

LTC COVID-19 Outbreak Operations Checklist

18 September 2020

	Completed
Vancouver Coastal Health	
VCH Operations Director schedules an internal SWAT meeting with Communications, Logistics, Risk Management/Client Relations, Medical Health Officer, CLEAR Team	
VCH Operations Leader contacts care home leadership to review immediate requirements, and schedule daily teleconferences.	
Medical Health Officer mobilizes the CLEAR Team on Day 1 to support care home staff, leadership and assess infection control needs	
MHO provides letters to residents, family and staff to notify of an outbreak	
Contact information for the VCH Family Support Line is included in the resident and family letter	
MHO advises Communicable Disease Control to add care home to the VCH Facility Outbreak Bulletin	
Public Health assesses staff risk of exposure, and provides direction for testing and/or 14-day isolation, and return to work	
Schedule daily t-cons: Site Leadership, Medical Health Officer, CLEAR Team, Public Health and care home Medical Coordinator	
Care Home	
Distribute MHO letters to residents, families and staff	
Identify a single contact person to work with VCH Operations Lead	
Set up an operations centre with WiFi and cellular service. Large white board and care home floor plans are required for operations centre	
Post outbreak notices on care home website and main entrance	
In consultation with the CLEAR team, establish one directional entry and exit for staff	
Place red dots outside of COVID+ resident room for cleaning and care staff	
Cohort staff to work in outbreak area/unit only. Ensure staff do not work in outbreak and non-outbreak areas	
Establish space for staff to change clothing/uniforms, and dedicate space for staff personal belongings	
Monitor PPE supply and calculate daily usage to sustain contact and droplet precautions for residents	
Beginning with the outbreak area/unit, set-up PPE carts and garbage disposal outside each resident room	
Schedule routine care huddles: Who are you worried about? <ul style="list-style-type: none"> - COVID + residents - Anxious/worried residents 	
Under direction of the MHO, move COVID +ve residents in shared rooms to a private room	

	Completed
Care Home	
Email the following information to the VCH Operations Lead: <ul style="list-style-type: none"> o Site Floor Plans o Confirmation of the number of residents occupying the different floors/neighbourhoods o Visitor Log o Staff List (names, occupation, DOB, PHN, phone numbers) o Contractor lists, including housekeeping, food services, maintenance, admin, etc. o Baseline staffing schedule for care and non-care staff o List of Resident with room numbers and PHNs o Dates initial case(s) were outside of care home for medical and/or social visits for the 14 days prior to symptom onset 	
Assign tasks/roles for allied and support staff (see below)	
Establish a staff communication board with key messages and regular updates	
Review business continuity plan for anticipating a drop in staffing levels to 75% for the first few days of the outbreak	
Develop a plan to support families with PPE education, donning/doffing for their EOL visits	
Develop a process to manage personal belongings after COVID +ve residents pass away; such as plastic storage totes	
Request staff training and fitting for N95 masks if residents require AGMPs	
Review companion education and requirements	

Tasks/roles for allied and support staff

RD: review diets, meal delivery processes and transition to single serve items

: identify residents at risk of decreased intake with isolation who will need support for meals

: develop a hydration plan for residents at risk of dehydration

OT: identify COVID +ve residents at risk of skin breakdown while restricted to room, and ensure appropriate seating and surfaces in bed

: Identify residents who need support with meals, and assign competent staff to assist

PT: identify residents at risk of significant mobility/ contracture risk – develop a plan for RA and/or nursing/ Rec staff to mobilize/ walk/ reposition as appropriate

Rehab: to follow OT / PT direction to support residents with mobility, meals, positioning, pressure injury prevention etc.

Recreation: identify residents at risk of mood and behaviour changes with isolation and routine

changes. Schedule appointments with residents and family for virtual visits and with residents for recreation therapy to address mood/ behaviour risk

Social Work: support for family communications → send/receive emails, phone calls, virtual visits

Maintenance: extra spot cleaning, garbage removal, ABHR placement, and general duties such as wrapping furniture, setting up command centres, etc.

Administrative: assistance to create contact lists, photocopying, setting up the command centre

Human Resources: staff scheduling, managing sick calls, provide emotional support of staff

Office of the VCH Medical Health Officer:

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