

Long Term Care COVID-19 Containment Plan

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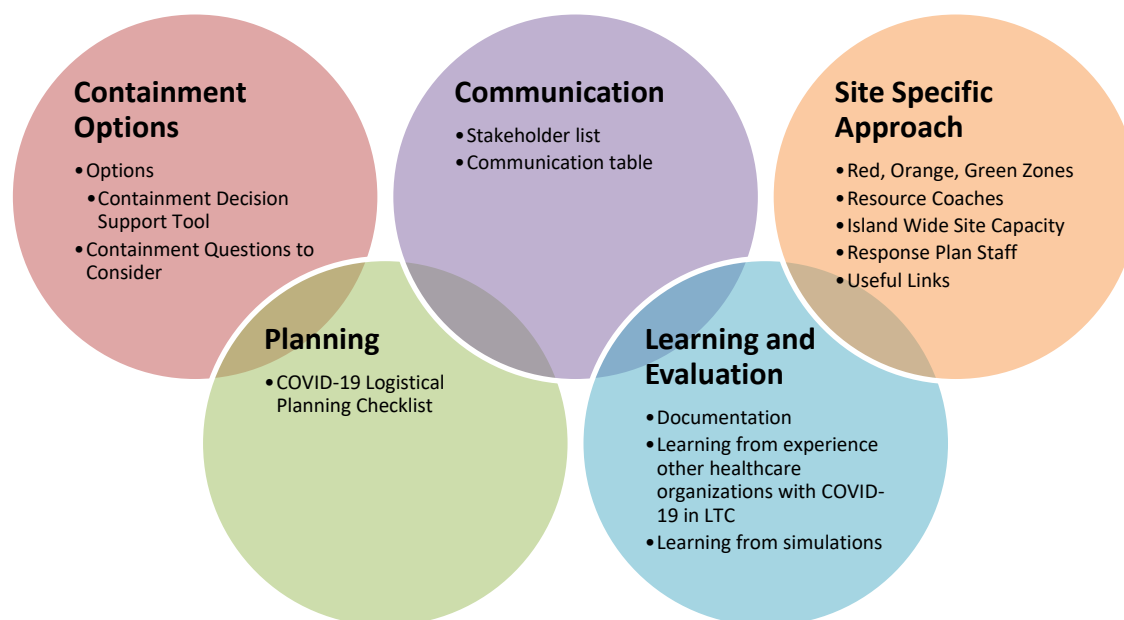
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LTC COVID-19 CONTAINMENT PLAN

1.1. Overview

The Long-Term Care (LTC) COVID-19 Containment Plan working group has outlined the following criteria and guiding rationale to help sites prepare in the event a COVID-19 outbreak occurs and requires containment. This plan is a companion to the clinical guideline, [COVID-19 LTC Response Protocol](#), which outlines clinical actions and management in the event of an impending or confirmed outbreak. This plan extends to all LTC sites whether they are owned and operated, contracted, or private. While the situation will differ based on number of affected residents, severity of resident illness, and location of outbreak, the aim of the containment plan is to provide guiding questions, information, and tools to assist in developing a LTC site-based plan. This plan is intended to work in conjunction with the other policies, procedures and guidelines around the management of COVID-19 in LTC which can be found on the [Intranet](#) and as detailed in section 2.5. Useful Links. In order to organize the approach to the containment plan the working group divided information into the following categories:



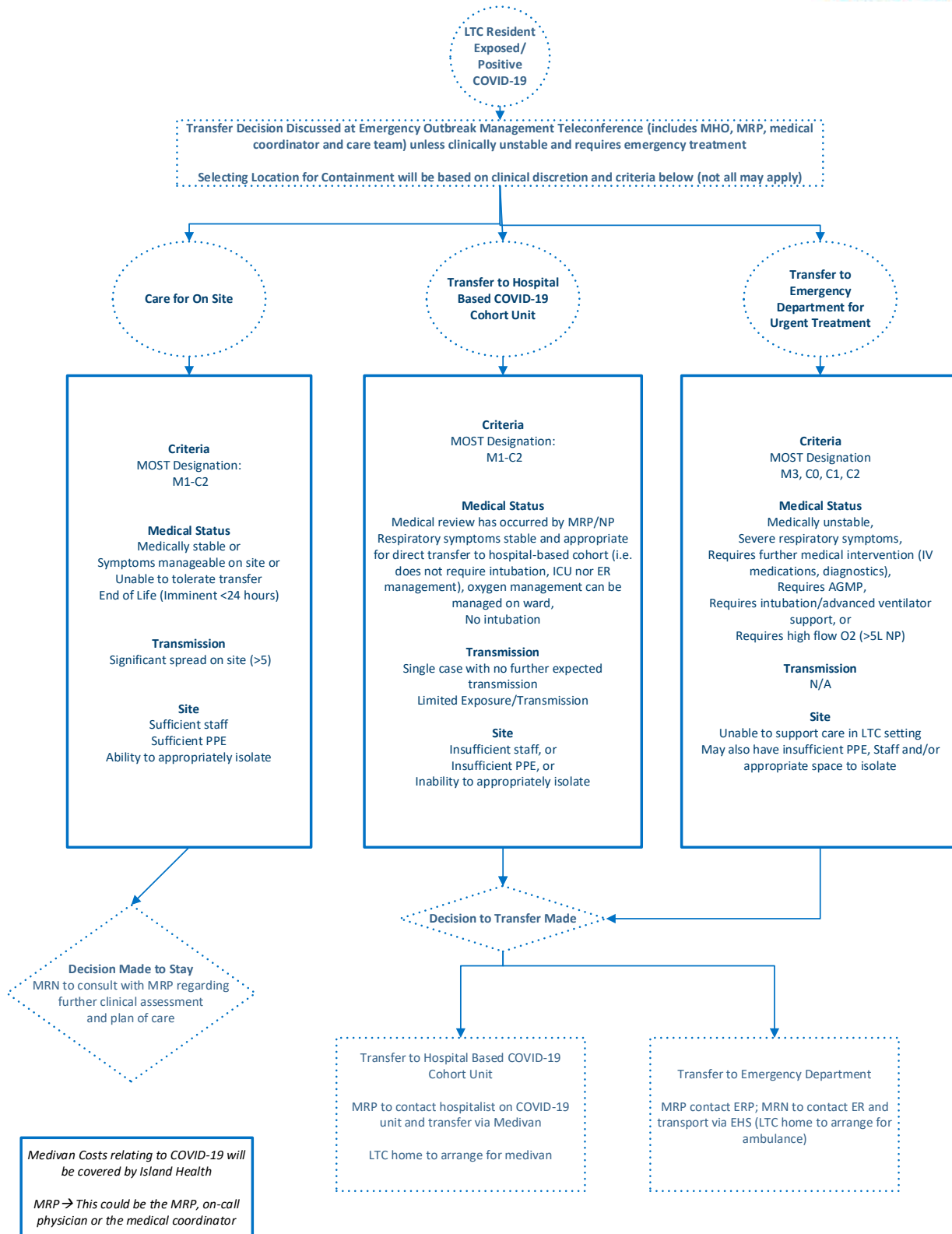
The containment plan has been subsequently divided into two segments: The first addresses LTC program-wide strategy and approach, the second addresses the site-specific approach.

PART 1: LTC PROGRAM CONTAINMENT STRATEGY

1.2. Containment Options

In the event of a COVID-19 outbreak in LTC, efforts will be made to contain the spread of the virus. For the residents, this may require being cared for on-site, transported to a hospital-based COVID-19 cohort unit, or transported to the Emergency Department for urgent treatment and decisions about disposition. The following tool was developed to communicate when a transfer may occur versus when residents may remain on site:

LTC COVID-19 Exposure/Positive Resident Transfer Decision Support Tool



1.3. Containment Questions

In determining the appropriate location for resident(s) exposed to or infected with COVID-19, the following guiding questions may apply:

- **Number of symptomatic or confirmed positive residents**
 - Care for on-site
 - Does the site have sufficient space to isolate exposed, symptomatic, and/or confirmed positive residents from asymptomatic and non-infected residents?
 - Does the site have available a sufficient number of staff to care for each resident(s) on contact and droplet precautions?
 - Does the site have sufficient availability of PPE to protect all staff?
 - Can symptoms be appropriately managed on site?
 - The decision to remain on site may be based upon:
 - The number of infected residents can be safely managed on-site with appropriate PPE and staff, and
 - Resident's symptoms do not require emergency intervention
 - There are too many residents to safely transport and care for in a hospital based COVID-19 cohort unit
 - Transfer to hospital based COVID-19 cohort unit
 - Can residents be transported safely to the cohort unit?
 - i.e. does BC Ambulance have capacity to transfer the number of residents in question?
 - Can symptoms be better managed in a hospital based COVID-19 cohort unit?
 - Is a hospital based COVID-19 cohort unit available for COVID-19 positive residents to occupy?
 - Are there enough beds in the hospital based COVID-19 cohort unit for the number of residents requiring transfer?
 - Will transferring residents to a hospital based COVID-19 cohort unit help limit further spread and/or remedy site variables that prevent appropriate care on-site?
 - i.e. site staff are not coming to work and additional Response Plan staff are insufficient to meet care needs
 - The decision to transport residents to a hospital based COVID-19 cohort unit could be based upon:
 - A hospital based COVID-19 cohort unit is available, has capacity for residents to be transferred and discussion has happened with hospital administrative and medical leadership.
 - Resident(s) symptoms exceed what can be managed on-site but do not require emergency care
 - There are too many infected residents to isolate and care for on-site and number is low enough that transfer is logistically viable
 - The site does not have sufficient staff (even with Response Plan staff deployment) to appropriately provide care
 - The site does not have sufficient PPE to meet infection control requirements to prevent spread
 - Transferring residents to a hospital based COVID-19 cohort unit significantly reduces the risk of spread
 - Transfer to Emergency Department

- Has the resident's MOST been reviewed and wishes been taken into consideration?
 - Has discussion happened with the ERP and hospital leadership?
- The decision to transport to the Emergency Department could be based upon:
 - The resident's symptoms exceed what can be managed on-site or in a hospital based COVID-19 cohort unit and they need stabilization in the emergency department. They have an M3, C1, C0 or C2 designation
- **Exposure**
 - How many residents have been exposed?
 - Could the resident(s) be appropriately cared for on site without risking further spread?
 - i.e. is there only a single or limited number of cases with a risk of further spread if they remain at site
 - Is it more appropriate to transport affected residents to a hospital based COVID-19 cohort unit?
 - Do symptoms require emergency intervention (consult resident's MOST)?
- **Acuity of illness**
 - Can resident symptoms be managed on-site?
 - Would resident benefit from treatment in a hospital based COVID-19 cohort unit?
 - Does resident symptoms require emergency intervention and stabilization (consult resident's MOST)

1.4. Planning

In the event of an outbreak, more specifically if the decision is to remain on site, the following items need to be considered:

COVID-19 Planning Checklist	
<ul style="list-style-type: none"> - PPE <ul style="list-style-type: none"> ○ Gloves ○ Masks ○ Gowns ○ Goggles/ face shields 	<ul style="list-style-type: none"> - Designated COVID-19 Equipment & Supplies <ul style="list-style-type: none"> ○ Swabs ○ Mattresses ○ Supplies (i.e. tubing, wound care, signage) ○ O₂ concentrators ○ Commodes ○ Trays ○ Over-bed tables ○ Carts ○ Tube feed equipment ○ Portable Vitals Machine (aka nurse on a stick) ○ BP cuffs ○ Pulse Oximeters ○ Physical barriers (i.e. plexiglass and screens) <p>Note – Equipment should be dedicated and labeled for a single resident and not shared</p> <p>Sites should consider ordering additional supplies (those under \$5000)</p>

COVID-19 Planning Checklist	
	<p>Sites are to email Dan Slamet to request extra equipment</p> <p>Food services to sources additional trays and food related equipment</p>
<ul style="list-style-type: none"> - Site Pandemic Plan - Tools required for implementing Containment Zones (see Red, Orange and Green Zones) 	<ul style="list-style-type: none"> - Staffing <ul style="list-style-type: none"> o Are staffing levels sufficient for the next 72 hours? o If no – what has the site done to optimize staffing levels? - Is Response Plan Staff Deployment required (see Response Plan Staff below) <ul style="list-style-type: none"> o HCAs, RNs, LPNs, Housekeepers and Food Service Workers willing to be re-deployed to the impacted site have been identified in each Geo as needed o Site FAQ available for distribution
<ul style="list-style-type: none"> - Transport Requirements for <ul style="list-style-type: none"> o Staff o Residents o Equipment 	<ul style="list-style-type: none"> - Available hospital based COVID-19 cohort unit capacity

1.5. Governance

The following stakeholders are required to implement the containment strategy:

- Geographic Medical Health Officer
- LTC Medical Director
- LTC Executive Director
- LTC Director
- LTC Operations Director
- Infection Control and/or Communicable Disease
- Site Manager/ Director of Care
- MRP
- Site Medical Coordinator
- Island Health Licensing & Environmental Health Officer

Meeting frequency among those listed above will be determined during Emergency Outbreak Management teleconference and will occur as often as required.

1.6. Communication

Communication on how the containment strategy will be implemented will be communicated to the following stakeholders by the identified lead:

Stakeholder	Lead(s)
Ministry of Health	Island Health Communications and Patient & Public Engagement
Provincial Health Officer & BC CDC	Medical Health Officer
Island Health Executives	Executive Director Long Term Care; Island Health Communications and Patient & Public Engagement
Medical Health Officer	As per Response Protocol – ED Long Term Care to notify MHO
Infection Control/Communicable Disease	As per Response Protocol – ICP/CD consulted at PUI phase by MRN and throughout outbreak protocol
Public Health (Communicable Disease, Licensing & Environmental Health Team)	As per Response Protocol – MHO would involve additional Public Health Response team members as required.
Physician(s)/Medical Coordinator	As per Response Protocol – MRP (MD/NP) consulted at PUI phase by MRN and throughout outbreak protocol As per Response Protocol – Medical Coordinator notified by site operator/manager
Site Manager/Director of Care	As per Response Protocol – Site Manager/DOC notified at PIU phase by MRN and throughout outbreak protocol
LTC Director	As per Response Protocol – Site Manager/DOC to notify LTC Director
LTC Executive Director	As per Response Protocol – LTC Director to notify LTC Executive Director
Supporting Island Health Programs: Support Services, Licensing, Staffing, HR etc.	As per Response Protocol – LTC Director to notify LTC Executive Director
Families/TDSM	Island Health Communications and Patient & Public Engagement with Operations Manager or Site Director of Care following EOC (see Response Protocol)
Staff	LTC Director and Operations Director or Director of Care

Stakeholder	Lead(s)
Contact Tracing	COVID-19 virtual monitoring (CVM) team, Public Health, IPAC or OH&S based on location and specifics of outbreak
Acute Care: COVID-19 Cohort Unit	Long-term Care Executive Director during Incident management meeting (see Response Protocol); Most Responsible Provider & Clinical Staff (see Appendix 5 Response Protocol)

1.7. Learning and Evaluation

Documentation

When an outbreak is declared at an LTC site the [Response Protocol](#) is activated and meetings are documented including containment methods employed over time in the appropriate tracking tool. The tracking tool can then be used for evaluation and retrospective review of actions taken. Administrative support for the Executive Director or Director of LTC will be available to document the relevant information during the Emergency Outbreak Management call(s) and Incident Management teleconference as required.

*Note – a review of what tracking tool is most appropriate is currently under review

Learning from Experience

- Based on learnings in other care homes - the likelihood of COVID-19 outbreaks are associated with:
 - Asymptomatic spread
 - Lapses in use of PPE and hand hygiene
 - Poor social distancing in staff congregate areas (i.e. lapses in use of PPE in lunch rooms)
 - Decreases in appropriate staffing levels
 - Increasing incidence of COVID-19 in the public health unit surrounding the facility
 - The number of residents in the facility (more residents, more staff to bring COVID into facility)
 - Older design standards
 - Sites which have had outbreaks – such as an influenza outbreak – showed a tendency to do better likely due to more experience with outbreak protocols,
 - Simulations are a good way to prepare sites for an outbreak

Learnings from Simulations



COVID-19 Long-term Care System-Level Simulations

Highlights of Lessons Learned

- Simulation participants were consistently reassured by the depth and breadth of organizational support that can come to bear during an outbreak
- Typical outbreak interventions (e.g. strict hand hygiene, appropriate PPE use, isolation, restricting activities) remain the cornerstone of outbreak management
- The simulations were helpful in reinforcing and refining the escalating communication process. However, not every site will get the chance to participate in a simulation, so it's important to regularly communicate about the process
- During an outbreak, the default tends to be to be that action items get assigned to the site manager. The LTC leadership team needs to support site managers with the operational tasks related to outbreak management
- The response team was often deployed in person to sites, rather than providing virtual support. This strategy may need to change based on number of concurrent outbreaks in LTC/AL
- Understand the key resources necessary to manage outbreak: staff, PPE, swabs, hand sanitizer, medical supplies, equipment (e.g. trays, housekeeping supplies), etc.
- Have a pool of clinical and support staff that can be rapidly deployed across Island Health to support containment
- LTC and Logistics collaborated on an enhanced process to support temporary staff accommodation during the first 72 hours of an outbreak

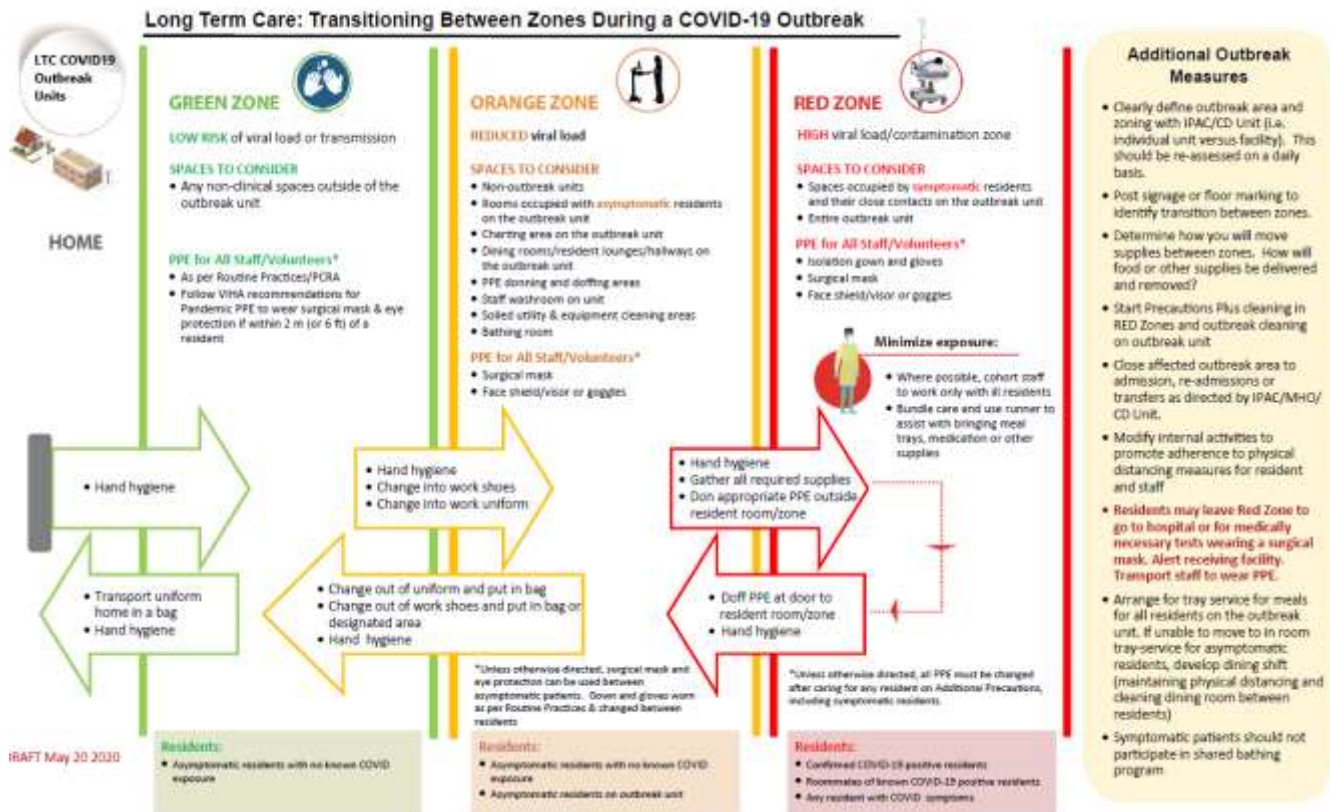
Recommendations for Site Leadership

- Have a good understanding of the escalating communication required in the event of an outbreak. Ensure your key leaders are aware of the process and how they would need to be involved. Encourage your team (and yourself!) to observe a simulation to maximize exposure to outbreak management
- Be prepared to discuss clinical outbreak management, including challenges to widespread swab testing, transport considerations for COVID+ residents, # of AGMPs on site, and clinical status of residents
- Think about the layout of your site and liaise with your COVID coach regarding strategies you may have to use to safely contain an outbreak on site
- Ensure contact information for your Medical Coordinator / Physicians / NP is available to staff on site
- Have an email list of designated family members and/or TSDMs that would be need to be notified of outbreak status in a timely manner (an information bulletin will be provided by Island Health Communications to send out to this list)
- Consider who on site will oversee/direct response team members who may be deployed to your site to help support you
- Maintain a good understanding of your current inventory of key resources (e.g. staff, PPE, swabs, hand sanitizer, medical supplies, equipment) and be prepared to highlight what resources your site needs in order to manage the outbreak
- Know what staffing levels need to be to support widespread testing, clinical monitoring, and outbreak restrictions. Have a plan for how you would cohort staff to separate those who manage COVID+ vs. non-symptomatic residents
- Develop a temporary accommodation plan for staff

PART 2: SITE SPECIFIC CONTAINMENT APPROACH

2.1 Red, Orange and Green Zones

Sites will require a plan for implementing Red, Orange and Green Zones in their facility in the event of an outbreak. Below is a diagram of how to identify and operate with in each of these zones:



2.2 COVID-19 Resource Coaches

COVID-19 Resource Coaches are available to provide "in the moment" support for each site depending on what is needed such as:

- Support for leadership as needed
 - o Can help out with a variety of tasks i.e. making phone calls to family
- Support staff and answer questions/provide information
 - o Can provide education for staff depending on need i.e. handwashing, donning and doffing of PPE, how to do a nasal swab
- Ensure correct signage is posted at site
- Update COVID-19 binder with communications
- Facilitate tabletop or video simulations as needed to educate staff
- Assist with securing PPE and maintaining adequate supply

Please Note: **COVID coaches cannot be pulled into clinical duties**

2.3 Island Wide LTC Site Capacity

The table below depicts all of the sites with Island Health funded LTC beds and whether the site is composed of single or shared rooms. This is important information in determining what the site's capacity may be with regards to containing the spread of COVID-19 should a case occur at that site.

City	Facility Name	Operator (Name)	Owner Type	Room Type	Total LTC Beds
Victoria	Aberdeen Hospital	Vancouver Island Health Authority	HA	Mostly shared rooms	100
Shawnigan Lake	Acacia Ty Mawr	Acacia Ty Mawr Holdings Ltd.	PFP	33 single and 1 double room	35
Parksville	Arrowsmith Lodge	Arrowsmith Health Care (2011) Society	PNP	All single rooms	75
Sooke	Ayre Manor	Sooke Elderly Citizens Housing Society	PNP	All single rooms	33
Victoria	Beacon Hill Villa	Beacon Hill Villa 3LLP	PFP	66 single and 7 double rooms	80
Victoria	Beckley Farm Lodge	Broadmead Care Society	PNP	All single rooms	64
Brentwood Bay	Brentwood House	Beacon Community Services	PNP	All single rooms	17
Duncan	Cairnsmore Place	Vancouver Island Health Authority	HA	8 single, 4 double, and 21 four bed rooms	100
Duncan	Cerwydden Care Home	Cerwydden Care Centre Partnership	PFP	50 single rooms, 4 shared rooms	56
Nanaimo	Chartwell Malaspina Care Residence	CSH (Malaspina Gardens) LP	PFP	All single rooms	136
Chemainus	Chemainus Health Care Centre	Vancouver Island Health Authority	HA	55 single and 10 double rooms	75
Courtenay	Comox Valley Seniors Village	Courtenay Senior Village 3LLP	PFP	132 single rooms, and 2 double rooms	132
Alert Bay	Cormorant Island Health Centre	Vancouver Island Health Authority	HA	All single rooms	10
Cumberland	Cumberland Lodge	Vancouver Island Health Authority	HA	40 single and 13 double rooms	66
Campbell River	Discovery Harbour Care Centre	Discovery Harbour Care Centre Partnership	PFP	144 single rooms, 2 double rooms	148
Nanaimo	Dufferin Place	Vancouver Island Health Authority	HA	14 single, 8 double and 29 four-bed rooms	146
Qualicum Beach	Eagle Park Health Care Facility	Vancouver Island Health Authority	HA	55 single and 5 double rooms	65
Port Hardy	Eagle Ridge Manor (Port Hardy Hospital)	Vancouver Island Health Authority	HA	All single rooms	22
Port Alberni	Echo Village	Alberni Clayoquot Continuing Care Society	PNP	All single rooms	67
Nanaimo	Eden Gardens	Nanaimo Travellers Lodge Society	PNP	All single rooms	130
Campbell River	Evergreen Seniors Home	Evergreen Seniors Home Inc.	PFP	62 single rooms and 2 double rooms	64
Port Alberni	Fir Park Village	Alberni Clayoquot Continuing Care Society	PNP	All single rooms	66
Courtenay	Glacier View Lodge	Glacier View Lodge Society	PNP	All single rooms	102
Victoria	Glengarry Hospital	Vancouver Island Health Authority	HA	25 single, 15 double, 4 three-bed, and 17 four-bed rooms	135
Victoria	Glenwarren Lodge	Revera LTC Managing GP Inc.	PFP	46 single, 20 double, and 11 4-bed rooms	130
Victoria	Gorge Road Hospital	Vancouver Island Health Authority	HA	12 single, 6 double, 9 three-bed, and 15 four-bed rooms	111
Salt Spring Island	Greenwoods	Greenwoods Elder Care Society	PNP	All single rooms	51
Victoria	James Bay Care Centre	Revera LTC Managing GP Inc.	PFP	95 single and 10 double rooms	115
Nanaimo	Kiwanis Village Lodge	Nanaimo District Senior Citizens' Housing Development Society	PNP	All single rooms	75

City	Facility Name	Operator (Name)	Owner Type	Room Type	Total LTC Beds
Salt Spring Island	Lady Minto Hospital	Vancouver Island Health Authority	HA	1 single, 4 double, and 5 four bed rooms	29
Victoria	Luther Court Society	Luther Court Society	PNP	All single rooms	60
Victoria	Mount St. Mary Hospital	Marie Esther Society	PNP	184 single and 8 double rooms	200
Nanaimo	Nanaimo Seniors Village	Nanaimo Senior Village 3LLP	PFP	All single rooms	150
Victoria	Nigel House	Broadmead Care Society	PNP	35 single and 3 double rooms	41
Ladysmith	Oyster Harbour Seniors Community	Oyster Harbour Seniors Community Partnership	PFP	87 single and 1 double rooms	89
Qualicum Beach	Qualicum Manor	Qualicum Manor Ltd.	PFP	34 single and 13 double rooms	60
Sidney	Rest Haven Lodge	Broadmead Care Society	PNP	All single rooms	73
Saanichton	Saanich Peninsula Hospital	Vancouver Island Health Authority	HA	17 single, 5 double, and 29 four-bed rooms	143
Victoria	Selkirk Seniors Village	Selkirk Senior Village 3LLP	PFP	195 single and 11 double rooms	217
Sidney	Sidney Care Home	Hurst Management Ltd.	PFP	44 single and 3 double rooms	49
Brentwood Bay	Sluggett House	Beacon Community Services	PNP	All single rooms	16
Parksville	Stanford Seniors Village	Stanford Senior Village 3LLP	PFP	172 single and 5 double rooms	182
Victoria	Summit	Vancouver Island Health Authority	HA	All single rooms with ensuite	320
Duncan	Sunridge Place - The Arbours	Sunridge Seniors Community Partnership	PFP	All single rooms	160
Qualicum Beach	The Gardens at Qualicum Beach	Qualicum Beach Retirement Residences, LLP	PFP	90 single and 5 double rooms	90
Victoria	The Heights at Mount View	Baptist Housing Care Homes Society	PNP	All single rooms	260
Victoria	The Kiwanis Pavilion	Oak Bay Kiwanis Club Health Care Society	PNP	All single rooms	122
Langford	The Priory	Vancouver Island Health Authority	HA	82 single, 6 double and rooms	150
Victoria	The Salvation Army Sunset Lodge	Governing Council of the Salvation Army in Canada	PNP	All single rooms	108
Comox	The Views at St. Joseph's	Providence Residential & Community Care Services Society	PNP	51 single, 25 double, and 17 four bed rooms	149
Parksville	Trillium Lodge	Vancouver Island Health Authority	HA	51 single and 10 four-bed rooms	91
Port Alberni	Tsawaayus (Rainbow Gardens)	Westcoast Native Health Care Society	PNP	44 single rooms	44
Victoria	Veterans Memorial Lodge	Broadmead Care Society	PNP	201 single and 6 double rooms	213
Victoria	Victoria Chinatown Care Centre	Victoria Chinatown Care Society	PNP	29 single and 1 double room	31
Port Alberni	Westhaven	Vancouver Island Health Authority	HA	All single rooms	32
Nanaimo	Wexford Creek	Wexford Creeks Seniors Community Partnership	PFP	All single rooms	110
Nanaimo	Woodgrove Manor	Woodgrove Manor Ltd.	PFP	37 single and 3 double rooms	43

City	Facility Name	Operator (Name)	Owner Type	Room Type	Total LTC Beds
Campbell River	Yucalta Lodge	Vancouver Island Health Authority	HA	All single rooms	99
Private LTC					
Victoria	Amica Douglas House	Amica	PFP	Private or semi-private rooms	54
Victoria	Amica on the Gorge	Amica	PFP	Private or semi-private rooms	78
Ladysmith	Arbour Cottage	Looten Healthcare Ltd	PFP	Private or semi-private rooms	5
Nanaimo	Avenir Memory Care at Nanaimo	Avenir Senior Living	PFP	Private or semi-private rooms	79
Victoria	Berwick House	Berwick Retirement Communities	PFP	Private or semi-private rooms	138
Nanaimo	Berwick on the Lake	Berwick Retirement Communities	PFP	Private or semi-private rooms	156
Victoria	Berwick Royal Oak	Berwick Retirement Communities	PFP	Private or semi-private rooms	228
Victoria	Clover Point Care	Trillium Communities	PFP	Private or semi-private rooms	16
Victoria	Craigdarroch Care Community	Trillium Communities	PFP	Private or semi-private rooms	18
Courtenay	Cummings Place	Evelyn Carruthers	PFP	Private or semi-private rooms	6
Duncan	Deertail Cottage	Deertrail Cottage Inc.	PFP	Private or semi-private rooms	9
Victoria	Douglas Care Home	Niagara Care Community Ltd.	PFP	Private or semi-private rooms	35
Nanaimo	Dover House Immediate Care Facility	Dover Home Care Inc.	PFP	Private or semi-private rooms	24
Nanaimo	Dwelling Place	Dwelling Place Health Care Services Ltd.	PFP	Private or semi-private rooms	14
Cobble Hill	Gate House Adult Care	Gate House Adult Care Ltd.	PFP	Private or semi-private rooms	4
Campbell River	Golden Grove Care Facility	1175722 B.C. Ltd	PFP	Private or semi-private rooms	6
Nanaimo	Harmony House	HD Management Inc.	PFP	Private or semi-private rooms	6
Victoria	Hart House	Hart House Inc.	PFP	Private or semi-private rooms	22
Victoria	Island View Place Care	Island View Place Care Incorporated	PFP	Private or semi-private rooms	19
Nanaimo	Keeping House	Keeping House Care Facility Ltd.	PFP	Private or semi-private rooms	10
Parksville	Little Mountain Manor	Estelle Brilling & Bernie Brilling	PFP	Private or semi-private rooms	8
Nanaimo	Origin at Longwood	Origin at Longwood Holdings Ltd.	PFP	Private or semi-private rooms	70

2.4 Response Plan Staff

One of the learnings from other Health Authorities that experienced a COVID-19 outbreak in LTC highlighted that staff did not come in to work. Island Health LTC sent out a survey asking staff how they would react in the event of an outbreak in their workplace. Over 400 LTC staff responded to a survey indicating that the majority of

respondents would feel comfortable with remaining on site to provide care to residents in the event of a COVID-19 outbreak; however, in anticipation of staffing challenges existing LTC staff have been asked to volunteer to be re-deployed to a COVID-19 positive site.

Staff were surveyed to learn if they would be willing to be re-deployed to a site with a COVID-19 outbreak with the following results:

Geo & Role	Number of affirmative responses
1	15
Food Service Worker	1
Health Care Aide (HCA)	6
Licensed Practical Nurse (LPN)	3
Registered Nurse (RN)	1
Supervisor	2
Activities	1
PT 2	1
2	31
Food Service Worker	4
Health Care Aide (HCA)	9
Licensed Practical Nurse (LPN)	5
Registered Nurse (RN)	9
Supervisor	3
Reception / Cashier	1
3	11
Food Service Worker	1
Health Care Aide (HCA)	4
Licensed Practical Nurse (LPN)	2
Registered Nurse (RN)	2
Rehab Asst	2
4	41
Food Service Worker	8
Health Care Aide (HCA)	19
Housekeeper	1
Licensed Practical Nurse (LPN)	5
Registered Nurse (RN)	6
Supervisor	1
Rehab Asst	1
Grand Total	98

The contact details for those respondents captured in the table above are available and, if required, communication would be deployed to these staff to confirm their availability and willingness to be re-deployed to the site impacted.

Ensure that an FAQ is available and up to date for your site in order to provide Response Plan staff with general site information so as not to create any delays in deployment. A fillable FAQ was sent to all sites on September 9, 2020 and below is an example the blank FAQ form:



June 5, 2020

Frequently Asked Questions

Questions and Answers for Response Plan Staff Before First Shift

Things you should know as an Island Health Employee working at this site

Island Health is grateful to you for accepting shifts at [redacted] and for being a critical component of our efforts to ensure safe, dignified care for the people impacted by COVID-19. Your safety and ability to perform your duties in this unfamiliar environment is paramount to Island Health and will be ensured by:

- Working at the direction of an RN Supervisor while at the site
- On arrival daily, you will report to a supervisor and take his/her direction
- Training and orientation will be provided to you
- You will not be asked to perform work that is outside the scope of your current job description
- Your pay and conditions remain those of your Island Health position and are unchanged

1. What is the address?
2. Where do I park?
3. How do I enter the building?
4. Who do I ask for when I arrive?

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Please note – **Response Plan staff would only be deployed in the event that there is a major decline in staffing levels at the impacted site and the operator/manager has exhausted all other strategies to improve staffing levels** i.e. offering additional training, additional pay, adjusting daily routine procedures to maximize efficiencies (where appropriate) etc.

The checklist below will be provided to response plan staff outlining the orientation expectations and process for response plan volunteers:

Prior to Deployment:

Once a staff member (RN, LPH, HCA) has agreed to be part of the rapid deployment pool, it is expected they review the following criteria to ensure they have the pre-requisites to be deployed and notify their home site manager:


Pre-Requisite	Pertinent Resources
I am knowledgeable about the 4 moments of hand hygiene and am competent with hand hygiene practices in the event of a COVID-19 outbreak (i.e. importance and frequency of hand hygiene required) <input type="checkbox"/>	Hand washing ABHR poster 4 Moments for Hand Hygiene Poster

Pre-Requisite	Pertinent Resources
<p>I understand and am competent with isolation precautions, specifically what is required in contact and droplet precautions <input type="checkbox"/></p> <p>I am knowledgeable about basic infection control principles and understand the importance of infection control measures in the event of a COVID-19 outbreak <input type="checkbox"/></p>	<p>Droplet & Contact Precautions Guideline</p> <p>Visual Guide to Personal Protective Equipment (PPE)</p> <p>Donning PPE poster</p> <p>Doffing PPE poster</p> <p>Transitioning Between Pandemic Zones</p>
<p>I am knowledgeable about personal protective equipment (PPE) selection and am competent with donning and doffing PPE <input type="checkbox"/></p>	<p>PPE During COVID-19 Pandemic: Long-term Care</p>
<p>If you are an (RN/LPN):</p> <p>I am knowledgeable about Nasopharyngeal (NP) swabs and am competent with the procedure for obtaining and sending NP swabs to the lab <input type="checkbox"/></p> <p>I am knowledgeable about the procedure of how to safely handle the body of a deceased person with suspected or confirmed COVID-19 <input type="checkbox"/></p>	<p>NP Swab procedure video</p> <p>NP Swab procedure video (UBC)</p> <p>NP Swab Procedure poster</p> <p>LAB requisition procedure – form</p> <p>Safe Handling of Deceased Person with Suspected or Confirmed COVID-19</p>

If you are not able to agree with above statements, please connect with your COVID-19 Resource Coach to review principles and knowledge base required. If you do not have a COVID-19 Resource Coach, please connect with your clinical leadership and/or manager to determine how to address your learning needs.

Day of Deployment:

Once the staff member has agreed to and is deployed to an active outbreak site, the following must be reviewed with the employee when arriving on site:

A. Staff Site FAQ provided to Employee	 <p>Staff Site FAQ 2020 -Jun-05.pdf</p>
B. Any pertinent clinical rooms or building site details & Codes	<p><input type="checkbox"/> Medication Rooms</p> <p><input type="checkbox"/> Supply Rooms</p> <p><input type="checkbox"/> Linen Rooms</p> <p><input type="checkbox"/> Contact Lists (For manager on call, IPC, FMO on call)</p>
C. Brief Review of PPE & infection Controls	<p><input type="checkbox"/> Donning PPE</p> <p><input type="checkbox"/> Doffing PPE</p> <p><input type="checkbox"/> Designated areas for outbreak (i.e. meal rooms for staff cohorted to COVID-19 positive)</p>

Temporary Staffing Accommodation

As a staff member working with COVID-19 positive persons or those who are suspected of COVID-19, you are eligible for temporary accommodation. Please notify the site manager and fill out the [TSA Application form](#) and email to: COVID19TemporaryStaffAccommodations@viha.ca.

2.5 Useful Links

Document Topic	Link
LTC COVID-19 Intranet Page	Intranet Database of LTC COVID-19 Resources
LTC Response Protocol	Response Protocol
Clinical Care	Essential Health Visits
	COVID-19 Response Protocol
Clinical Care: End of Life	Safer Handling of Deceased Person with Suspected or Confirmed COVID-19
Employee Health, Wellness & Safety	Long-term Care Staff Screening and Testing
	Exposure to COVID-19 in the Workplace Q&A
Patient Placement and Transport	Long-term Care Access Clinical Guideline
PPE: AGMP	Doffing & Donning Videos, Posters
	COVID-19 LTC AGMP
PPE: Selection	PPE Required During COVID-19 Pandemic: Long-term Care (pg 4 of 9)
Screening-Facility Entrance	LTC Screening by Greeter Procedure
Visitors to Island Health Facilities	Social Visiting: Long-term Care (LTCLF)
	Essential Visitors
LTC ILI Procedure <i>(currently under review)</i>	IPC ILI procedure