Fax: 604-796-0221	604-702-4928 Fax: 604-701-4801	Chilliwack Public Health Unit 8:30 am - 4:00pm 7 days/week
South Delta	<u>South Delta</u> Phone: 604-952-3552 Fax: 604-946-6953	Referral via GP 604-786-0452	Ladner Monday to Saturday 10:00 am - 6:00 pm
New West/ Tri-cities	<u>New Westminster</u> Phone: 604-777-6700 Fax: 604-777-6762 <u>Tricities</u> Phone: 604-777-7300 Fax: 604-777-7302	FNW COVID Response	FNW COVID Response Monday to Friday 9:00 am - 8:00 pm Saturday and Sunday 9:00 am - 5:00 pm
Langley	<u>Langley</u> Phone: 604-532-6500	604-539-4392 Fax: 604-532-7048	Langley Home Health 8:00am - 8:00pm

	Fax: 604-532-9642		
Maple Ridge	<u>Maple Ridge</u> Phone: 604-476-7100 Fax: 604-476-7126	604-476-7890 GP and ER Referral	Maple Ridge UPCC 11:00 m - 10:00 pm 7 days a week
Mission	<u>Mission</u> Phone: 604-814-5520 Fax: 604-814-5518	Mission COVID Response 604-302-7885	Mission COVID Response Monday to Friday 11:00am to 3:00 pm
White Rock	<u>White Rock</u> Phone: 604-541-6800 Fax: 604-541-6872	Referral through WRSS	Peach Arch Hospital Cafeteria Monday to Saturday 8:30 am - 4:30 pm
Surrey and North Delta	<u>Gateway/North Delta</u> Phone: 604-953-4950 Fax: 604-953-4951 <u>Newton</u> Phone: 604-572-5340 Fax: 604-5725349	604-572-2610	Surrey Whalley UPCC 10:00am - 9:00pm 7 days a week

5.1.7 Virology Requisition Form

A sample BCCDC virology requisition form for suspect COVID-19 residents in a non-outbreak site may be found by clicking on the link below



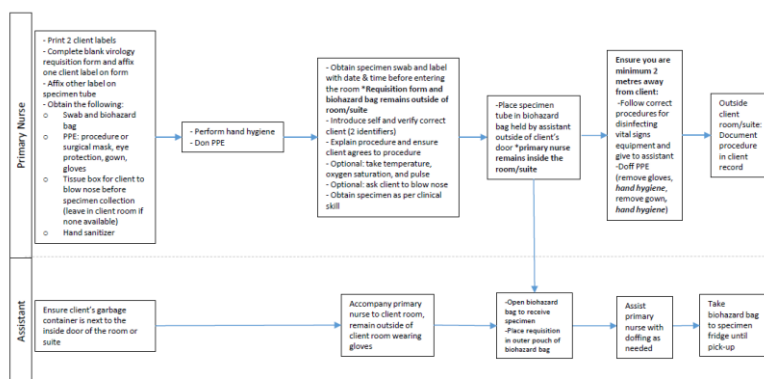
5.1.8 Workflow for Collecting Nasopharyngeal Swab

For information on the workflow for collecting nasopharyngeal swab for COVID-19 Specimen and the role of the primary nurse and assistant please click on the image below.

Workflow for Collecting Nasopharyngeal Swab for COVID-19 Specimen (LTC, AL, IL)

Role of the Primary Nurse and Assistant*

*Note: Assistant can be another nurse or health care assistant



FH Services – LTC AL IL
July 6 2020

5.2 Staff Testing

Staff who have symptoms as per the BC-CDC (see: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/covid-19-testing/viral-testing>) will identify themselves to their supervisor.

1. Supervisor reviews, with the individual staff, the list of assessment centres and gives contact information of the assessment centre site that is chosen by the staff (phone or link). The full list of BC Assessment Centres can be found here:
<https://bcgov03.maps.arcgis.com/apps/opsdashboard/index.html#/7f71191c6e0c4e65a644c1da3f53eb68>
2. Staff member contacts the assessment centre directly to book an appointment and identifies themselves as a health care worker.

5.2.1 COVID-19 Testing Process: Long Term Care Staff

Please click on the below image to access the staff testing information template:

COVID-19

COVID-19 testing process: Long-Term Care staff

Fraser Health requests that all staff associated with **[site name]** get tested for COVID-19 as part of the ongoing outbreak investigation. This includes all staff who have worked at this facility on **[insert units affected here]**, **[insert dates here]**. Testing identifies staff who may be infectious in order for Public Health to implement facility outbreak control measures.

How do I get tested?

- You can get tested for COVID-19 at any COVID-19 Test and Collection Centre. The closest centres are located in the online test booking form.
- Here's how to get tested:
 1. Book your appointment online: <https://fraserhealth.secureform.ca/index.php>
 2. Take this document and your BC Services Card (formerly CareCard) with you to the COVID-19 Test and Collection Centre
 3. When you arrive, state that you are a health care employee and provide the name of the Long-Term Care centre in which you worked.
 4. Provide the following information to testing staff so that your test can be properly tracked by Population and Public Health:
 - o Lab code: LTC, HCW1 (please use both codes for each swab)
 - o Ordering Physician: Dr. Aamir Bharmal MSP # 62550


What happens after I get tested?

- If you have any COVID-19 symptoms, you must stay home from work until you have a negative test and your symptoms are gone (contact your leader for support).
- If you are asymptomatic but test positive for COVID-19, you must stay home from work until you are cleared by Public Health before returning to work.
- If you are asymptomatic, you can return to work while waiting for your results. Use the appropriate personal protective equipment (PPE) and maintain distancing at all times. Self-monitor for any COVID-19 related symptoms (i.e., cough, fever, respiratory difficulty, etc.)
- Please note: Your medical information and results are private and confidential. The COVID-19 Test and Collection Centre will direct you on how to get your results. Do not look yourself or others up on Meditech as this is a privacy breach even if you are looking up your own information.

For more information

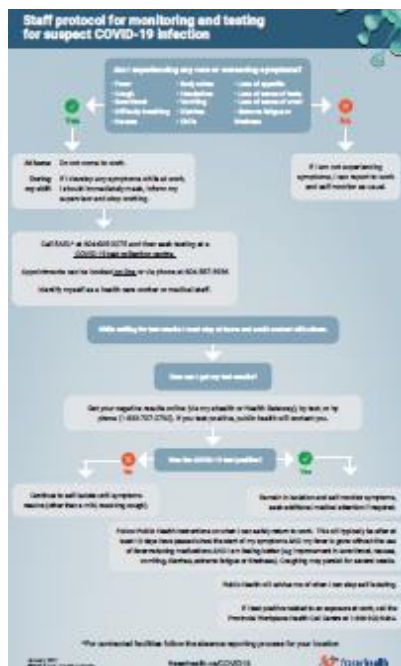
Speak to your manager or visit the Testing Information page on fraserhealth.ca/COVID19

LTC-AL Coordination Centre: Approved January 5, 2021


fraserhealth


5.2.2 Staff Protocol for Monitoring & Testing Poster

For guidance on when staff should access testing and self-isolate, please click on the image below to access printable version.



5.2.3 Staff Symptom Monitoring Poster

For a poster on staff symptoms and when to self-isolate at home, please click on the image below for a printable version.




NOTICE


COVID-19

Important Information


DO NOT COME TO WORK if you have any new or worsening symptoms:




Fever
Chills




Cough




Sneezing




Sore throat




Shortness
of breath




Runny nose




Fatigue




Muscle Aches
and Pains



Headaches




Vomiting
Diarrhea



Loss of sense of
Smell, Appetite,
Taste

If you have any of these symptoms, speak to your supervisor now and they will provide you information on where to get tested for COVID-19.

While waiting for test results, you must stay at home and avoid contact with others.

©2020 Fraser Health Authority


5.3 How to Access PPE Supplies

- **Effective May 5, 2020**, Long-Term Care and Assisted Living providers are to use the **Shopping Cart System** to order required PPE supplies. The previous ordering form/process is no longer in use.
- Sites should order 7 days' worth of supplies and try to limit orders to once a week
- **The link to the PPE Shopping Cart is:** <https://fraserhealth.illum.ca> (Google Chrome recommended)
- An account has been created for your site. **Your login will be the email address you provided.** If you are unsure, please contact the PPE Community Support Desk for your email that has been used to create your online account: PPECommunitySupport@fraserhealth.ca
 - The first time you log on please click 'new user' to create your password
- Please **watch the video linked below** for information on how to log in for the first time.
 - <https://drive.google.com/file/d/1-YUINP7Ytgixcsnr9ODVPbwRHLhY-m2C/view>
- If you have any questions, contact PPECommunitySupport@fraserhealth.ca

5.4 Staffing Support (for Sites in COVID Outbreak)

Contracted Long Term Care/Assisted Living Staffing Support Guidelines

Identifying the Need for Staffing

- For COVID-19 Outbreak sites, the **Fraser Health Outbreak Response Lead** and **Facility Lead** consult with **Public Health** on staff and resident Cohorting Plans for the site before staffing needs are determined. These plans may indicate how staff and residents are to be cohorted within the building.
- Once the need for a Cohorting Plan is clarified, the **Fraser Health Outbreak Response Lead** works with the **Facility Lead** to determine if there are any potential staffing needs at the site.
- Fraser Health can support staffing levels in the event of a COVID-19 Outbreak **only** when all available strategies within your organization have been exhausted. Before requesting FHA Relief Pool staffing support, sites must confirm that the following strategies have been applied:
 - Casual and RPT staff given the opportunity to maximize hours to full time
 - Staff given the opportunity to work on days off
 - Staff offered voluntary OT, including working extended shifts
 - Staff given option to cancel vacation
 - Agencies have been contacted for staff
 - Hiring of any new applicants that are available
 - Determine how many positions are below baseline for each role/shift, using the steps below

Requesting Staffing

- **Facility Lead**, in collaboration with the **Fraser Health Outbreak Response Lead**, completes the 'Staffing Request for Service' form to ensure the accuracy and completeness of the request. The cheat sheet to assist with completing the form, please click on the below image.

Staffing Request for Service Form – Cheat Sheet

This document provides guidance on how to complete sections of the Staffing Request for Service Form. If you continue to have questions about how to complete this form, please contact LTCCoord@fraserhealth.ca

Staffing Request for Service Form

Core 19 Staffing
Responsible Service H.

- **Will Home Support Service Staff have access to facility?** – indicate 'Yes' if the Home Support staff are already providing service to clients living in the facility. This is relevant to AL/LC only.
- **Clinical Staff Needed heading:**
 - o Number of days and weeks needed – indicate by writing the number needed in each box.
 - e.g. if you require 5 days of staffing support, indicate:

Number of days needed:	5
Number of weeks needed:	
 - e.g. if you require 2 weeks of staffing support, indicate:


Number of days needed:	2
Number of weeks needed:	2
 - o Choose discipline by checking the box to left of each discipline needed.
 - **Ward(s) needed** – indicate the specific dates you are requesting staff support for e.g. May 8, 9, 10, 11. If requesting extended time periods indicate 'May 4 – 18 inclusive'
 - Box to right of 'Day', 'Evening', 'Night' – indicates the number of staff required by the facility for each of those shifts
 - **'Shift times'** – indicate the shifts time e.g. 0700-1500 hrs, 0700-2300 hrs, 2300-0700 hrs, etc.
 - e.g. if you require 2 Care Aides for day shift and 1 for night shift for June 1, 2, 3 and 4, indicate:

<input checked="" type="checkbox"/> Care Aide	Date(s) needed	June 1, 2, 3 & 4
Days	Shift times	0700-1500 hrs
Evening	Shift times	
Nights	Shift times	2300-0700 hrs
- **'Additional information'** – include any additional information. If this is a change request for staffing that is currently deployed, please make sure to include this information there.

Long-Term Care-Assisted Living-Independent Living
Coordination Centre Approved: May 26, 2020

Page 1 of 1

The embedded Staffing Request for Service Form may be accessed via the link below



Staffing Request for Service

COVID-19 positive staff or client/resident: ☐ Yes ☒ No
The facility has a declared outbreak: ☐ Yes ☒ No
FH Home Support Service Staff have access in the facility: ☐ Yes ☒ No

FH LTC EOC Site Lead
Contact Email:
Contact Number:

Steps Taken to Mitigate (check all that apply)
☐ Hire Staff ☐ Overtime ☐ Agency
☐ Redeployment of current staff or corporate staff assigned

Request Date: Contact person time:
Facility Name: Contact Email:
Facility Address: Contact Number:
Types of Service (e.g. Assisted Living, etc.):

Clinical Staff Needed*

Number of days needed:
Number of weeks needed:

Discipline	Days	Evening	Nights	PH	Care Aide	Other
Ward(s) needed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nights	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nights	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide any additional information that may be useful:

*Outbreak is defined as 3 or more residents or staff of an LTC facility that has a lab-confirmed COVID-19 diagnosis.
PH does not provide staffing for cleaning, food, maintenance and security. Please contact with your corporate structure for assistance.

Submit

- Once the form is completed the **Facility Lead** presses the 'submit' button to generate an email with the request form attached to the FH Staffing support team. The **Facility Lead** must copy the **Fraser Health Outbreak Response Lead** on this email. The **Facility Lead** will receive an auto-reply message noting that the request has been received and will be processed. The Staffing email inbox is monitored hourly, 8:00am-4:00pm, 7 days per week.
- The **Staffing Support Services Team Lead** and **Schedulers** review staffing requests and will contact the **Fraser Health Outbreak Response Lead** and **Facility Lead** if questions arise.
- Once all shift requests have been called out, **Scheduler** sends the staff schedule via email to **Facility Lead** and the **Fraser Health Outbreak Response Lead** including filled and unfilled shifts.

- FH staff will be deployed for a minimum of 5 days and be scheduled according to relevant collective agreement guidelines.

Follow-up, Changes and Information

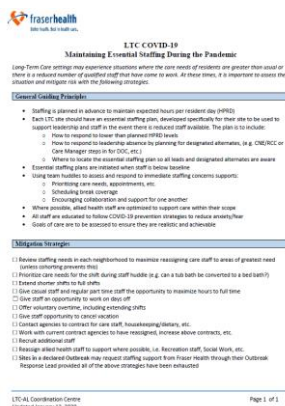
- For urgent issues only (e.g. absent staff or staffing issues at site) **Fraser Health Outbreak Response Lead or Facility DOC** may call the **Scheduler** at **604-613-5809**.
- Contracted/Private Facility staff must be scheduled to work on COVID-19+ units; FH staff to work on non-COVID-19 units. FH staff will work with COVID-19+ residents when no other option is available, this decision must be made in consultation with **Staffing Leadership**, and the **Fraser Health Outbreak Response Lead**.
- Site staffing requests, and unexpected changes (e.g. EARL calls) are reviewed daily by the **Scheduling team**, in collaboration with **Staffing Leadership**, the **Fraser Health Outbreak Response Lead** and the **Facility Lead**.
- To extend staffing, change staffing, or make requests for new staffing, the **Facility Lead**, in collaboration with the **Fraser Health Outbreak Response Lead**, completes and submits a new 'Staffing Request for Service' form, clearly indicating if this is a new request, change request, etc.

Staffing Request Exit and Closure

- Facility staffing requests are closed when the request has been filled and services are no longer needed as per **Fraser Health Outbreak Response Lead** and **Facility Lead**. FH deployed staff will complete their booked shifts at the site unless they can be redeployed to an alternate facility.

5.5 Maintaining Essential Staffing During the Pandemic

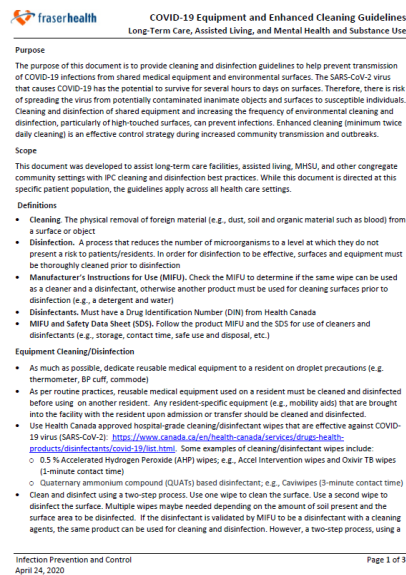
For more information on maintaining essential staffing during the pandemic, please click on the below image:



6.0 Resources (tools, algorithms, forms, posters)

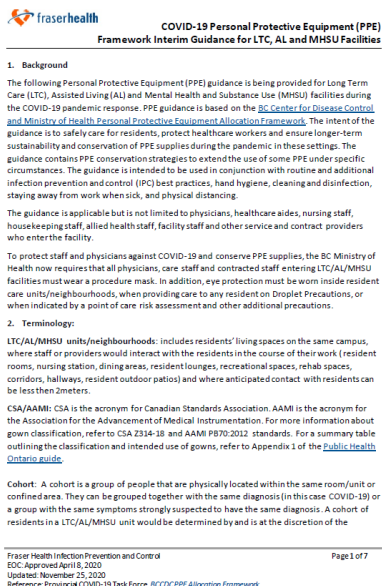
6.1 Equipment and Enhanced Cleaning Guidelines

For guidelines on enhanced cleaning and disinfection of equipment to help prevent transmission of COVID-19 infections, please click on the image below to access the full document.



6.2 Personal Protective Equipment (PPE) Framework

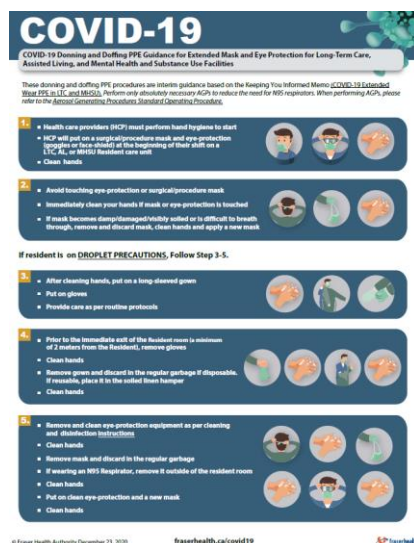
For guidance on the use of PPE for staff and physicians, please click on image below to access the full framework.



6.3 Donning and Doffing Personal Protective Equipment (PPE)





Donning and doffing PPE guidance for extended mask and eye protection, please click on the image below to access printable poster.


The referenced FH Aerosol Generating Procedures Standard Operating Procedure can be accessed here: [Aerosol Generating Procedures \(AGP\)](#).



6.4 Eye/Facial Protection Cleaning and Disinfection Instructions

For instruction on eye/face protection cleaning and disinfection instructions, please click on the image below for a printable version of the poster.

LTC / AL / MHSU Facilities	
Eye/Facial Protection Cleaning and Disinfection Instructions	
The following cleaning and disinfection of eye/face protection instructions are for LTC, AL and MHSU Facilities	
Cleaning and disinfection: Health Canada COVID-19 Approved Disinfectant wipes (e.g. Accel Intervention™ wipes, Caviwipes™, or Sani-cloth wipes™)	
PPE required: Exam gloves	
More information on hydrogen peroxide based disinfectant - see the Health Hazard Information Sheet	
A. Reusable Eye Protection <div style="display: flex; justify-content: space-around; align-items: center;">    </div> <p>Goggles Safety glasses Face shields without foam</p> <p>If reusable eye protection is visibly contaminated/soiled:</p> <ul style="list-style-type: none"> ▪ Don a new pair of exam gloves ▪ Clean with soap and water to remove visible soil ▪ Do not use handwashing sinks to clean visibly soiled reusable eye protection ▪ Proceed to step 1 below ▪ If eye protection is extremely soiled, discard <p>Cleaning and Disinfecting Reusable Eye Protection</p> <ol style="list-style-type: none"> 1. Put on a pair of exam gloves 2. Using a new disinfectant, clean the item thoroughly from the inside to the outside 3. Use another new disinfectant wipe, disinfect the interior followed by the exterior of the facial protection 4. Ensure items remain wet with disinfectant for at least 1 minute (or applicable disinfectant wipe contact time). 5. Repeat above steps if visible soil remains 6. Allow to dry (air dry or use absorbent towel) 7. If necessary, use an absorbent towel to remove any residue 8. Remove gloves and perform hand hygiene 9. Store equipment in a clean container or area 	B. Face Shield with Visor & Foam Forehead <div style="display: flex; justify-content: center; align-items: center;">  <div style="margin-left: 10px;"> <p><i>To be used by a single healthcare provider over the same shift</i></p> </div> </div> <p>If the foam forehead piece is visibly soiled or appears damaged and/or compromised: DO NOT REUSE</p> <p>If the visor is visibly contaminated or soiled, please use the directions on the left "If reusable eye protection is visibly contaminated/soiled"</p> <p>Cleaning and Disinfecting Face Shields with Visor & Foam Forehead</p> <ol style="list-style-type: none"> 1. Put on a pair of exam gloves 2. Using a new disinfectant, clean the item thoroughly from the inside to the outside 3. Use another new disinfectant wipe, disinfect the interior, followed by the foam band, strap, and then the exterior of the visor. 4. Ensure items remain wet with disinfectant for at least 1 minute (or applicable disinfectant wipe contact time). 5. Repeat above steps if visible soil remains 6. Allow to dry (air dry or use absorbent towel) 7. If necessary, use an absorbent towel to remove any residue 8. Remove gloves and perform hand hygiene 9. Store equipment in a clean container or area 10. Discard at the end of shift



Version: 2.0 | Initial Release: April 6, 2020 | Updated May 5, 2020

6.5 Aerosol Generating Procedures (AGP)

Note: The procedures below may or may not be routine in your site.

Please click on the image below to access the full document on COVID-19 Aerosol Generating Procedures Standard Operating Procedures

Purpose

An aerosol generating procedure (AGP) is an artificial manipulation of a person's airway that may generate aerosols. In British Columbia, there is a provincial process for including procedures on the accepted list of AGPs. This document stratifies the risks associated with AGPs by both patient category and procedures, and specifies the protective measures required in all cases. It will be used to determine the patient room/bed placement and the PPE required for the AGP. Prior to conducting AGPs, complete the [COVID-19 Risk Assessment Tool](#) (Appendix 1) to determine the patient category for AGPs.

Scope

This document provides direction for the management of all patients undergoing AGPs in the Emergency Department, all inpatient units, all critical care units, and outpatient areas including Ambulatory Day Care and Medical Imaging. For AGPs being performed in perioperative areas, including the operating room theatres, please refer to the [BCCDC Infection Prevention and Control \(IPC\) Protocol for Surgical Procedures](#) for further guidance. This document does not apply to the maternity and pediatric populations.

High-Risk AGPs

Whereas there are many procedures that result in the generation of aerosols, only a subset of these procedures have been shown to increase the risk of transmission of microorganisms. The list of AGPs classified as high-risk are in Table 1 below.

Table 1. High-Risk AGPs

High-Risk AGPs
Autopsy ¹
Bag Valve (manual) Ventilation
Bronchoscopy and bronchoalveolar lavage (diagnostic and therapeutic ²)
CPAP and BiPAP ³
CPR (with manual ventilation and open suctioning)
Endotracheal Tube Intubation (and related procedures including manual ventilation, open suctioning)
Sputum Induction with inhalation of nebulized saline
Tracheotomy

¹Use of an elastomeric half-face respirator with combination P100 and formaldehyde cartridges is recommended for Autopsy.

²Therapeutic bronchoscopies are recognized as being lower risk than diagnostic, however in order to ensure consistent precautions, all bronchoscopies are classified as high-risk AGPs.

³Any patient who requires CPAP or BiPAP upon admission or transfer from another site should be tested for COVID-19, when possible prior to the procedure. Manage the patient as suspect COVID-19 in a single occupancy room while waiting for test results, when possible. If not available, place the patient in a semi-private room with the other bed blocked.

6.6 Public Health Tool 27: Resident Illness Report and Tracking Form

Track symptomatic clients and testing information using the form below. Submit directly to Public Health using Cerberus, accessible here: <https://fhsecure.fraserhealth.ca/login>. For a fillable version of the tool, please click on the image:

Tool 27: Resident Illness Report and Tracking Form

RESIDENT RESPIRATORY ILLNESS REPORT

Update Daily for all viral Respiratory Illness Outbreaks

For new outbreaks or confirmed Influenza and COVID-19 Outbreaks, send daily to Public Health using [Cerberus](#)

FACILITY NAME:		NEIGHBOURHOOD, FLOOR OR OTHER AREA AFFECTED:		DATE PUBLIC HEALTH CONTACT NOTIFIED:															
		Name: Total # of residents:																	
TELEPHONE (DIRECT TO CONTACT PERSON):		AFTER HOURS TELEPHONE NUMBER (DIRECT TO CONTACT PERSON):		TIME PUBLIC HEALTH CONTACT NOTIFIED:															
FACILITY FAX NUMBER		EMAIL OF FACILITY CONTACT PERSON:		DATE ANTIVIRAL PROPHYLAXIS INITIATED:															
FORM COMPLETED BY:	DATE OF FIRST REPORT:	DATE OF UPDATE 4:	DATE OF UPDATE 8:	DATE OUTBREAK DECLARED:															
	DATE OF UPDATE 1:	DATE OF UPDATE 5:	DATE OF UPDATE 9:																
ROLE:	DATE OF UPDATE 2:	DATE OF UPDATE 6:	DATE OF UPDATE 10:	DATE OUTBREAK DECLARED OVER:															
	DATE OF UPDATE 3:	DATE OF UPDATE 7:	DATE OF UPDATE 11:																
Name of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex (M/F)	Age	New or Worse Cough (Y/N)	Fever (Y/N)	Sore Throat, Joint Pain, OR Muscle Ache, Extreme Fatigue (Y/N)	Diarrhea (Y/N)	Other gastro- intestinal (e.g., nausea, vomiting) (Y/N)	Date Onset of First Symptom MM DD	Date Swab Test Taken MM DD	Swab Test Result: Negative or Name of Virus Found	Date of Last Influenza Vacc'n MM DD	Date Influenza Antiviral for Treatment Started MM DD	FOR COVID ONLY: Recovered (see definition below*) (Y/N)	If applicable:				Date of Transfer from Acute Care during Outbreak or Date of New Admission to Facility MM DD
															Date Resident Admitted to Hospital MM DD	Date of Resident's Death MM DD	Place of Resident's Death: Facility (F) or Hospital (H) F/H		

* Recovered is defined as 10 days from symptom onset or until symptoms are resolved, whichever takes longer

6.7 Public Health Tool 28: Staff Illness Report and Tracking Form

Track symptomatic staff and testing information using the form below. Submit directly to Public Health using Cerberus, accessible here: <https://fhsecure.fraserhealth.ca/login>. For a fillable version of the tool, please click on the image:

Tool 28: Staff Illness Report and Tracking Form

STAFF RESPIRATORY ILLNESS REPORT

Update Daily for all viral Respiratory Illness Outbreaks

For new outbreaks or confirmed Influenza and COVID-19 Outbreaks, send daily to Public Health using [Cerberus](#)

FACILITY NAME:		NEIGHBOURHOOD, FLOOR OR OTHER AREA AFFECTED:		DATE PUBLIC HEALTH CONTACT NOTIFIED:												
TELEPHONE (DIRECT TO CONTACT PERSON):		AFTER HOURS TELEPHONE NUMBER (DIRECT TO CONTACT PERSON):		TIME PUBLIC HEALTH CONTACT NOTIFIED:												
FACILITY FAX NUMBER:		EMAIL OF FACILITY CONTACT PERSON:														
FORM COMPLETED BY:	DATE OF FIRST REPORT:	DATE OF UPDATE 4:	DATE OF UPDATE 8:	DATE OUTBREAK DECLARED:												
ROLE:	DATE OF UPDATE 1:	DATE OF UPDATE 5:	DATE OF UPDATE 9:	DATE OUTBREAK DECLARED OVER:												
	DATE OF UPDATE 2:	DATE OF UPDATE 6:	DATE OF UPDATE 10:													
	DATE OF UPDATE 3:	DATE OF UPDATE 7:	DATE OF UPDATE 11:													
Name of Staff Member (Last Name, First Name)	Care Card Number (PHN)	Sex (M/F)	Age	New or Worse Cough (Y/N)	Fever (Y/N)	Sore Throat, Joint Pain, OR Muscle Ache, Extreme Fatigue (Y/N)	Diarrhea (Y/N)	Other gastro- intestinal (e.g., nausea, vomiting) (Y/N)	Date Onset of First Symptom MM DD	Date Swab Test Taken MM DD	Swab Test Result: Negative OR Name of Virus Found	Date of Last Influenza Vacc'n MM DD	FOR COVID ONLY: Recovered (see definition below*) (Y/N)	Date Last Worked At Facility MM DD	Date Returned To Work At Facility MM DD	Does Staff Member Work At Another Facility? (Y/N)

* Recovered is defined as 10 days from symptom onset or until symptoms are resolved, whichever takes longer

6.8 Secure File Sharing with Fraser Health

For more information on secure file sharing with Fraser Health using Cerberus, please click on the image below.

COVID-19

Secure file sharing with Fraser Health using Cerberus

Cerberus is a Fraser Health tool to exchange files safely and efficiently. Using Cerberus is easy and only takes a few minutes to use. The following are instructions to use Cerberus to send files to Public Health for sites on enhanced monitoring or during a COVID-19 outbreak. These files include staff and resident/tenant lists for point prevalence testing and tools 27 and 28 for testing of symptomatic individuals. If you are informed to conduct point prevalence testing at the recommendation of the Medical Health Officer, staff and resident/tenant lists should be sent using Cerberus as soon as possible. Tools 27 and 28 should be sent when your site has swabbed symptomatic individuals for COVID-19 testing. If your site is on enhanced monitoring or in an active COVID-19 outbreak, tools 27 and 28 should be sent daily.

Step 1 – Complete and name your files

- If point prevalence testing has been recommended for your site, please connect with the outbreak response lead or public health nurse for the Excel template to track all individuals swabbed as part of point prevalence testing. Please name your Excel file as follows:

[facility name]_PPT_ [ddmmmyyyy]
(e.g. MennoHome_PPT_22Dec2020.xlsx)
- If you have separate Excel files for residents/tenants and staff, you can name them as follows:

[facility name]_PPT_residents_ [ddmmmyyyy]
(e.g. MennoHome_PPT_residents_22Dec2020.xlsx)

[facility name]_PPT_staff_ [ddmmmyyyy]
(e.g. MennoHome_PPT_staff_22Dec2020.xlsx)
- If you are completing Tools 27 and 28 and sending both tools in one file, please name your file as follows:

[facility name]_27_28_ [ddmmmyyyy]
(e.g. MennoHome_27_28_22Dec2020.pdf)
- If you are sending Tools 27 and 28 in separate files, please name your files as follows:

[facility name]_27_ [ddmmmyyyy]
(e.g. MennoHome_27_22Dec2020.pdf)

[facility name]_28_ [ddmmmyyyy]
(e.g. MennoHome_28_22Dec2020.pdf)

Step 2- Logging In

- Open the following link and enter the login and password that was created for you when your Cerberus account was set up: <https://secure.fraserhealth.ca/>
- Note: you must check the box for "I have read and agree to the above terms and conditions" to continue
- You will see a folder named "Public Health" once you log in. Please click on the folder.

Name	Type	Size
PublicHealth	folder	

Population and Public Health Page 1 of 2

6.9 Tips for Completing Public Health Tools 27 & 28

For guidelines and tips on how to complete the reporting and tracking tools 27 & 28, please click on the image below to access the full document



Tips for Completing Tool 27: Resident Illness Reporting and Tracking Form and Tool 28: Staff Illness and Reporting Tracking Form for COVID-19 Outbreaks

Record symptomatic clients / staff and swabbed clients / staff on Tools 27 and 28

- For COVID-19 outbreaks, symptomatic clients / staff refers to clients / staff with new or worse symptoms of respiratory illness (e.g. cough, fever) OR gastrointestinal symptoms (e.g. diarrhea, nausea)
- If you are aware of any clients who are admitted to hospital due to unrelated health conditions (e.g. fall, fractures) but are swabbed in hospital for COVID-19, please record them on Tool 27
- Remember to update these tools every day, including weekends
- FAX the completed forms to Fraser Health Public Health at 604-587-4418 7 days per week, by noon**

- Filling out the forms on the first day:
 - Fill out as much as you can in the top section
 - Most important information:
 - facility name
 - the neighbourhood, floor or other area affected
 - total number of residents / staff
 - If you have symptomatic clients or staff in different units, floors, or buildings of your facility, please start a separate Tool 27/28 for each area and fax each sheet to Fraser Health Public Health daily by noon

For new outbreaks or confirmed influenza and COVID-19 Outbreaks FAX Daily to 604.587.4418 to Public Health

FACILITY NAME:		NEIGHBOURHOOD, FLOOR OR OTHER AREA AFFECTED:		DATE PUBLIC HEALTH CONTACT NOTIFIED:
TELEPHONE (DIRECT TO CONTACT PERSON):		Name:	Total # of residents:	DATE PUBLIC HEALTH CONTACT NOTIFIED:
AFTER HOURS TELEPHONE NUMBER (DIRECT TO CONTACT PERSON):				

- Enter information for any symptomatic or swabbed clients or staff:
 - Date of the report
 - Details of each client or staff who are symptomatic
 - name, PHN, sex, age, symptoms, and date of onset of first symptoms. Note: For independent living facilities, please enter the date of birth for a client or staff in the PHN field if you are unable to obtain the PHN.
 - enter the date for the swab
 - remaining information for each client / staff may be unknown at this point so can be completed later

FORM COMPLETED BY:		DATE OF FIRST REPORT (12-Jan-21)		DATE OF UPDATE 1:		DATE OF UPDATE 2:		DATE OF UPDATE 3:		DATE OF UPDATE 4:		DATE OF UPDATE 5:		DATE OF UPDATE 6:		DATE OF UPDATE 7:		DATE OF UPDATE 8:		DATE OF UPDATE 9:		DATE OF UPDATE 10:		DATE OUTBREAK DECLARED OVER:	
NAME		DATE OF UPDATE 1:		DATE OF UPDATE 2:		DATE OF UPDATE 3:		DATE OF UPDATE 4:		DATE OF UPDATE 5:		DATE OF UPDATE 6:		DATE OF UPDATE 7:		DATE OF UPDATE 8:		DATE OF UPDATE 9:		DATE OF UPDATE 10:		DATE OF UPDATE 11:		DATE OF UPDATE 12:	
Name of outbreak (Last Name, First Name)	DAY CODE NUMBER	SEX	AGE	DATE OF ONSET	DATE OF SWAB	DATE OF UPDATE 1	DATE OF UPDATE 2	DATE OF UPDATE 3	DATE OF UPDATE 4	DATE OF UPDATE 5	DATE OF UPDATE 6	DATE OF UPDATE 7	DATE OF UPDATE 8	DATE OF UPDATE 9	DATE OF UPDATE 10	DATE OF UPDATE 11	DATE OF UPDATE 12	DATE OF UPDATE 13	DATE OF UPDATE 14	DATE OF UPDATE 15	DATE OF UPDATE 16	DATE OF UPDATE 17	DATE OF UPDATE 18	DATE OF UPDATE 19	DATE OF UPDATE 20
0101-0000	0014	0000	0000	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00
0101-0000	0014	0000	0000	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00

6.10 Droplet Precautions Requirements for New Admissions or Returning Residents/Tenants

Click the image below to access the droplet precautions requirements for new admissions or returning residents/tenants.



fraserhealth June 30, 2020

Droplet Precautions¹ Requirements for New Admissions or Returning Residents/Tenants

Please liaise with your Access Care and Transitions Coordinator to discuss the transition for admission and potential internal movement of residents/tenants at your site

Application:

- All criteria must be met to comply with FH Infection Prevention and Control (IPC) standards for appropriate droplet precautions
- If single room is not available sites are to consider temporarily moving other residents/tenants to accommodate a resident/tenant requiring 14 days of droplet precautions.
- 4 bed rooms may need to be avoided for new/returning admissions if requirements of 2 meters physical distancing plus physical partitions cannot be met
- The following requirements can apply to a 2 bed shared room

Requirements:

- 1. Physical Distancing**
 - Physical layout of room enforces a minimum of two meters of safe physical distance between residents/tenants
 - Residents/tenants are able to safely adhere to two meters of physical distancing eg: no active behaviors in which resident/tenant may wander into space of other resident
- 2. Respiratory Hygiene/Etiquette**
 - Resident/tenant can adhere to performing 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.
- 3. Engineering Controls**
 - If single room is not available, use physical partitions (privacy curtains or physical partitions) plus 2 meter physical distancing. Non-porous/wipe-able partitions are preferred, however privacy curtains are acceptable alternatives.
 - Ensure properly maintained building ventilation/air-flow systems for each resident/tenant room.
 - Dedicated hand hygiene sinks are preferred, liquid soap dispensers, paper towel holders, hand sanitizer dispensers and no-touch waste bins plus related supplies, should be readily available in the room.
 - Hand sanitizer dispensers should be available in hallways at the entry to room.
 - Use clear signage at entrance to room eg: droplet precautions, instructions for donning and doffing of PPE and easily accessible PPE supplies in a self contained cabinet.

¹ Droplet Precautions: Droplet Precautions includes 14 days isolation. See Droplet Precautions Standard Operating Procedure and Clinical Practice Guidelines: http://thpulse/quality_and_patient_safety/infection_control/novel_coronavirus/FHS20COVD-15%20Droplet%20Precautions%20SOP.pdf

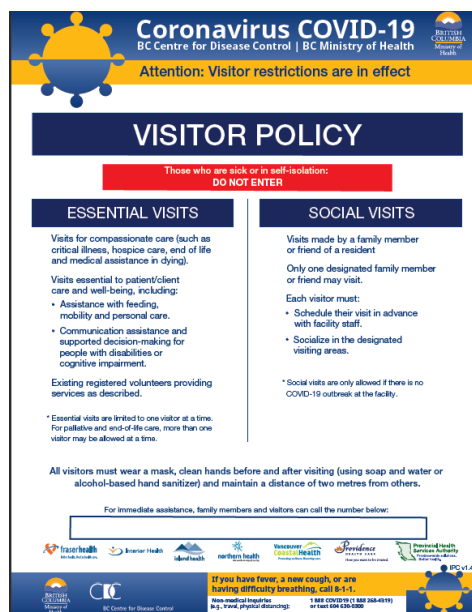
Long-Term Care-Assisted Living
Coordination Centre Approved: June 30, 2020

Page 1 of 2

7.0 Posters

An additional library of FH posters can be accessed here: <https://www.fraserhealth.ca/health-topics-a-to-z/coronavirus/resources#.XrSNjF5KiUk>

7.1 Required Ministry of Health Visitor Policy Poster



Coronavirus COVID-19
BC Centre for Disease Control | BC Ministry of Health

Attention: Visitor restrictions are in effect








VISITOR POLICY

Those who are sick or in self-isolation:
DO NOT ENTER

ESSENTIAL VISITS	SOCIAL VISITS
<p>Visits for compassionate care (such as critical illness, hospice care, end of life and medical assistance in dying).</p> <p>Visits essential to patient/client care and well-being, including:</p> <ul style="list-style-type: none"> • Assistance with feeding, mobility and personal care. • Communication assistance and supported decision-making for people with disabilities or cognitive impairment. <p>Existing registered volunteers providing services as described.</p> <p>* Essential visits are limited to one visitor at a time. For palliative and end-of-life care, more than one visitor may be allowed at a time.</p>	<p>Visits made by a family member or friend of a resident</p> <p>Only one designated family member or friend may visit.</p> <p>Each visitor must:</p> <ul style="list-style-type: none"> • Schedule their visit in advance with facility staff. • Socialize in the designated visiting areas. <p>* Social visits are only allowed if there is no COVID-19 outbreak at the facility.</p>

All visitors must wear a mask, clean hands before and after visiting (using soap and water or alcohol-based hand sanitizer) and maintain a distance of two metres from others.

For immediate assistance, family members and visitors can call the number below:

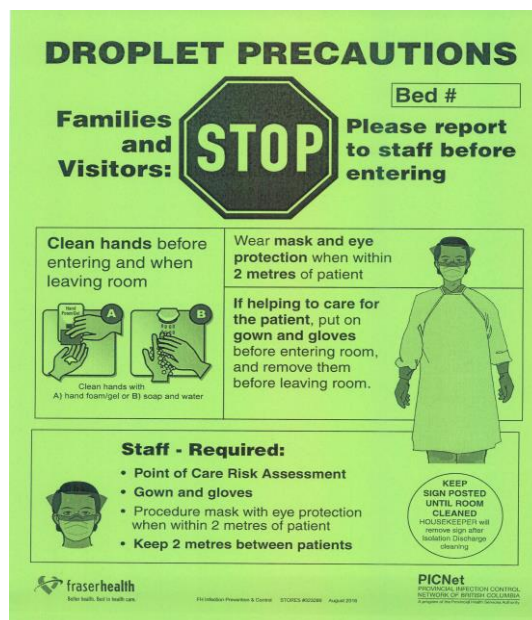








If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries: 1-800-663-0868
New medical inquiries: 1-800-663-0868

7.2 Droplet Precautions Poster

Please ensure the following poster is posted in a visible location outside the room of any client on droplet precautions and being isolated for 14 days. Click on the image to access a printable version.




DROPLET PRECAUTIONS

Bed #


Families and Visitors: **STOP** **Please report to staff before entering**

Clean hands before entering and when leaving room



Clean hands with
A) hand foam/gel or B) soap and water

Wear mask and eye protection when within 2 metres of patient



If helping to care for the patient, put on gown and gloves before entering room, and remove them before leaving room.

Staff - Required:

- Point of Care Risk Assessment
- Gown and gloves
- Procedure mask with eye protection when within 2 metres of patient
- Keep 2 metres between patients

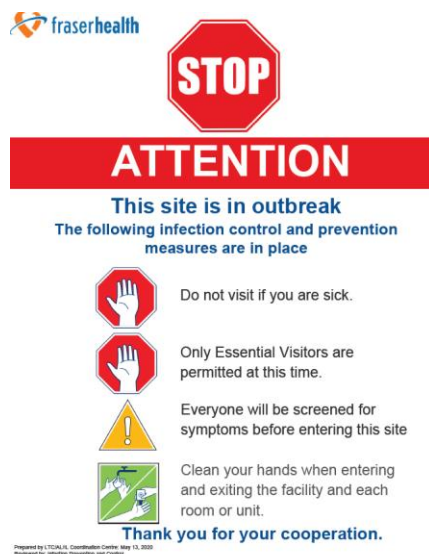
KEEP SIGN POSTED UNTIL ROOM CLEANED
HOUSEKEEPER will remove sign after Isolation Discharge cleaning

fraserhealth
Better health. Best in health care.

PICNet
PROVIDENCE, PRINCETON, UNIVERSITY OF BRITISH COLUMBIA
PRINCETON, PRINCETON, UNIVERSITY OF BRITISH COLUMBIA

7.3 Outbreak Alert Facility Entrance Poster

All sites experiencing an outbreak, must post notification at the site's entrance. Please click on the image below to access a printable version.




7.4 Outbreak Alert Facility Unit Poster

All sites experiencing an outbreak must post notification at the entrance to any unit, neighborhood or area with COVID positive clients. Please click on the image below to access a printable version.
























7.5 Staff and Medical Safety Poster

A list of best practice for staff to observe before, during and after work to help prevent the transmission of COVID-19. Please click on the image below to access a printable version.


Staff and Medical Staff Safety
Help prevent COVID-19 transmission between work and home

Dec 9, 2020

Before Work	During Work	After Work
 Don't come to work if you are feeling ill. Get tested even if you have mild COVID-19 symptoms.	 Disinfect phone, ID badge and glasses	 Put clothes in washable/disposable laundry bag - wear clean clothing home
 Remove watch and jewelry	 Disinfect work station and stethoscope	 Disinfect phone, ID badge, glasses and stethoscope
 Bring a change of clothes or scrubs in washable/disposable laundry bag	 Perform hand hygiene as per Your Four Moments of Hand Hygiene	 Wipe work shoes down and leave at work
 Bring lunch in disposable bag	 Use dedicated equipment in patient rooms as much as possible	 Shower at work or immediately when home
 Do not wear nail polish and use proper hand hygiene	 No handshaking or high fives	 Leave outside shoes in garage or outside front door
	 Ensure you follow prevention measures in break rooms, change rooms and meeting rooms	 Put water bottles and plastic containers in dishwasher
	 Wear appropriate PPE as directed, including eye protection and a mask	 Put clothing and washable laundry bag into washer
		 Focus on wellness activities at least 1 hour per day
		 Avoid in-person social gatherings outside of your household. Wear a mask in indoor public spaces.

7.6 Housekeeping Quick Reference: Enhanced Cleaning during COVID-19

- This guide supports housekeeping staff with cleaning and disinfection best practice during COVID-19 but does not replace housekeeping education
- Share the guide with housekeeping leadership and staff at your site
- Fraser Health Owned and Operated sites can order through Print Shop:
 - Option A: paper copy/poster (Print shop #258850)
 - Option B: recipe card (can be laminated and attached to housekeeping carts)
- Please click on poster image to access printable version.

7.6.1 Option A: paper copy/poster

Housekeeping Quick Reference: Enhanced Cleaning During COVID-19

Wear Personal Protective Equipment

- Wear a mask and eye protection **at all times** while in resident / tenant areas (including hallways).
- Wear gloves when doing housekeeping tasks (such as resupplying, cleaning, or moving items and equipment).
- When cleaning rooms on Isolation Precautions, follow the isolation protocol for putting on and taking off an isolation gown and gloves.

Clean the unit or facility at least 2 times a day.
Use approved cleaning and disinfecting products.

1. First clean of the day (daily clean)
 - Clean and disinfect the unit or area.
2. Second clean of the day (enhance clean)
 - Done 6 to 8 hours after the first clean.
 - Clean and disinfect:
 - frequently touched surfaces and areas
 - resident / tenant rooms on Isolation Precautions

Use a 2-Step cleaning process every time

1. **Clean** the surface.
 - Use a cleaning solution or wipe to rub with enough pressure to remove visible stains, spills, and dirt on surfaces.
2. **Disinfect** the surface.
 - Use disinfectant wipes. If wipes are not available, use a cloth soaked in disinfecting solution.
 - Allow the surface to remain wet for the length of time stated on the maker's instructions. Allow to air dry.

Follow enhanced cleaning practices

- When using a bucket of cleaning and disinfecting solution:
 - Use fresh cloths for each resident / tenant space.
 - Start from clean to dirty areas and high to low surfaces.
 - Do not reuse a cloth in the solution (no double dipping).
- Use only one housekeeping cart on a COVID alert or outbreak unit. Do not take the cart to other units or areas.

Examples of Frequently Touched Surfaces and Areas

Resident / Tenant Room	Facility Unit and Common areas
<ul style="list-style-type: none"> • Door knobs/handles • Light switches • Telephone • Alcohol-based hand-rub dispensers • Bed rails and bed controls • Bed side tables • Over-bed light • Bedside chair • TV controller • Call button/pull cord • Cupboard/drawer handles • Window sills • Drapery pull rod and cord handles 	<ul style="list-style-type: none"> • Ceiling lift handles and controls • Mobility aid handles (e.g. wheelchair, walker, cane) • Medical equipment: <ul style="list-style-type: none"> - wall-mounted (e.g. suction, oxygen) - mobile (e.g. IV pole/pump, respiratory equipment) • Laundry hamper (top surface) • Bathroom <ul style="list-style-type: none"> - hand/shower, sink, counter - soap dispenser - grab bars - flush handle, toilet seat - paper towel dispenser
	<ul style="list-style-type: none"> • Door knobs, handles, and counter • Light switches • Telephone • Alcohol-based hand-rub dispensers • Access key pads • Handicare door buttons • Hand rails • Common areas (stairs, table tops, kitchenette) • Clean storage room sink and counter • Solid Utility Room sink and counter • Nursing / Care Team Station (counter, chair, keyboards) • Medication room (sink, counter, outside surface of fume machine) • Staff rooms • Staff washrooms <ul style="list-style-type: none"> - hand/shower, sink, counter - soap dispenser - flush handle, toilet seat - paper towel dispenser

©2020 | JUNE 16, 2020

Prepared by the LTC/AL Coordination Centre. Reviewed by Infection Control

7.6.2 Option B: recipe card

Housekeeping Quick Reference: Enhanced Cleaning During COVID-19

Wear Personal Protective Equipment

- Wear a mask and eye protection **at all times** while in resident / tenant areas (including hallways).
- Wear gloves when doing housekeeping tasks (such as resupplying, cleaning, or moving items and equipment).
- When cleaning rooms on Isolation Precautions, follow the isolation protocol for putting on and taking off an isolation gown and gloves.

Clean the unit or facility at least 2 times a day.
Use approved cleaning and disinfecting products.

1. First clean of the day (daily clean)
 - Clean and disinfect the unit or area.
2. Second clean of the day (enhance clean)
 - Done 6 to 8 hours after the first clean.
 - Clean and disinfect:
 - frequently touched surfaces and areas
 - resident / tenant rooms on Isolation Precautions

Use a 2-Step cleaning process every time

1. **Clean** the surface.
 - Use a cleaning solution or wipe to rub with enough pressure to remove visible stains, spills, and dirt on surfaces.
2. **Disinfect** the surface.
 - Use disinfectant wipes. If wipes are not available, use a cloth soaked in disinfecting solution.
 - Allow the surface to remain wet for the length of time stated on the maker's instructions. Allow to air dry.

Follow enhanced cleaning practices

- When using a bucket of cleaning and disinfecting solution:
 - Use fresh cloths for each resident / tenant space.
 - Start from clean to dirty areas and high to low surfaces.
 - Do not reuse a cloth in the solution (no double dipping).
- Use only one housekeeping cart on a COVID alert or outbreak unit. Do not take the cart to other units or areas.

Housekeeping Quick Reference: Enhanced Cleaning During COVID-19

Wear Personal Protective Equipment

- Wear a mask and eye protection **at all times** while in resident / tenant areas (including hallways).
- Wear gloves when doing housekeeping tasks (such as resupplying, cleaning, or moving items and equipment).
- When cleaning rooms on Isolation Precautions, follow the isolation protocol for putting on and taking off an isolation gown and gloves.

Clean the unit or facility at least 2 times a day.
Use approved cleaning and disinfecting products.

1. First clean of the day (daily clean)
 - Clean and disinfect the unit or area.
2. Second clean of the day (enhance clean)
 - Done 6 to 8 hours after the first clean.
 - Clean and disinfect:
 - frequently touched surfaces and areas
 - resident / tenant rooms on Isolation Precautions

Use a 2-Step cleaning process every time

1. **Clean** the surface.
 - Use a cleaning solution or wipe to rub with enough pressure to remove visible stains, spills, and dirt on surfaces.
2. **Disinfect** the surface.
 - Use disinfectant wipes. If wipes are not available, use a cloth soaked in disinfecting solution.
 - Allow the surface to remain wet for the length of time stated on the maker's instructions. Allow to air dry.

Follow enhanced cleaning practices

- When using a bucket of cleaning and disinfecting solution:
 - Use fresh cloths for each resident / tenant space.
 - Start from clean to dirty areas and high to low surfaces.
 - Do not reuse a cloth in the solution (no double dipping).
- Use only one housekeeping cart on a COVID alert or outbreak unit. Do not take the cart to other units or areas.

Long Term Care, Assisted Living, and Independent Living

7.7 Respiratory Etiquette

Please click on the image below to access a printable version of this poster on respiratory etiquette to encourage staff, clients and visitors to cover coughs and sneezes and stop the spread of COVID-19.



7.8 Help Conserve the Use of PPE

Please click on the image below to access a printable version of this poster on helping conserve the use of personal protective equipment. A larger 11X17 version of the poster may be accessed [here](#).

Help Conserve the Use of Personal Protective Equipment

Long-Term Care and Assisted Living

When caring for residents / tenants without respiratory or gastrointestinal symptoms

- ☒ **Wear a mask and eye protection at all times while working in resident / tenant areas.** 
- ☒ **Clean your hands before entering and when leaving a resident / tenant room.** 
- ☒ **Follow your routine practices and precautions when dealing with blood and body fluids.** 

When caring for residents / tenants with respiratory or gastrointestinal symptoms

- ☒ **Follow Droplet Precautions.** 
- ☒ **Wear a mask and eye protection at all times while working in resident / tenant areas.** 
- ☒ **Clean your hands before entering and when leaving the ill person's room.** 
- ☒ **Put on gown and gloves before entering the ill person's room.** 
- ☒ **Remove the gown and gloves before leaving the ill person's room.** 

Extended wearing of masks

Only change the mask when:

- Leaving the resident / tenant area on a break.
- The mask is wet, damaged, or visibly dirty.

If you touch your mask, clean your hands right away.

To change your mask:

- Remove it.
- Clean your hands.
- Put on a new mask.

Extended wearing of reusable eye protection

Put on gloves before cleaning eye protection.

Clean hands after putting on eye protection.

If you touch your eye protection, clean your hands right away.

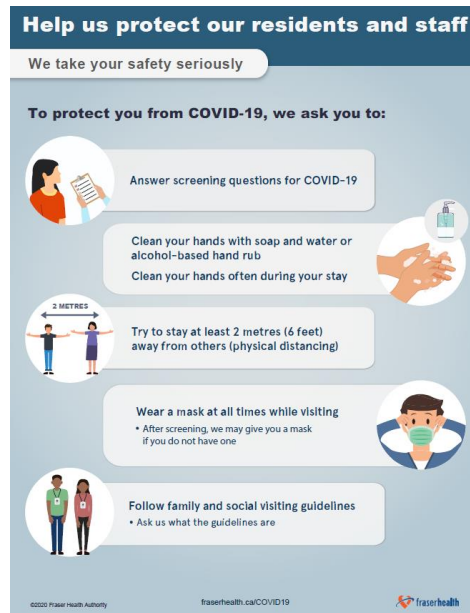
You can reuse the eye protection from day to day.

Clean your eye protection:

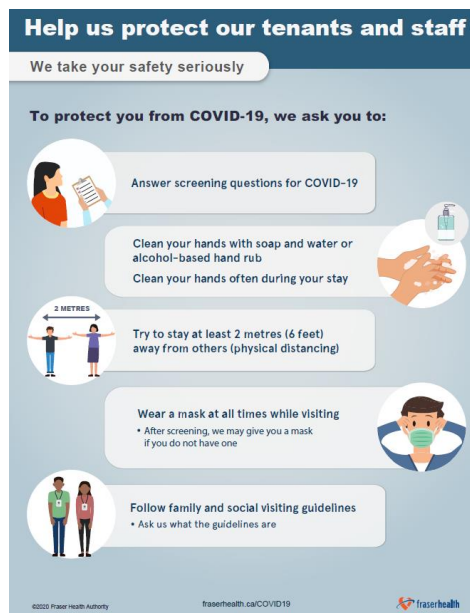
- Before leaving on a break.
- When visibly dirty.

June 2020
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7.9 Long Term Care Visitor Poster



7.10 Assisted Living Visitor Poster



7.11 Staying Safe During Your Break Poster



8.0 Clinical Practice Resources

8.1 Pharmaceutical Measures

Fraser Health currently does not recommend the use of unproven therapies for COVID-19 outside of a clinical trial. For more information, please see http://www.bccdc.ca/Health-Professionals-Site/Documents/Guidelines_Unproven_Therapies_COVID-19.pdf

8.2 Skills Checklist - Nasopharyngeal Swab

To support staff in collecting a nasopharyngeal swab, please click on the image below to access the full skills checklist document.

	✓ Satisfactory	U Unsatisfactory	Not performed
Collecting and nasopharyngeal specimen for Culture: Swab Method			
1. Reviewed the practitioner's orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Checked the expiry date and integrity of the swab packet before use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Performed hand hygiene and donned gloves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Had the nasopharyngeal swab (on flexible wire) and the culture tube ready for use. If using a prepackaged culture swab in a tube, loosened the top, so that the swab could be removed easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Donned personal protective equipment (PPE) (goggles and droplet precautions) before taking swab, per Fraser Health Infection Control Manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Introduced self to patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Verified the correct patient using two identifiers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Explained the procedure to the patient and ensured that he or she agreed to treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assessed the nasal mucosa and sinuses and observed for any drainage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Determined if the patient experienced postnasal drip, sinus headache or tenderness, nasal congestion, or sore throat, or if he or she had been exposed to others with symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Assessed the condition of the posterior pharynx.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Patients with copious nasal discharge gently cleaned their nose by wiping or using a tissue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Assessed the patient for deviated septum, previous nasal surgery, and/or nasal polyps. Asked if the patient had a preferred side or nose to have their test taken on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Instructed the patient to sit erect in bed or in a chair facing the nurse and inclined the head approximately 45° to 70°. If patient was unable to sit in a chair, instructed to lie back against the bed with the head of the bed raised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Estimated the distance to the nasopharynx, prior to swab insertion, measured distance from corner of the nose to the front of the ear, and inserted the swab to approximately half this distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Gently inserted swab perpendicular to the face along the medial part of the septum, along the base of the nose, until it reached the posterior nasopharynx. Inserted swab straight back, perpendicular to the face, NOT upwards towards the eyes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Did not force the swab, if resistance or obstruction was felt on the side, tried the other nostril.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Gently advanced the swab to the nasopharynx until resistance was met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Rolled or rotated the swab gently several times (e.g. 5 to 10 seconds) around inside of the nasal passage and along the floor of the nasal cavity to collect respiratory cells. Gently removed the swab from the nose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Inserted the swab into the end of a sterile transport media and broke the swab at the scored line so it did not protrude above the rim of the transport media container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Placed the top securely on the culture tube.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Offered the patient a tissue to use to wipe his or her nose if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Removed PPE equipment and performed hand hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. In the presence of the patient, labelled the specimen per the organization's practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Prepared specimen for transport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Placed the labelled specimen in a biohazard bag.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Recorded on the laboratory requisition if the patient was taking an antibiotic or if a specific organism was suspected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Immediately transported the specimen to the laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Discarded supplies, removed gloves, and performed hand hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Documented procedure in the patient's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____	Performed by: _____		
Time: _____	Observed by: _____		

8.3 Collecting a Nasopharyngeal Specimen for Culture

Please click on the image below to access the full quick sheet for collecting a nasopharyngeal specimen.

Quick Sheet: Collecting a Nasopharyngeal Specimen for Culture: Swab Method
Source: Clinical Skills - Elsevier Performance Manager

ALERT

Do not attempt to collect a throat specimen for culture if acute epiglottitis is suspected because trauma from the swab may cause increased edema resulting in airway occlusion.

Collect nasopharyngeal specimens within 3 days of symptom onset if possible but no later than 7 days of symptom onset and before the start of antimicrobial therapy.

Assessment:


1. Perform hand hygiene before patient contact.
2. Introduce yourself to the patient.
3. Verify the correct patient using two identifiers.
4. Assess the patient's understanding of the purpose of the procedure and his or her ability to cooperate.
5. Assess the nasal mucosa and sinuses and observe for any drainage.
6. Determine if the patient experiences postnasal drip, sinus headache or tenderness, nasal congestion, or sore throat or if he or she has been exposed to others with similar symptoms.
7. Assess the condition of the posterior pharynx.
8. Assess the patient for systemic signs of infection.
9. Review the practitioner's orders to determine if a nasal specimen, throat specimen, or both are needed.
10. Plan to collect the specimen before mealtime to avoid contamination.
11. Obtain assistance for collecting throat specimens from confused, combative, or unconscious patients.

The following video demonstrates how to perform a nasopharyngeal swab:

<https://youtu.be/f0xSKPm8lKA>

8.4 Fraser Health Transportation of Dangerous Goods SOP

Please click on the image below to access standard operation procedures for the transportation of dangerous goods. This document should be referenced to ensure proper handling of nasopharyngeal swab.



 Standard Operating Procedure Transportation of Dangerous Goods – Coronavirus (COVID-19) Specimens	
SITE APPLICABILITY:	
Fraser Health Community, Residential, Home Health	
PURPOSE:	
To provide direction on TDG education and process for preparing Coronavirus (COVID-19) specimens during the COVID-19 pandemic.	
SCOPE:	
This procedure is applicable to all non-acute FH staff who have been assigned to transport COVID-19 specimens such as Nasopharyngeal (NP) swabs via motor vehicle on a public roadway. This does not apply to transportation of purified COVID-19 viral samples, other infectious substances, or dangerous goods.	
This procedure does not apply to transportation of infectious substances via walking or cycling as it is not regulated under the Transportation of Dangerous Goods (TDG) regulation. In this circumstance, exercise good judgement and transport in a manner that will protect against spillage (i.e. double bagging).	
This procedure expires December 31, 2020 and must be reviewed in January 2021 to ensure it meets the current Transportation of Dangerous Goods regulation. Should the Transportation of Dangerous Goods regulation change prior to January 2021, this document must be reviewed for currency.	
RESPONSIBILITIES:	
Program Directors will ensure:	
<ul style="list-style-type: none"> Managers and Supervisors are familiar with the contents and their responsibilities under this procedure. Facilities are provided with the resources required to apply the procedure. 	
Program Manager / Supervisors / delegate will ensure:	
<ul style="list-style-type: none"> Staff tasked with shipping COVID-19 swab samples complete the required education module. Staff are orientated and educated on the processes outlined in the procedure and manager signs education certificate. Maintenance of original education certificates for all staff at the site. The clinic has an active CANUTEC registration. To register go to https://www3.isc.ca/canreginfo/register.htm Staff have been provided with the equipment required to apply the procedure both for transport and spillage response. In the event of any spillage or release of the infectious substance (outside of the primary packaging): <ul style="list-style-type: none"> while at the clinic contact Nuor Environmental Services at 1-844-542-9628. while in transport, contact and report incident to the Canadian Transport Emergency Centre (CANUTEC) 1-888-CAN-UTEC (226-8832), 615-896-6666 or *686 on a cellular phone. 	
Staff will:	
<ul style="list-style-type: none"> Complete the required online education. Review and follow the procedures outlined in this document. Ensure when transporting products within the scope of this procedure to utilize the supplies needed under this procedure. In the event of any spillage or release of the infectious substance (outside of the primary packaging) 	

Version 1.2 | Date May 28, 2020 | Replaces: April 30, 2020 | Originally created: April 7, 2020 Page 1 of 7

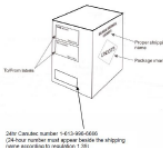
8.4.1 LTC & AL: Packaging Lab Specimens for Fraser Health or BCCDC Laboratories



LTC & AL: Packaging Lab Specimens for
Fraser Health or BCCDC Laboratories

1. Collect and label specimen(s)
2. Place specimen(s) in biohazard bag
 - Add an absorbent pad
 - Complete requisition – include
 - Date and time of collection
 - Source of specimen
 - Seal and insert lab requisition into pocket
3. Place biohazard bag into an UN3373 Certified Packing System
 - Add Itemized list of contents
-See number 4.

Sample Box from uline.ca
Item # to 5-18284 (Kits/5)
4. Itemized List of Contents

Number of items #	Type of sample Nasopharyngeal (NP) swab	Suspect Pathogen Covid-19	UN Rating 3373
5. Attach the following labels:
 - (a) Shipper name/address
 - (b) Lab name/address
 - (c) CANUTEC-24 hours emergency
Contact 1-888-CAN-UTEC

24hr Contact Number 1-877-888-0888
(24-hour number must appear beside the shipping
name and address) (Regulation 1.25)
6. Secure package with packaging tape
– to help prevent tampering
7. Your package is now ready for shipment

Fraser Health – Long-Term Care Services
Version: July 23, 2020


8.4.2 Online Education for Transportation of Dangerous Goods – Land and Air

To access the online education Learning Hub course #6335 “NHA – WHS – Transportation of Dangerous Goods – Land and Air”:

- Staff must create a Learning Hub account to access the course
- Your browser must have Flash Player enabled – try different browsers (e.g. Internet Explorer, Google Chrome, Firefox, Safari etc.)
- It is best to use a desktop computer instead of a mobile browser (e.g. smartphone, tablet)
- Suggest to take notes throughout the course to help with completing the quiz
- If you have difficulty printing the certificate after completing Part 1(land transport), you can take a screenshot or picture of the certificate and print it off for manager to sign
- After completing the online course, complete Competency Assessment for COVID-19 Specimen (see Appendix C of Fraser Health Transportation of Dangerous Goods Procedure)

8.5 Regional Pre-Printed Orders for COVID-19 - LTC

Please click on the image below to access a printable version of regional pre-printed order for COVID-19 confirmed or presumed clients.


**Regional Pre-Printed Orders for
COVID-19 Confirmed or Presumed
Long-Term Care (LTC)**

Form ID: DPO0107351C Rev: October 20, 2020 Page: 1 of 2

☒ **Mandatory** ☐ **Optional: Prescriber check (+) to initiate, cross out and initial any orders not indicated.**

- Review Advance Care Planning documents (ACP) Record, Advance Directive, Representation Agreements, Identification of Substitute Decision Maker (SDM) List
- Initiate or engage in conversations (utilize Serious Illness Conversation Guide (SICG SDM COVID-19)), document on ACP Record
- Update MOST with resident & SDM based on above
- If a transfer to acute care is recommended by the MRP, MRP to call receiving ER physician to discuss and accept transfer before calling EHS. Resident to wear a surgical/procedure mask during transportation.

INFECTION PREVENTION AND CONTROL:

- Cohort and isolate (with droplet precautions) all residents with suspected or confirmed COVID-19.
- Ensure staff have reviewed proper donning and doffing techniques
- Stop all Aerosol Generating Procedures (AGP) including nebulized medications, CPAP, nocturnal BiPAP and high flow oxygen for all residents in the facility unless deemed clinically essential.
- Start nocturnal oxygen instead of CPAP treatment. If nocturnal BiPAP use is essential, the resident should be in a private room, on airborne precautions.

MONITORING:

- Vital signs (BP, HR, RR, O₂, Temperature) once daily and as clinically required
- Monitor resident's clinical status, symptoms, and comfort twice per shift
- Use O₂ PRN up to 6 L/min via Nasal Prong to maintain an O₂ sat of 92% or greater
- If on O₂ 6 L/min via Nasal Prong and resident unable to maintain an O₂ sat greater than 92%, continue O₂ at 6 L/min and start medications to support comfort with shortness of breath (see page 2, shortness of breath section).

MEDICATIONS:

ANALGESICS AND ANTIPYRETICS:

- Treat fever only if presenting with associated discomfort:
- acetaminophen** 650 mg PO/rectal Q6H PRN for pain/fever

Select one of the following:

☐ Maximum **acetaminophen** from all sources 4000 mg per 24 hours

OR

☐ Maximum **acetaminophen** from all sources 2000 mg in 24 hours (advanced liver disease)

<small>Date (dd/mm/yyyy)</small>	<small>Time</small>	<small>Prescriber Signature</small>	<small>Printed Name and College ID#</small>

Print Shop # 263493

8.6 Supporting clients living with dementia

Clients who are unable to follow directions to isolate in their room, or who are on the move from room to room during a COVID-19 pandemic, will present a challenge to care providers. Efforts to contain the spreading of germs will require creative approaches and patience. It is paramount that we continue to adopt a least restrictive approach by using strategies that might mitigate risks to ensure the safety and well-being for all.

- Continue to use a behavioural tracking sheet, analyze what needs might be unmet, and find ways to meet those
- Use technology to help a client maintain contact with family members to help ease any anxiety
- Be mindful that care provider's anxiety/emotions might be mirrored by clients through a behavioural response (e.g. if you're anxious & tense it will rub off). Pause and self-evaluate what energy you're bringing into each interaction
- People living with dementia might also react to (e.g. be frightened and have responsive behaviours) familiar care providers that now look unfamiliar due to a face surgical/procedural mask, goggles & other PPE
- Take extra time to explain who you are, why you are there, and seek understanding/permission before proceeding with personal care/entering the client's personal space
- Monitor for environmental stimuli that can contribute to anxiety, fear and behaviours e.g. information about the pandemic via staff conversations & TV/radio broadcasting. Take measures to limit this exposure
- Avoid leaving contaminated PPE available for the client to manipulate
- Hand hygiene important for clients during this time should be attempted on a more regular basis. Ask if they want to wash their hands and provide a rationale. Try a joke or sing a song about hand washing as you guide in hand washing
- Encourage/assist client with hand washing after going to the toilet, before & after eating, after sneezing, coughing and touching their face. Try applying hand sanitizer by way of a hand massage
- Encourage client to cough or sneeze into their arm or into a tissue/cloth then discard & wash clients hands
- If client is coughing, try applying a surgical/procedural mask if tolerated especially if client goes into common areas and or is entering other client's rooms
- Consider closing client bedroom doors if preferred and/or tolerated
- Watch a 35 minute video interview with Teepa Snow titled Managing dementia care in the time of COVID-19. <https://www.beingpatient.com/teepa-snow-managing-dementia-care-in-the-time-of-covid-19/>

References

British Geriatrics Society. March 25, 2020. Managing COVID-19 Pandemic in Care Homes. Good practice guide. Available @ <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>

DementiAbility© (2020). Hand & personal hygiene in dementia care. Available @ <https://www.dementiability.com/resources/Hand-Hygiene-in-dementia-care.pdf>

Fraser Health Authority (2019). Infection Prevention and Control Manual. Respiratory Outbreak.

8.7 Serious Illness Conversations: Tool for Clinicians

Please click on the image below to access the full tool to guide clinicians in serious illness conversations, with a specific script adaptation for COVID-19.

SERIOUS ILLNESS CONVERSATION GUIDE A CONVERSATION TOOL FOR CLINICIANS Adaptation for COVID-19	
<p>The purpose of this scripted guide is to discuss potential outcomes of possible COVID-19 infection with at risk adults prior to a health crisis, including the elderly, those with chronic conditions (eg. heart/lung/renal disease, diabetes) or immunocompromised patients (eg. cancer, HIV/AIDS, transplant recipients). The intention is to open up dialogue and to introduce possible limitations to critical care interventions - eg. they may not be a candidate for ventilation, or for transfer to hospital. It is not intended to be a conversation to convince patients/clients to change their MOST status. This guide is to learn more about patients.</p>	
CONVERSATION FLOW	GUIDED SCRIPT
1. Set up the conversation <ul style="list-style-type: none"> Introduce purpose Prepare for future decisions Ask permission 	<p>"I'd like to talk with you about COVID-19 and what may be ahead for you and your care. I would also like to hear from you about what is important to you so that we can make sure we provide you with the care you want if you get sick with COVID-19 - is this okay?"</p>
<i>Transition conversation to Step 2. Utilize paraphrasing and demonstrate empathy to let them know they've been heard.</i>	
2. Assess COVID-19 understanding and preferences	<p>"What is your understanding about COVID-19 and how it is affecting at risk people?" "How much information would you like from me about COVID-19 and what is likely to be ahead if you get sick with it?" "How are you coping during this time of uncertainty?"</p>
<i>Transition conversation to Step 3. Utilize paraphrasing and demonstrate empathy to let them know they've been heard.</i>	
3. Share prognosis <ul style="list-style-type: none"> Share prognosis <i>Cautions: purpose is not to provide patient education</i> Frame as a "wish...worry" "hope...wonder" statement Allow silence, explore emotion 	<p>"I want to share with you our current understanding of COVID-19 and how it affects people at risk, specifically those like you with (specific health condition(s), eg. heart/lung/renal disease, cancer, diabetes, etc.)."</p> <p>"COVID-19 is a virus that spreads through contact with liquid droplets when someone coughs or sneezes, often entering through our eyes, nose or throat if you are in close contact. We know that it is particularly serious for vulnerable people, especially for those who have other health problems. It can also cause other very severe problems."</p> <p>"It can be difficult to predict what will happen if you get sick with COVID-19. I hope it would not be severe and that you will continue to live well at (current place of residence, home, assisted living, long term care, etc.)."</p> <p>"But I'm worried that as an adult with other health problems, you could get sick quickly and that you are at risk of dying. I think it is important for us to prepare for that possibility."</p>
<i>Transition conversation to Step 4 by allowing for silence. Consider exploring emotion. Refer to SIC Clinicians Reference Guide for more scripted language on common difficult responses (eg. tears, anger, denial). March 26, 2020</i>	
Form ID: XXG10733A, Rev. Mar 26, 2020 Page 1 of 2	

Resources

- [Healthcare Provider Serious Illness Resources](#)
- [Clinician Reference Guide: Strategies for Common Scenarios](#)
- [Public Advance Care Planning Resources](#)

8.8 Serious Illness Conversation Guide for Substitute Decision Makers

Please click on the image below to access the full tool to guide clinicians in serious illness conversations with substitute decision makers, with a specific script adaptation for COVID-19.

SERIOUS ILLNESS CONVERSATION GUIDE
SUBSTITUTE DECISION MAKERS
 A CONVERSATION TOOL FOR CLINICIANS
 Adaptation for COVID-19


CONVERSATION FLOW	GUIDED SCRIPT								
4. Explore key topics <ul style="list-style-type: none"> Meaning Fears and worries Sources of strength Family/People that matter Best care 	<p>"What would your _____ say is most important to him/her right now? What means the most to your _____ and gives his/her life meaning?"</p> <p>"What would your _____ say are his/her biggest fears and worries about the future and his/her health?"</p> <p>"What gives your _____ and you strength as you think about the future?"</p> <p>"How much do your _____ other family/people that matter to him/her know about his/her priorities and wishes?"</p> <p>"Is there anything else that we need to know about your _____ so that we can give him/her the best care possible?"</p>								
<i>Transition conversation to Step 5. Utilize paraphrasing and demonstrate empathy to let them know they've been heard.</i>									
5. Reassurance	<p>"We want you to know that our priority is to ensure that your _____ is cared for and comfortable if he/she becomes sicker. Regardless of the medical treatments that he/she gets or does not get, his/her health care team will always provide treatments to help make him/her feel better. So it is important to let us know if your _____ gets a new cough, fever, shortness of breath or other signs that his/her health is changing. We will continue to support you and your _____ as best we can to get the right help for him/her."</p>								
<i>Transition conversation to Step 6. Utilize paraphrasing and demonstrate empathy to let them know they've been heard.</i>									
6. Close the conversation <ul style="list-style-type: none"> Summarize what you've heard Make a recommendation within your scope of practice Check in with patient Affirm commitment <p><i>*Refer to Serious Illness Clinician Reference Guide for additional help with recommendations (page 18)*</i></p>	<p>"I've heard you say that _____ is really important to your _____. Keeping that in mind, and what we know about COVID-19 and his/her current health, I recommend" that we...."</p> <table border="1"> <tbody> <tr> <td>Focus: Wellbeing</td> <td>"Talk again in a few days, to reassess where your _____ is at."</td> </tr> <tr> <td>Focus: Illness</td> <td>"Talk with your _____'s primary care providers." "Make plans for care at home."</td> </tr> <tr> <td>Focus: Support System</td> <td>"Talk to your _____'s other family/people that matter to him/her."</td> </tr> <tr> <td>Focus: Help</td> <td>"Get you and other family/people that matter more information about risks and benefits regarding specific critical care treatments (eg. restarting their heart or using a breathing machine)."</td> </tr> </tbody> </table>	Focus: Wellbeing	"Talk again in a few days, to reassess where your _____ is at."	Focus: Illness	"Talk with your _____'s primary care providers." "Make plans for care at home."	Focus: Support System	"Talk to your _____'s other family/people that matter to him/her."	Focus: Help	"Get you and other family/people that matter more information about risks and benefits regarding specific critical care treatments (eg. restarting their heart or using a breathing machine)."
Focus: Wellbeing	"Talk again in a few days, to reassess where your _____ is at."								
Focus: Illness	"Talk with your _____'s primary care providers." "Make plans for care at home."								
Focus: Support System	"Talk to your _____'s other family/people that matter to him/her."								
Focus: Help	"Get you and other family/people that matter more information about risks and benefits regarding specific critical care treatments (eg. restarting their heart or using a breathing machine)."								
7. Document your conversation on the ACP Record and fax if non-acute setting. Communicate with primary care providers. Store in GreenScribe if paper charts are used in your setting.	<p>"How does this seem to you?"</p> <p>"I know this is a scary time for all of us. We will do everything we can to help you through this."</p>								
8. Communicate with key clinicians.									

Adapted from © 2018, American Lung Association Center for Health Systems Innovation (www.ashis.org) and Center for Patient-Centered Innovation. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International license. Adapted from original tool: Hoffman, L. and D. B. and Care Planning in Transition: Health Care. ashis@fraserhealth.ca

Form ID: XXQ107365A; Rev: April 06, 2020 Page 2 of 2


8.9 LTC Short Term Care Plan

Please click on image below to access the Caring for Residents with COVID-19 Short Term Care Plan for LTC.

 Caring for Resident with COVID-19 – Short Term Care Plan		Resident ID
Date: April 1, 2020 V7		Page: 1 of 2
Focus of Care	Check all interventions that apply	
Serious Illness Conversations (SIC)	<input type="checkbox"/> Ensure current Serious Illness Conversation, Goals of Care, Advanced Care Planning & MOST are updated on file after any discussion between MRP/ie resident/family/decision-maker prior to & when COVID-19 diagnosis confirmed <input type="checkbox"/> Align interventions based on SIC (including medication reconciliation) <input type="checkbox"/> On-going Serious Illness Conversation (SIC) as condition changes	
Actively dying	<input type="checkbox"/> Refer to Actively Dying Protocol & PPO	
Infection Prevention & Control	<input type="checkbox"/> Isolation in single room ideal <input type="checkbox"/> Ensure a 2-metre distance (6 feet) between infected person and non-infected residents e.g. curtain between residents in a shared room <input type="checkbox"/> Personal Protection Equipment (PPE) must be worn by staff for close contact (e.g. surgical/face mask, eye protection, gown, gloves). Proper PPE donning & doffing is critical <input type="checkbox"/> Equipment should be stored in resident's room & follow cleaning protocols for reusable equipment <input type="checkbox"/> Ensure frequent resident and staff hand washing <input type="checkbox"/> Monitor for signs & symptoms of pneumonia & sepsis <input type="checkbox"/> Ensure mouth care maintained to prevent pneumonia	
Vital signs	<input type="checkbox"/> Monitor temperature, respirations, O2 saturation, BP & pulse, auscultate lungs/chest as ordered or required	
Hydration	<input type="checkbox"/> Encourage sufficient oral fluids to maintain hydration	
Artificial hydration ordered - hypodermoclysis	<input type="checkbox"/> Follow MRP's order for hypodermoclysis if prescribed <input type="checkbox"/> Ensure supplies available e.g. appropriate solution, tubing, pole, subcutaneous (sc) butterfly needles <input type="checkbox"/> Change sc catheter in situ q24-48 hours, tubing q86 hours, solution q24 hour <input type="checkbox"/> Monitor for complications due to artificial hydration e.g. sc site swelling, redness, leaking, bruising, burning/pain <input type="checkbox"/> Record all forms of fluid on intake sheet including outputs	
Dyspnea, Hypoxemia, Cough	<input type="checkbox"/> Follow MRP's orders for oxygen therapy via nasal prongs (e.g. <8 lpm) <input type="checkbox"/> Follow MRP's medication orders if prescribed. Evaluate response & report to prescriber <input type="checkbox"/> Use Metered Dose Inhaler (MDI) with spacer and or with spacer mask as ordered	
Pain Management	<input type="checkbox"/> Administer opioids as prescribed & review PRN use to titrate dose <input type="checkbox"/> Monitor pain behavior <input type="checkbox"/> Evaluate response e.g. relief or excess sedation & report to prescriber	
Mobility & Skin care	<input type="checkbox"/> Keep head of bed at 30 degrees and foot of bed at 15 degrees, unless instructed not to do so <input type="checkbox"/> Establish a turning schedule	
Behavioural change	<input type="checkbox"/> Observe for hyper/hypoactivity, fluctuations in cognition, function & behavior, or excessive sedation <input type="checkbox"/> Track behavioral changes to determine underlying causes, risks & interventions <input type="checkbox"/> Rule out/delirium <input type="checkbox"/> Administer medications to manage behaviour if prescribed	
Psychosocial needs	<input type="checkbox"/> Observe, listen & validate verbal & non-verbal communications re: worries, fears <input type="checkbox"/> Use technology if appropriate to connect resident with family or spiritual care etc.	

8.10 Hypodermoclysis in Long Term Care – Lesson Plan

Please contact CNE for education support as required and to access the full lesson plan below.

 Caring for a Resident with COVID-19 Lesson Plan: Hypodermoclysis		April 9, 2020 V2
Title of Session: Hypodermoclysis for residents during COVID-19 pandemic		Who are the learners (target audience)? Long-term care nurses & healthcare assistants
Goal: For LTC staff to have the knowledge and feel confident in caring for resident with hypodermoclysis		Length of session: 40-45 mins
Learning Intentions/Objectives: 1. Define hypodermoclysis 2. Describe the increased risk for dehydration in older adults 3. Describe indications for use of hypodermoclysis 4. Demonstrate good knowledge of related equipment 5. Recognize complications and interventions to take		
Required pre-workshop participant preparation: Nurses to refresh SC https://point-of-care.elsevierperformancemanager.com/skills/9100/quick-sheet/skillId=ZZ_0121 Med admin Intermittent and continuous https://point-of-care.elsevierperformancemanager.com/skills/379/quick-sheet/skillId=GN_21_9		
Time	Learning Objective	Learning Activity
5 mins	Create a safe learning environment	Introduction: Discussion with learners about their knowledge of HDC Check in: Acknowledge any reluctance, fears associated with new skill Provide reassurance
5 mins	Hook: Objectives 1 and 2	Lecture: What is hypodermoclysis and why use in LTC? Slides 2 to 10 Emphasize quality of life and preventing hospitalization

8.11 AL Short Term Care Plan

Please click on image below to access the Care Plan for tenants with COVID-19 in Assisted Living.



Care Plan for Tenants with COVID-19 in Assisted Living

Collaboration Between AL Community Health Nurse (CHN) and AL Site Nurse When There is a Tenant with Positive COVID-19

Topic	Nurse Actions/Needs	Notes/Comments	Date/Initial
Review MOST	<input type="checkbox"/> Ensure MOST is up to date and on client's fridge <input type="checkbox"/> Ask tenant/family to connect with Most Responsible Physician (MRP) to discuss their wishes		
End of Life	<input type="checkbox"/> Consult with AL CHN to make referral to Home Health palliative team <input type="checkbox"/> Follow processes recommended by team		
Infection Prevention & Control	<input type="checkbox"/> If screening is positive, isolate tenant as soon as possible <input type="checkbox"/> Review AL Infection Control Toolkit (Respiratory Outbreak protocols sections) <input type="checkbox"/> Review Fraser Health COVID-19 Resource Toolkit: AL Screening Algorithm, Swabbing Processes, PPE Education, training NP swabs for nurses, FH AL COVID-19 updates <input type="checkbox"/> Review supplies (PPE, swabs)		
Hydration	<input type="checkbox"/> Monitor fluid intake/output (e.g. check meal trays, asking tenant about voiding, checking continence products etc.) <input type="checkbox"/> Use fluid intake/output sheet as indicated		
Medications	<input type="checkbox"/> Review tenant's supply of medication (e.g. expiration dates, supply etc.) <input type="checkbox"/> Review best possible medication history		
Dyspnea, Hypoxemia, Cough	<input type="checkbox"/> Consult with Community Respiratory Services as required <input type="checkbox"/> Ensure tenant has sufficient oxygen supplies (e.g. O2 tanks, nasal prongs) <input type="checkbox"/> If tenant has an order for oxygen 1 to 6 L/min use nasal prongs. <input type="checkbox"/> If tenant has an order for 5 to 10 L/min use O2 mask. N95 respirator is required for aerosol-generating procedures (AGP). Refer to AGP standard operating procedures. <input type="checkbox"/> Ask MRP to change nebulizers to metered-dose inhaler to decrease aerosols		

Original: April 2020. Revised December 2020.

Approved by LTC-AL Coordination Centre: December 22, 2020

8.12 Guidelines for CPR in Clients with COVID-19

Please click on the image below for the full document guiding the uncommon practice of cardio pulmonary resuscitation (CPR) in LTC.

COVID-19

November 17, 2020

Uncommon Practice: Cardio Pulmonary Resuscitation (CPR) in Long-Term Care (CPR – C2)

CPR is not attempted on a resident who has suffered an unwitnessed cardiac arrest. Please ensure families are aware that CPR will not be initiated for a non-witnessed arrest.

WITNESSED ARREST ONLY (The following applies to ALL cases of CPR administration for the duration of the COVID-19 pandemic due to risk of inadvertent COVID-19 transmission)


1. Call 911
2. Keep the resident in the same room.
3. If required, clear space by moving other residents out of the area. If not possible to remove other residents, apply procedure mask to them.
4. Staff must wear the required PPE: eye protection (face shield/goggles), procedure mask, gown and gloves.
5. Apply a procedure mask to the resident.
6. Start COMPRESSIONS ONLY. NO ventilations.
7. If resident is on droplet precautions and/or ventilations are initiated by the code team or BC Ambulance Service, then all team members must wear a N95 respirator in addition to eye protection, gowns and gloves.

For resources on Aerosol Generating Procedures (AGP) see:
<http://media.fraserhealth.com/assets/documents/COVID-19%20AGP%20Procedures%20for%20LTC%20and%20AL.pdf>

Note most residents are frail and vulnerable and M1-M3 DNR.


Preventative proactive conversations should occur to ensure all residents have updated goals of care documented and the Medical Orders Scope of Treatment reflects the wishes and preferences of the resident. Included in the conversation are explanations of COVID-19 and possible outcomes of a COVID-19 confirmed diagnosis.

Source Information: Acute Care AGP: Consultation with Emily Boorman CNS Critical Care, LTC Physician COVID-19 Task Force, FH Infection Prevention and Control

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Prepared by Long Term Care/Assisted Living Coordination Centre
Updated: November 17, 2020


8.13 Step Down from Outbreak: A Balanced Approach

For a phased approach on gradually increasing activities in a planned way that meets Infection Prevention and Control guidelines refer to the following document



CLINICAL PROTOCOL: Step-Down from Outbreak: A Balanced Approach

Page: 1 of 13

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

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

1. BACKGROUND:

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

2. SCOPE:

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

3. DEFINITIONS:

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

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

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

Facility: Registered Assisted Living and Licensed Long Term Care

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

8.14 Prevention of Spread Protocol – Residents Living with Dementia

For information on protocols to prevent the spread of COVID-19 with residents living with dementia, refer to the following document.

Version		Date	Comments / Changes
1.0		November 2020	Initial Clinical Protocol Released

1. PURPOSE
This protocol provides guidance for care teams supporting people living with neurocognitive impairment (e.g. dementia) in long-term care (LTC) who are at risk of becoming infected with and spreading Coronavirus-19 (COVID-19) to others. A balanced approach is required, that is inclusive of respecting the human rights of the person living with a cognitive impairment while balancing that with protecting other residents and care providers in the home.

2. BACKGROUND
A large proportion of adults living in LTC homes have a neurocognitive disorder (e.g. dementia)⁶. Close to 90% of people with dementia are affected by Behavioural & Psychological Symptoms of Dementia (BPSD) such as agitation, anxiety, disinhibition and delusions⁷. Due to the neurocognitive impairment, the individual may forget the COVID-19 prevention and protection measures and/or may not be able to follow direction with regards to same. Ethical and clinical decision-making is required to ensure the safety of residents and others working in or visiting LTC during a pandemic. Non-pharmaceutical approaches continue to be the mainstay for treating people with dementia who are restless or wander, even during COVID-19 pandemic^{11-17, 18}.

Approximately 8 in 10 COVID-19-related deaths in Canada have occurred in LTC⁹. The fatalities at that time in LTC were associated with the high prevalence of frailty and chronic diseases of residents that contracted COVID-19¹⁰. As a result, residents with cognitive impairment who need support with hand hygiene, isolation and physical distancing should be identified early and have an individualized care plan developed and evaluated in an on-going basis.

The British Columbia Centre for Disease Control (BCCDC) released a document [COVID-19 Ethics Analysis: Intervening When Patients or Residents Pose a Risk of COVID-19 Transmission to Others](#) that is a key source of information guiding this work. The evidence is slowly emerging around the best infection prevention and control measures to prevent COVID-19 exposure and transmission, in addition to updated dementia care practices during the pandemic are being shared.

3. DEFINITIONS

Behavioural & Psychological Disorders of Dementia (BPSD) - Refers to symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia¹².

Behavioural Support Transition Neighbourhood (BSTN) - Separate neighbourhoods within Fraser Health care homes specifically for residents living with a dementia who have responsive behaviours (e.g. hitting, cursing or kicking) that are a safety concern for the resident or others¹³.

Coronavirus-19 (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 the new coronavirus has been named COVID-19¹⁴.

Major Neurocognitive Disorder - Person shows "evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition)"¹⁵.

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8.15 Transitional Care Plan during COVID-19 – Moving in Form

To access the transitional care plan moving in form, refer to the following document.

Form ID: Rev. November 2020		Page 1 of 1
TRANSITIONAL CARE PLAN DURING COVID-19 - MOVING IN - FORM DRAFT - IN DEVELOPMENT		
Support System on Move in: Substitute Decision Maker (SDM): Phone # Essential Visitor (if different from SDM): Phone # Family/Social Visitor (if different from SDM or Essential Visitor): Phone #		
Current location: <input type="checkbox"/> Hospital <input type="checkbox"/> Community <input type="checkbox"/> Care home <input type="checkbox"/> Other:		
Destination: Date & Time of Move: Room set up: <input type="checkbox"/> In advance <input type="checkbox"/> On day of move Arrival plan: Who will set up room? Transportation plan: Key personal items permitted: SDM able to enter home <input type="checkbox"/> Yes <input type="checkbox"/> No Have screening protocols been reviewed with SDM? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the SDM been informed of Essential Visitor and Family/Social Visitor roles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to bring personal items into the home		
14-Day Isolation Care Plan Strategies: include activities that promote social, sensory, movement, intellectual and emotional needs (e.g. virtual visits, room set up, 1:1 activities, Essential Visitor role)		
COVID-19 Infection Prevention Control Measures (e.g. photo ID, visual or verbal cues/reminders, hand hygiene, J and Swabbing Support Strategies (e.g. redirection, distraction, familiar face during procedure)) <input type="checkbox"/> Identify early what triggers responsive behaviour (e.g. unfamiliar staff, face shield/mask, lack of family presence)		

8.16 Pro-Attention Plan 2020

The Pro-Attention plan is an efficient and objective way to provide clients with needed attention at a more convenient time for the care providers and other team members. For more information and to access this tool please refer to the following document.

PRO-ATTENTION PLAN - INSTRUCTIONS	Patient information
Page 1 of 2	
<p>What a Pro-Attention Plan is</p> <p>The Pro-Attention Plan is an efficient, objective way to provide the person with needed attention at a more convenient time for the care providers and other team members. The premise of the Pro-Attention Plan is to give attention before the individual seeks out attention in ways that can be disturbing to others. Also, it is important that this attention is separate from providing care, administering medications and meals.</p> <p>Using the pro-attention plan has a high success rate for decreasing the frequency of behaviours negatively identified as 'attention-seeking'. The individual receives approximately a half an hour of extra attention/week than previously received. The plan helps the person feel the team is being more responsive to his or her needs. The team is responding to the person using a positive and validating approach. A reported difference in the individual's behaviour can occur after this plan has been utilized consistently for approximately one week. Often, plan implementation decreases as the team feels it is less necessary (usually one month).</p> <p>Planning the Pro-Attention Plan</p> <ul style="list-style-type: none"> Members of the care team sign up for this pro-attention approach. At least five team members are preferred; these can include a volunteer, chaplain, social work, recreation therapy, registered staff, Director of Care, etc. Each team member chooses a time slot (min. one/week, maximum 7/week). The time slots are either for the morning or the afternoon, as opposed to a specific time. These timeframes allow for enhanced flexibility as the care team member has a block of time within which to visit or call the individual. <p>Spending "Pro-Attention" Time with the Person</p> <ul style="list-style-type: none"> Each team member provides three minutes of attention, within his or her morning or afternoon time slot. This amount of time, though short, is enough to be noticed and appreciated by the person, yet practical enough to accommodate any care team schedule. The Pro-attention plan can be used with the person who is severely impaired or the person who is functioning at a higher level of cognitive ability. To accommodate for varying capabilities, simply alter the three-minute activity. Team members are cautioned not to spend the three minutes interrogating the person (i.e. asking them how he or she feels, what the person has for breakfast, what he or she doing today, did she or he hear from the family member, etc). Team members can allow the person to spend the time complaining about his or her physical illness, speaking about his or her psychiatric disorder, etc., if that is his or her wish. Some may worry that this is "feeding into" the person's behaviours or thought disorders; however, the team can be assured that this attention would make the individual feel better, not make the behaviours worse. <p><small>P.I.E.C.E.S.™ A Model for Collaborative Care and Changing Practice, used with permission from the P.I.E.C.E.S.™ Canada Consult Group. Adapted from P.I.E.C.E.S. Resource Manual, 4th Edition (P.1) pages 50-52.</small></p>	

9.0 LTC Physician Resources

Physician resources and latest updates can be found here:

<https://www.fraserhealth.ca/covid19ltc>

9.1 Physician Clinical Pathway

Please click on the image below to access the full Clinical Decision Pathway for clinicians managing the care of LTC residents with COVID-19.

Clinical Decision Pathway COVID-19 in LTC Residents

This algorithm assumes Public Health Authorities are involved and are coordinating outbreak in facility, and is meant to aid clinicians to manage care of residents with COVID-19 LTC.

