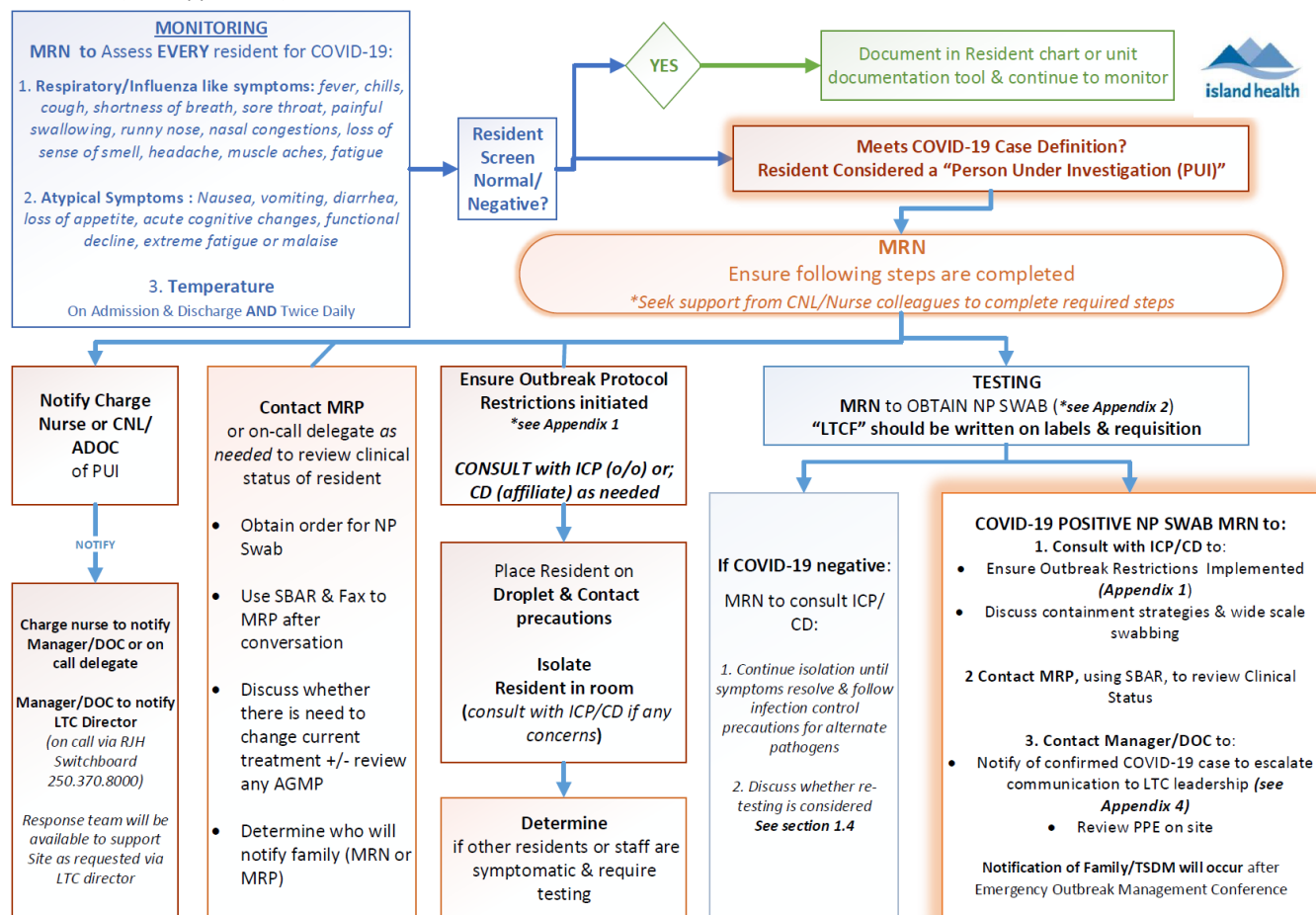


Purpose:	<p>The COVID-19 Response Protocol is for use by health care providers and leadership in all Long-term Care (LTC) facilities to:</p> <ul style="list-style-type: none"> • Provide clear instructions for front line staff regarding management of residents presenting with influenza and COVID-19 like signs and/or symptoms • Ensure LTC leadership escalates communication to appropriate parties in the event of a probable or confirmed case of COVID-19. • Ensure Island Health and Ministry of Health remains informed in the event of a probable or confirmed case of COVID-19. • Reinforce infection control & outbreak protocols are followed in the event of a probable or confirmed case of COVID-19
Scope:	<ul style="list-style-type: none"> • Managers and Directors of Care (DOC), Charge Nurse, RN/RPN, LPN, HCA, Allied health, Physicians • Long-term Care Island Wide (affiliate & owned and operated)
Outcomes:	<ul style="list-style-type: none"> • Ensure front line staff are clear regarding approved protocol in the event of a probable or confirmed case of COVID-19 • Ensure appropriate notification to Medical Health Officer (MHO) & Ministry of Health • Ensure appropriate outbreak management of COVID-19 from system perspective

1.0 Protocol (*see Appendix 3)



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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	Page 1 of 15
			First Issued:	2020-MAR-23



COVID-19 RESPONSE PROTOCOL: LONG-TERM CARE FACILITY (LTCF)

Protocols are defined pathways/processes of required actions



1.1 Case Definition & Testing

1.1.1 COVID-19 may present with a range of symptoms. Testing is indicated for those presenting with any of the following:

1.1.1.1 Fever, chills, cough, shortness of breath, sore throat, odynophagia (painful swallowing), rhinorrhea (runny nose), nasal congestion (stuff nose), anosmia (loss of sense of smell), headache, muscle aches, fatigue, nausea, vomiting, diarrhea, or loss of appetite.

1.1.1.2 **Additional testing can be requested at MRP clinical discretion (e.g. acute cognitive change particularly hypoactive delirium, extreme fatigue or generalized weakness, malaise, functional decline)**

1.1 Routine Screening & Monitoring for COVID-19 (BC CDC LAB Testing Guidelines)

1.1.1 All residents should be assessed for new or worsening respiratory, systemic & gastrointestinal symptoms (see COVID-19 symptoms 1.1.1.) & have temperature checked (preferably temporal artery measurement).

1.1.1.1 **Upon admission & discharge to/from facility**

1.1.1.2 **Twice daily and as clinically indicated**

1.1.1.3 Document above assessment in resident chart

1.1.1.3.1 Units can use documentation tracking tool for normal (negative) screens

1.2 INITIAL STEPS FOR PERSON UNDER INVESTIGATION (PUI)

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

1.2.1.1 Initiate isolation precautions by placing resident on Droplet and Contact precautions and posting signage (*see Appendix 1*)

1.2.1.2 Place resident in isolation, on their own, with access to their own toilet

1.2.1.3 Consult with Infection Control Practitioner (ICP) or Communicable Disease (CD) {*see contact numbers section 1.6 & 1.7*} program as required for clinical guidance

1.2.1.4 Notify Charge Nurse (or CNL/Associate Director of Care) or PUI

1.2.1.5 Obtain Nasopharyngeal (NP) Swab from resident (s) (**Appendix 2**)

1.2.1.5.1 **Ensure labels and requisition indicate "LTCF"** for prioritized testing

1.2.1.5.2 Follow lab collection protocol for specimen pick up and delivery, send without delay (*see section 1.5 if difficulty with obtaining swabs*)

1.2.1.5.3 Determine if any other residents or staff are symptomatic and work with ICP/CD for contact tracing

1.2.1.5.4 Consult with ICP or CD program to determine whether additional steps in COVID-19 restriction protocol are to be initiated (**Appendix 1**)

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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 2 of 15

- 1.2.1.5.4.1 Inform housekeeping need for precaution cleaning for affected rooms
 - 1.2.1.5.4.1.1 For Island Health facilities, ICP will send requisition during regular weekday office hours
 - 1.2.1.5.4.1.2 For Affiliate sites, refer to housekeeping guidelines for recommended practices
- 1.2.1.5.4.2 Dining/Social Isolation
 - 1.2.1.5.4.2.1 Meals should be provided to resident within room
- 1.2.2 *Consult with Most Responsible Provider (MRP)*
 - 1.2.2.1 **MRN** to consult with MRP as clinically indicated:
 - 1.2.2.1.1 Using SBAR (*see Appendix 6*), share clinical status of resident and determine whether further clinical monitoring and/or intervention needed.
 - 1.2.2.1.2 Review the need to modify or stop aerosolizing treatments if applicable (i.e BiPAP, CPAP, nebulizers, suctioning). Consider alternate treatment where possible, otherwise airborne precautions indicated
 - 1.2.2.1.2.1 Fax SBAR to MRP once conversation complete
 - 1.2.2.2 Consult with Charge Nurse/CNL/Manager or Associate/DOC regarding notification to family or temporary substitute decision maker (TSDM)
- 1.2.3 *Continue monitoring for illness in other residents or staff*
 - 1.2.3.1 Nursing team to remain alert and continue monitoring all residents (see routine monitoring 1.1). Consult immediately with ICP/CD if any other symptomatic residents develop
 - 1.2.3.2 Be alert to staff who develop illness
 - 1.2.3.2.1 Staff with ILI, respiratory illness or fever should NOT come to work and should be instructed to contact island health for testing at **1.844.901.8442**

1.3 COVID-19 CONFIRMED POSITIVE

- 1.3.1 If Resident NP swab is confirmed as Positive, the MRN should ensure following steps are completed:
 - 1.3.1.1 **Urgently Consult with ICP/CD** to ensure all outbreak restrictions are identified and implemented in facility (*see Appendix 1*)
 - 1.3.1.1.1 Keep Resident in Isolation (on their own with private toilet) or as directed by ICP/CD
 - 1.3.1.1.2 Consult with ICP/CD about wide-spread testing of other residents/staff with NP swab
 - 1.3.1.1.3 Determine if unit or building needs to be on lock down & appropriate containment strategies

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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 3 of 15



COVID-19 RESPONSE PROTOCOL: LONG-TERM CARE FACILITY (LTCF)

Protocols are defined pathways/processes of required actions



- 1.3.1.1.4 Ensure all affected residents are under droplet/contact precautions with staff adhering to PPE & hand hygiene recommendations.
- 1.3.1.1.5 With support from ICP/CD, notify all support services of positive case
 - 1.3.1.1.5.1 Food Services→ Tray service indicated for all affected residents
 - 1.3.1.1.5.2 Housekeeping→ Enhanced Cleaning and as directed by ICP/CD
 - 1.3.1.1.5.3 Pharmacy→ Will need to develop one way medication delivery
 - 1.3.1.1.5.4 Admitting→ Bed closures required & will be facilitated with direction from ICP/CD with notification to access team
- 1.3.1.2 **Urgently Consult with MRP** regarding clinical status of resident
 - 1.3.1.2.1 Using SBAR (*see Appendix 6*):
 - 1.3.1.2.1.1 Review clinical status of resident
 - 1.3.1.2.1.2 Discuss whether urgent transfer required, otherwise this will be deferred to Emergency Outbreak Management Teleconference [*see Appendix 4*]
 - 1.3.1.2.1.3 Fax SBAR to MRP once conversation complete
 - 1.3.1.2.2 Ensure MRP is aware of emergency outbreak management teleconference **(250.519.770 local 23684)**
 - 1.3.1.2.2.1 Ensure MRP aware this teleconference will occur 60 minutes from the time CD notified you/unit of positive case, provide them with exact time
 - 1.3.1.2.3 Disclosure of COVID-19 positive status to family/TSDM for impacted resident will occur after the emergency outbreak management teleconference (likely by MRP).
 - 1.3.1.2.3.1 Communication to all impacted residents will also need to occur following emergency outbreak management teleconference. Discuss with SW, CD/ICD and site leadership team.
- 1.3.1.3 **Urgently Notify Manager/Director of Care or on-call delegate of positive swab**
 - 1.3.1.3.1 Manager to escalate communication (*see Appendix 4*)
 - 1.3.1.3.2 Provide information to manager/DOC (*see Appendix 7 for details*):
 - 1.3.1.3.2.1 Extent of outbreak
 - 1.3.1.3.2.2 Supplies: Swabs & PPE
 - 1.3.1.3.2.3 Any staffing related matters
 - 1.3.1.3.2.4 Time of initial notification of positive result so teleconference time can be appropriately reported out
- 1.3.1.4 **Participate in Emergency Outbreak Management Teleconference (site leadership required including charge nurse)**
 - 1.3.1.4.1 To occur 60 minutes from time site is notified of initial positive result by CD

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Issuing Authority:	Carmela Veza, Operations Director, Long-term Care				
Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 4 of 15

1.3.1.4.2 To participate in teleconference, dial **250.519.7700 local 26834**

1.3.1.5 Prepare resident for transfer to COVID-19 cohort unit (see Appendix 5)

1.3.1.5.1 Take all vital signs and assess clinical status

1.3.1.5.2 Ensure Resident is dressed in full droplet and contact PPE for transfer as tolerated, surgical mask & hand hygiene at minimum

1.3.1.5.3 MRN to call appropriate transfer vehical (see Appendix 5)

1.3.1.5.3.1 Emergency Health Services (i.e. ambulance) @ 911 or Medivan based and report:

1.3.1.5.3.1.1 COVID-19 status and need to transfer to COVID -19 Cohort unit

1.3.1.5.3.1.2 Clinical Status (including vitals & MOST)

1.3.1.6 Disclosure of COVID-19 positive & Outbreak status

1.3.1.6.1 Site Leadership will work with SW and executive leadership team to ensure disclosure to COVID-19 positive resident AND residents impacted by outbreak status

1.3.1.7 **Document** any COVID-19 positive related clinical assessments, interventions and actions taken in resident’s chart

1.4 COVID-19 Negative

1.4.1 If Resident NP swab results are negative:

1.4.1.1 Continue isolation until symptoms have resolved. If another infectious cause is identified, consult with CD/ICP & follow appropriate infection control precautions for that pathogen.

1.4.1.2 If symptoms continue, progress, or worsen, retesting after several days may be considered. Consult with the CD or ICP practitioner and the MRP.

1.4.1.2.1 MRN to take NP swab if determined clinically warranted & follow steps outlined in 1.2 as appropriate.

1.5 ESCALATING COMMUNICATION

1.5.1 Person Under Investiation (PUI) Protocol

1.5.1.1 Charge Nurse to notify Manager/DOC

1.5.1.2 Manager/Director of Care (DOC) to notify LTC Director

1.5.1.2.1 Manager to confirm appropriate infection control practices/isolation in place (see Appendix 1)

1.5.1.2.2 **For after hours, LTC Director on call is contacted via RJH Switchboard 250.370.8000). ENSURE Switchboard is aware you are calling regarding a COVID-19 issue**

1.5.1.3 LTC Director to notify and engage COVID-19 Response Team as required via Whatsapp group

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Issuing Authority:	Carmela Veza, Operations Director, Long-term Care				
Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 5 of 15



COVID-19 RESPONSE PROTOCOL: LONG-TERM CARE FACILITY (LTCF)

Protocols are defined pathways/processes of required actions



1.5.2 COVID-19 POSITIVE CASE PROTOCOL

1.5.2.1 Review *Appendix 4 Escalating Communication COVID-19 CONFIRMED POSITIVE*

1.5.2.1.1 Protocol during REGULAR HOURS:

- 1.5.2.1.1.1 Charge Nurse to notify Manager/DOC
- 1.5.2.1.1.2 Manager/DOC will escalate communication to LTC Director & site executive leadership AND medical coordinator
- 1.5.2.1.1.3 LTC Director to notify 1) ED PP, Mark Blandford; 2) LTC COVID-19 Response Team; 3) MHO; 4) Admin Assistant; 5) Licensing & Communications
- 1.5.2.1.1.4 The following **meeting structure** will be implemented
 - 1.5.2.1.1.4.1 Emergency Outbreak Management Teleconference (EOM) (60 minutes from initial site notification by CD)
 - 1.5.2.1.1.4.2 Incident Management Teleconference led by ED (Immediately after EOM)
 - 1.5.2.1.1.4.3 Outbreak Management Follow Up (2-3 hours following EOM)

1.5.2.1.2 Protocol AFTER HOURS:

- 1.5.2.1.2.1 Charge Nurse to notify Manager/DOC on call
- 1.5.2.1.2.2 Manager/DOC on call will notify LTC Director on call
 - 1.5.2.1.2.2.1 LTC Director on call is contacted via **RJH Switchboard 250.370.8000**). ENSURE Switchboard is aware you are calling regarding a COVID-19 issue
- 1.5.2.1.2.3 LTC Director to notify 1) ED PP, Mark Blandford; 2) LTC COVID-19 Response Team; 3) MHO; 4) Admin Assistant; 5) Licensing & Communications
- 1.5.2.1.2.4 The meeting structure remains as in 1.5.2.1.1.4

1.6 COVID-19 LTC RESPONSE TEAM

- 1.6.1 COVID-19 LTC Response team will:
 - 1.6.1.1 Engage with site as determined by LTC Director
 - 1.6.1.2 Be available to support and provide consultation to impacted site as appropriate.
 - 1.6.1.3 Response team member(s) may perform site visits as indicated

1.7 STAFFING

- 1.7.1 Manager to notify Director if site staffing shortages or workload required
- 1.7.2 In case of outbreak, EOM & incident management meeting will review any pertinent staffing issues and ensure staff can be deployed to impacted site

1.8 SUPPLIES/SWABS

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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 6 of 15



COVID-19 RESPONSE PROTOCOL: LONG-TERM CARE FACILITY (LTCF)

Protocols are defined pathways/processes of required actions



- 1.8.1 All sites are to keep supply of 5 NP swabs at all time and are expected to routinely monitor supply level
- 1.8.2 Please place any supply requests for the weekend prior to 1500 the proceeding thursday
- 1.8.3 Should you require additional swabs, contact Island Health Lab Team Lead Michelle.Singleton@viha.ca or @ 250.737.2000 ext 45673 who will arrange delivery
- 1.8.4 In event of outbreak and after hours, call 250.370.8720

1.9 Personal Protective Equipment (PPE)

- 1.9.1 During Buisness hours (M-F 0800-1600): Site to contact LTC PPE Lead via lrcresponseteam@viha.ca
- 1.9.2 After hours, contact LTC LTC Director/Operations Director will notify Logistics Corporate director at 250.370.8116 ext. 18116

1.10 ICP Contact Contact Numbers (Island Health Owned & Operated)

- 1.10.1 Directly contact your Site Specific IPC or find their contact in hyperlink: [IPC Contact](#)
- 1.10.2 After Hours: Medical Microbiologist via Royal Jubilee Hospital Switchboard x 250.370.8111

1.11 CD Contact Numbers (Affiliates)

- 1.11.1 South CD Office (Victoria): 1.866.665.6626
- 1.11.2 Central CD Office (Nanaimo): 1.866.770.7798
- 1.11.3 North CD Office (Courtenay): 1.877.887.8835
- 1.11.4 After Hours CD (Affilitates): Medical Health Officer on call(MHO)

2.0 Definitions

- **COVID-19 Outbreak:** A COVID-19 related outbreak is defined as:
 - Two or more residents or staff with ILI symptoms occurring within 12 days, with at least one case identified as a resident; OR if any staff or resident is diagnosed with 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-CoV).
- **COVID-19:** COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus, SARS-CoV-2, and disease were unknown before the outbreak began in Wuhan, China, in December 2019.
- **Most Responsible Provider (MRP):** Physician and/or nurse practitioner assigned to the resident
- **Most Responsible Nurse:** The RN and/or LPN assigned to care for the resident for that given shift

3.0 Related Health Guidelines

- *BC CDC Long-Term Care Facilities & Assisted Living:* [Interim guidance for long-term care and assisted living facilities](#)
- *BC CDC:* [COVID-19 Testing Guidelines for British Columbia](#)

4.0 References

- *World Health Organization*

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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 7 of 15



COVID-19 RESPONSE PROTOCOL: LONG-TERM CARE FACILITY (LTCF)

Protocols are defined pathways/processes of required actions



- Operational Considerations for case management of COVID-19 in health facility and community

- [BC Center for Disease Control \(BCCDC\) Long-term Care Facilities & Assisted Living](#)
- [BC CDC: COVID-19: Testing Guidelines for British Columbia](#)
- [Regional Geriatric Program of Toronto \(2020\). COVID-19 in Older Adults](#)

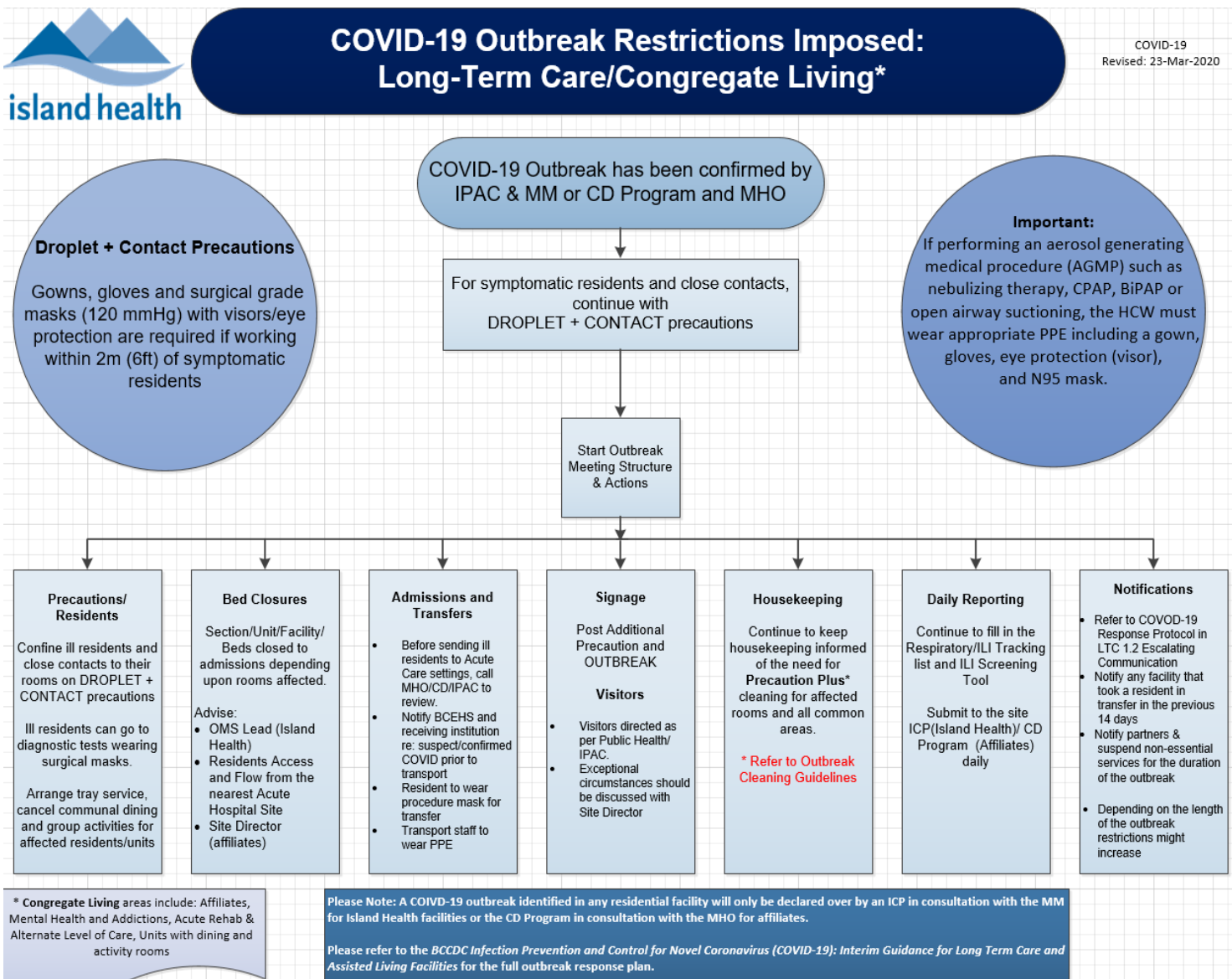
5.0 Resources

- *Appendix 1: COVID-19 LTC Outbreak Restrictions Protocol*
- *Appendix 2: [How to collect a NP Swab \(preferred specimen\)](#)*
- *Appendix 3: COVID-19 Protocol LTCF*
- *Appendix 4: Escalating Communication COVID-19 CONFIRMED POSITIVE*
- *Appendix 5: COVID-19 Confirmed Positive Transfer Protocol*
- *Appendix 6: SBAR Sample*
- *Appendix 7: LTC Site Leadership Checklist*

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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 8 of 15

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Appendix 1: COVID-19 LTC Outbreak Protocol




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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06
		First Issued:	2020-MAR-23
			Page 9 of 15

Appendix 2: NP Swab Collection

ILI Outbreak Management (continued)

Infection Prevention & Control Best Practice Guidelines

PROCEDURE FOR NASOPHARYNGEAL SWABS

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

References:

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

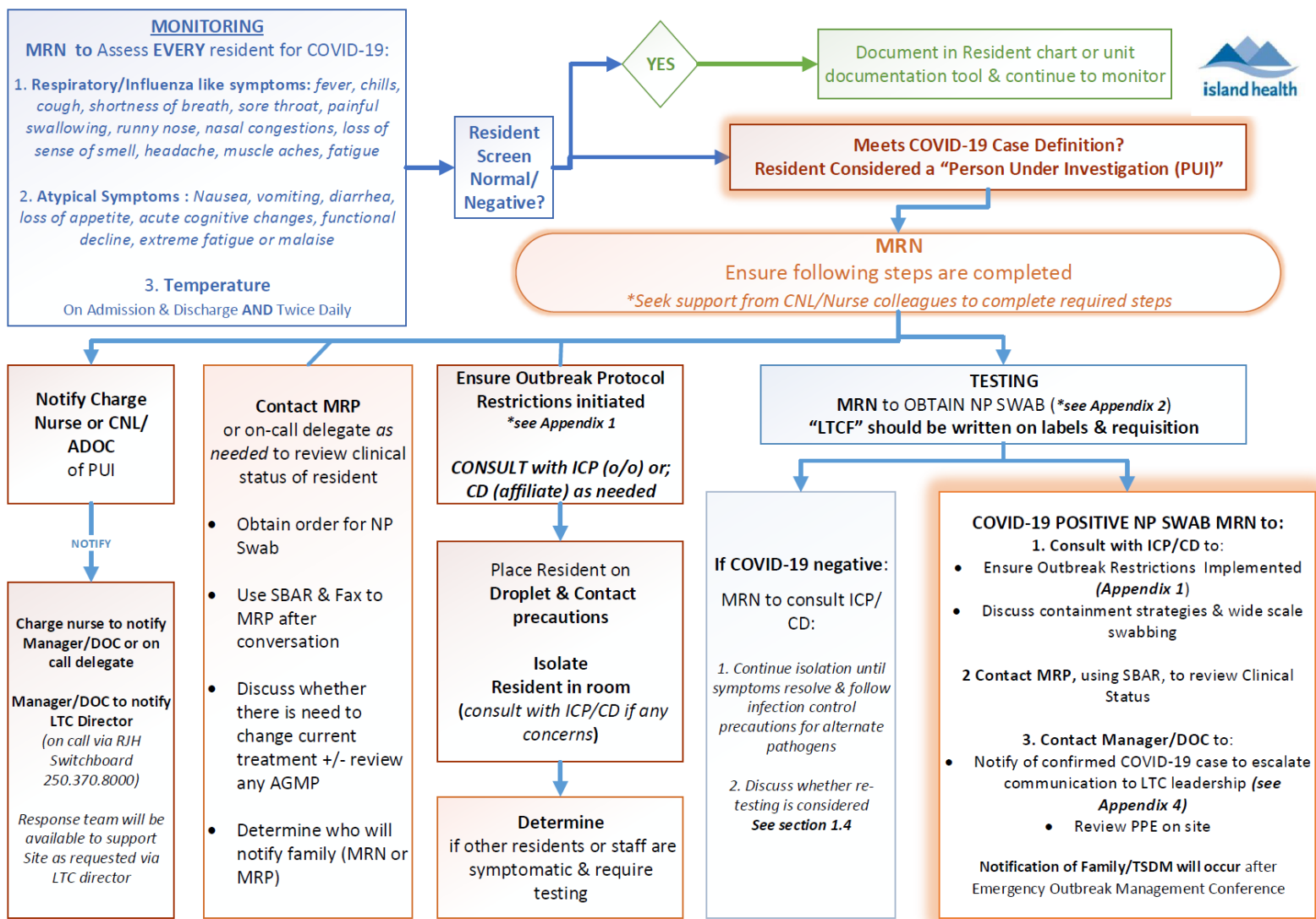
Page 2

***Ensure labels and requisitions indicate “LTCF” to ensure prioritized testing**

***Follow Lab COVID-19 Protocol for Specimine Pick Up and Delivery**

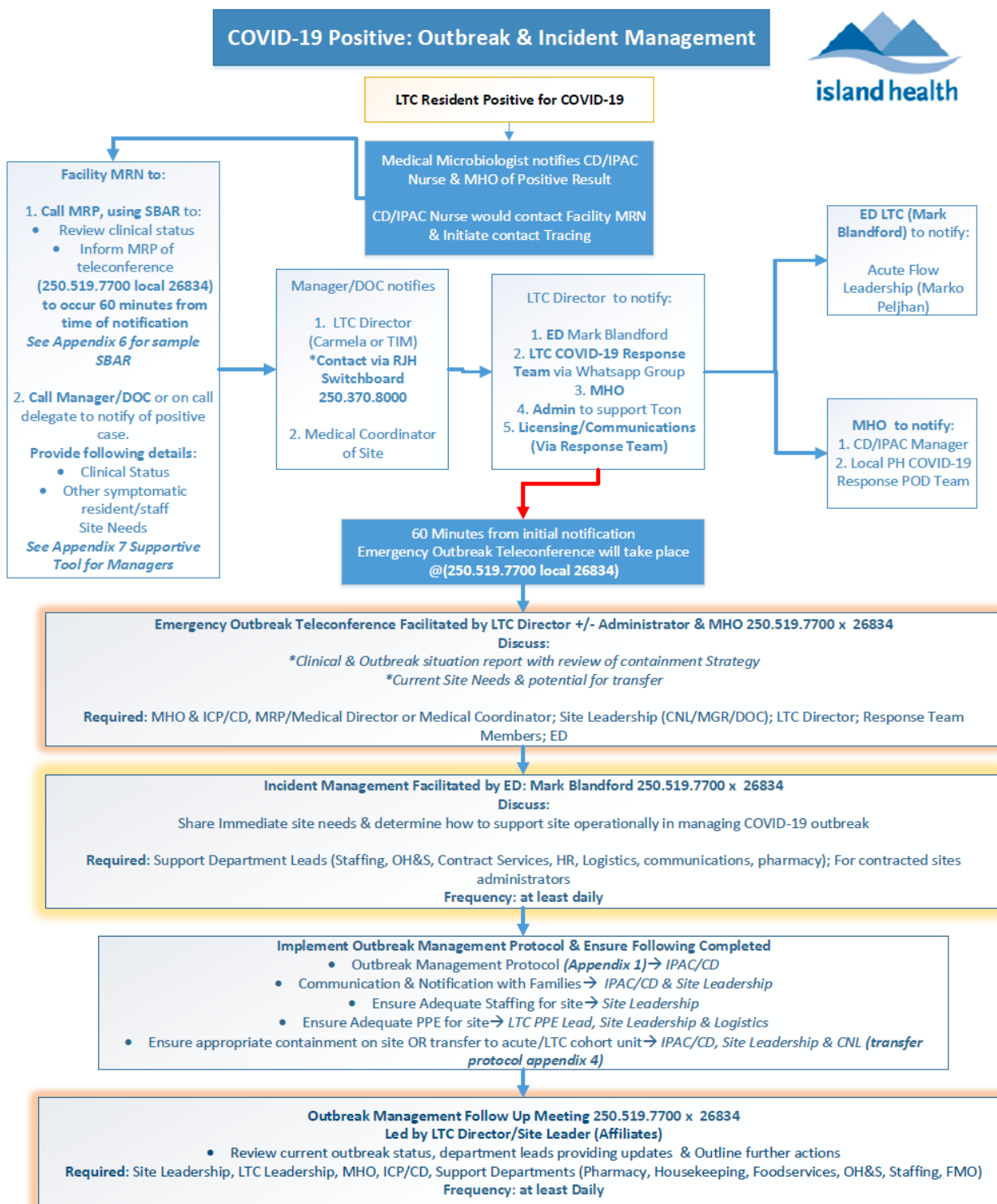
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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23	Page 10 of 15

Appendix 3: COVID-19 Protocol LTCF



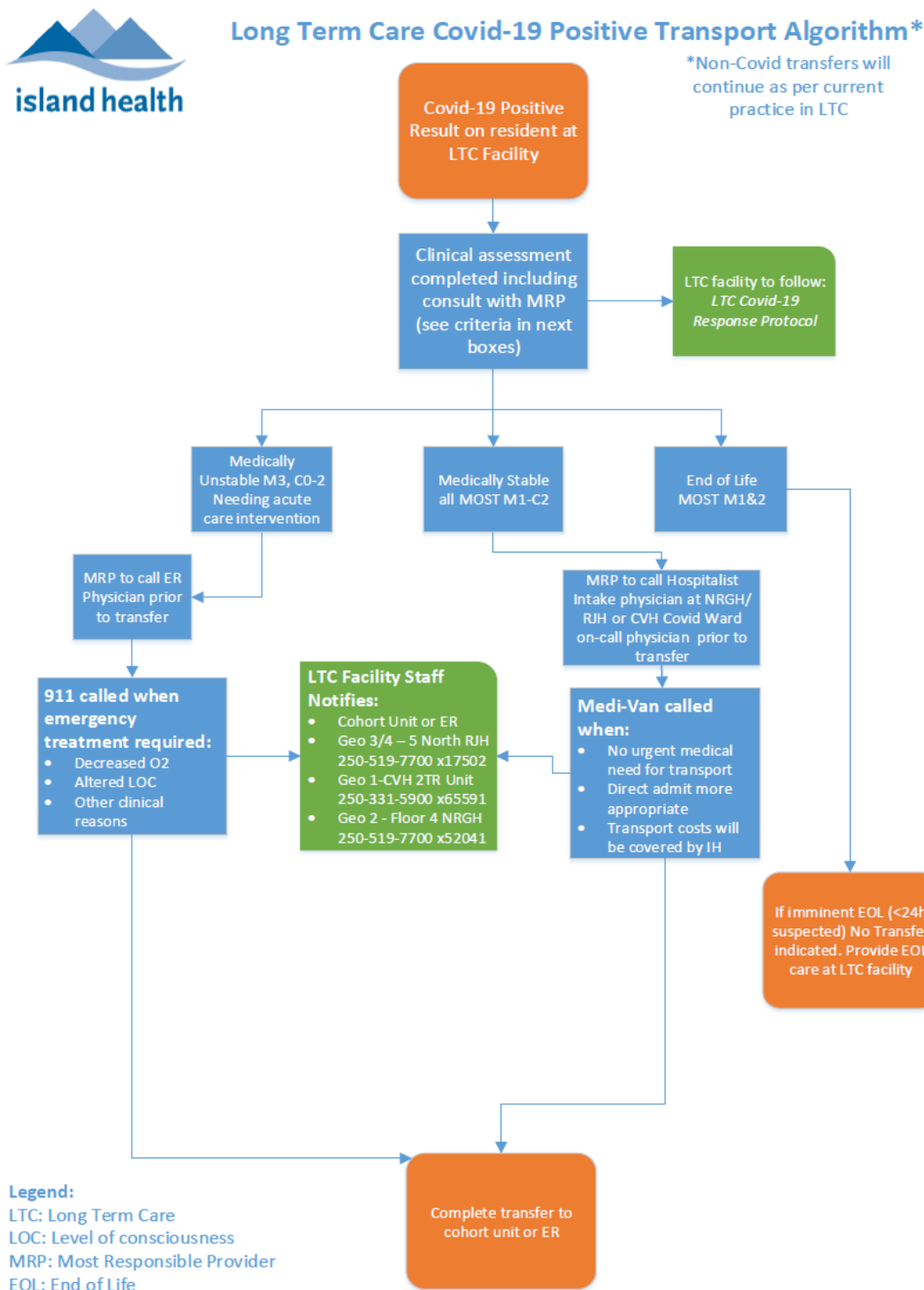
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Issuing Authority:	Carmela Veza, Operations Director, Long-term Care					
Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23	Page 11 of 15

Appendix 4: Escalating Communication COVID-19 CONFIRMED POSITIVE



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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 12 of 15

Appendix5: COVID-19 Confirmed Positive Transfer Protocol



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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23	Page 13 of 15



COVID-19 RESPONSE PROTOCOL: LONG-TERM CARE FACILITY (LTCF)

Protocols are defined pathways/processes of required actions



Appendix 6: LTCI SBAR EXAMPLE

After-Hours Communication Form - SBAR		URGENT Resident issues only for After-Hours Coverage. Contact MRP during regular hours for all other issues.		
Complete this form prior to calling dispatch at 1.888.686.3055				
HAVE READY <input type="checkbox"/> COVID-19 Screening ** <input type="checkbox"/> Chart & MOST <input type="checkbox"/> Completed SBAR <input type="checkbox"/> MAR		Resident Name (Last, First)		
Responding Physician (Last, First)		Resident DOB (DD/MM/YYYY)	Resident PHN (10)	
Caller Name <input type="checkbox"/> LPN <input type="checkbox"/> RN	Call Date:	Resident MRP (Last, First)		
Facility:	Call Time:	Resident Primary Contact (Name & Phone)		
Phone:	Local:			
SITUATION	Reason for Call <input type="checkbox"/> Confusion <input type="checkbox"/> Fever <input type="checkbox"/> Palliative orders <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Cough <input type="checkbox"/> Gastrointestinal concerns <input type="checkbox"/> Query fracture <input type="checkbox"/> Agitation <input type="checkbox"/> Death (unnatural) <input type="checkbox"/> Influenza symptoms <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cardiac <input type="checkbox"/> Delirium <input type="checkbox"/> Lab values (critical) <input type="checkbox"/> Skin problem <input type="checkbox"/> Change in LOC <input type="checkbox"/> Diabetes <input type="checkbox"/> Medication error <input type="checkbox"/> Urinary concern <input type="checkbox"/> Chest pain <input type="checkbox"/> Fall with injury <input type="checkbox"/> Pain management <input type="checkbox"/> Other (note & inform dispatch)			Notes: _____
	FURTHER COVID-19 SCREENING ** Common COVID-19 symptoms highlighted in red ** Other S&S's of the resident: <input type="checkbox"/> Change in LOC; <input type="checkbox"/> Cough or <input type="checkbox"/> SOB; <input type="checkbox"/> Confusion; <input type="checkbox"/> Fatigue; <input type="checkbox"/> Fever; <input type="checkbox"/> Functional decline; <input type="checkbox"/> Gastrointestinal concerns COVID-19 Positive: <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed Isolation precautions <input type="checkbox"/> No <input type="checkbox"/> Yes: Contact <input type="checkbox"/> / Droplet <input type="checkbox"/> COVID-19 Swab Collected: <input type="checkbox"/> No <input type="checkbox"/> Yes Infection Control aware of COVID status? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes COVID-19 confirmed / suspected in other resident(s): <input type="checkbox"/> No <input type="checkbox"/> Yes Are any facility residents utilizing AGMPs? <input type="checkbox"/> No <input type="checkbox"/> Yes Any staff members showing symptoms of COVID-19? <input type="checkbox"/> No <input type="checkbox"/> Yes (includes: O2 >5L NP, nebulizers, BiPAP, CPAP, suctioning)			
BACKGROUND	Relevant Medical History / Usual Functional Status			
	Allergies			MOST: M____ or C____
ASSESSMENT	BP	SpO ₂	RR	Assessment ** Ensure all vital signs & a respiratory assessment are recorded PRIOR to calling **
	HR	eGFR	<input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen @ ____ L/min	
	If Available/Relevant			
	INR	BG	Pain	
RECOMMEND	Nursing Recommendations			
RESPONSE	On-Call Physician Response ** ORDERS MUST be transcribed in the chart – this section is to note response only **			
	IF RESIDENT COVID-19 + : Physician is to attend an Emergency Outbreak Management Teleconference, 60 minutes from time of notification , by calling 250.519.7700 ext. 26834. Refer to the IH COVID-19 Response Protocol: Long-term Care Facility for further steps.			
FOLLOW-UP	Nurse or Designate to FAX completed SBAR & Additional Documentation to:			FAXED: <input type="checkbox"/> Yes <input type="checkbox"/> No
	1. On-Call Physician (fax #s on second page): <input type="checkbox"/> SBAR 2. MRP: <input type="checkbox"/> SBAR & <input type="checkbox"/> Additional Documentation - <input type="checkbox"/> Follow-up required <input type="checkbox"/> For your info only Place completed SBAR in the <u>Physician Notes</u> section of resident chart: <input type="checkbox"/> Date: _____ Time: _____			

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Last Revised:	2020-MAY-06	Last Reviewed:	2020-MAY-06	First Issued:	2020-MAR-23
					Page 14 of 15

Appendix 7: LTC Site Leadership Checklist

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



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

Topic	
Extent of Outbreak	<ul style="list-style-type: none"> <input type="checkbox"/> What resident has tested positive? <ul style="list-style-type: none"> <input type="checkbox"/> Has MRP been notified? <input type="checkbox"/> Are they stable? Any concerns? <input type="checkbox"/> Has ICP/CD been contacted & outbreak protocol initiated <input type="checkbox"/> What is the total number of symptomatic residents? <ul style="list-style-type: none"> <input type="checkbox"/> What unit? Number of beds on unit? <input type="checkbox"/> Other Units in proximity affected? <input type="checkbox"/> Number of symptomatic staff? <ul style="list-style-type: none"> <input type="checkbox"/> OH&S to support testing/call 1.844.901.8442 & need to call Provincial Workplace Call Center <input type="checkbox"/> Are there any Aerosolizing Generating Medical Procedures needing modification (on any resident)? <input type="checkbox"/> Number of Staff, Residents & essential visitors that have been in contact with positive index case in last 48 hours? <ul style="list-style-type: none"> <input type="checkbox"/> Does CD nurse have these contacts? <input type="checkbox"/> Sign in of staff/visitors for last 48 hrs. to be submitted to CD nurse
Availability Supplies/PPE	<ul style="list-style-type: none"> <input type="checkbox"/> What is current Supply of PPE? <input type="checkbox"/> Number of Swabs on site <input type="checkbox"/> Total number of residents on isolation & on unit that may require isolation <input type="checkbox"/> Total number of staff working each shift
Staffing Levels	<ul style="list-style-type: none"> <input type="checkbox"/> Any Issues? (i.e. shortages, anxious/concerned staff) <input type="checkbox"/> Workload Requests
Disclosure of COVID-19 Positive Status	<p>Remind nurses NOT to disclose status to family Notification to affected resident will occur (by MRP) after emergency outbreak management teleconference</p>
<p>On-Call Managers to contact Site Managers in case of COVID-19 + Emergency Teleconference Information 250.519.7700 (local 26834)</p>	

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Issuing Authority:	Carmela Veza, Operations Director, Long-term Care					
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