

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

<b>Site:</b> <ul style="list-style-type: none"> <li>Environment <ul style="list-style-type: none"> <li>Long-term Care Island-Wide</li> <li>Affiliates &amp; Owned &amp; Operated</li> </ul> </li> </ul>	<b>Scope:</b> <ul style="list-style-type: none"> <li>Audience: Managers and Directors of Care (DOC), Charge Nurse, RN/RPN, LPN, HCA, Allied health, Physicians</li> <li>Indications: In the event of a suspected or confirmed case of COVID-19 in LTCF</li> </ul>
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## Need to know:

The COVID-19 Response Protocol is for use by health care providers and leadership in all Long-term Care (LTC) facilities to:

- Provide clear instructions for front line staff regarding management of residents presenting with influenza and COVID-19 like signs and/or symptoms
- Outline approved protocol to escalate communication to appropriate parties in the event of a probable or confirmed case of COVID-19.
- Ensure appropriate outbreak management of COVID-19 from system perspective
- Ensure Island Health and Ministry of Health remains informed in the event of a probable or confirmed case of COVID-19.

## COVID-19 PROTOCOL (Algorithm See Appendix 1)

### A. CASE DEFINITION & TESTING

COVID-19 may present with a range of symptoms. Testing [\(BC CDC LAB Testing Guidelines\)](#) is indicated for those presenting with any of the following:

- Influenza-Like Illness:** New or worsening cough with fever ( $>38^{\circ}\text{C}$ ) or a temperature this is above normal for that individual and one or more of the following:
  - Sore Throat,
  - Arthralgia (joint pain),
  - Myalgia (muscle pain),
  - Headache,
  - Prostration (physical or/and mental exhaustion).
- Respiratory Infection:** Includes new/acute onset of any of the following symptoms\*
  - Cough\*\* (or worsening cough),
  - Fever
  - Shortness of breath
  - Sore Throat,
  - Rhinorrhea (runny nose).

\* Does not include ongoing, chronic respiratory symptoms that are expected for a resident, unless those symptoms are worsening for unknown reasons.

\*\* Cough that is not due to seasonal allergies or a known pre-existing condition.

3. **Fever of Unknown Origin:** Fever ( $>38^{\circ}\text{C}$ ) or a temperature that is above normal for that individual without other known cause. This does not include fevers with a known cause, such as urinary tract infection.
4. **Other atypical/non-specific symptoms associated with COVID-19:** Includes, but not limited to:
  - a. Nausea/Vomiting, or Diarrhea
  - b. Abdominal Pain
  - c. Increased Fatigue or generalized weakness,
  - d. Acute Functional Decline,
  - e. Reduced alertness, reduced cognitive changes (particularly hypoactive delirium), and/or reduced mobility as a result of an infection
  - f. Loss of smell and/or taste.
  - g. Conjunctivitis (pink eye)
  - h. Skin rashes or discoloration of fingers or toes
5. **At MRP Clinical discretion:** Older people with underlying health conditions often develop non-specific symptoms (as listed under #4 above), therefore testing can also occur under the clinical discretion of the MRP

## B. ROUTINE SCREENING & MONITORING COVID-19

- a. All residents should be assessed for new or worsening respiratory, systemic & gastrointestinal symptoms (see COVID-19 Case Definition, Section A.) & have temperature checked (preferably temporal artery measurement).
  - i. **Upon admission & discharge to/from facility**
  - ii. **At least once daily and as clinically indicated**
- b. Document any routine monitoring in resident chart; documentation tracking tools can be used for normal (negative) screens.

## C. INITIAL STEPS FOR PERSON UNDER INVESTIGATION (PUI)

- a. 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:
  - Initiate isolation precautions by placing resident on Droplet and Contact precautions and posting signage (*see Appendix 2*)
  - Place resident in isolation, on their own, with access to their own toilet
  - Determine if any other residents or staff are symptomatic and work with ICP/CD for contact tracing; increase formal monitoring to at least twice daily

- Nursing team to remain alert and continue monitoring all residents (see routine monitoring). Consult immediately with ICP/CD if any other symptomatic residents develop
- Consult with Infection Control Practitioner (ICP) or Communicable Disease (CD) (***see contact numbers section 4.0***) program as required for clinical and outbreak guidance (***see Appendix 2***)
  - Inform housekeeping need for precaution cleaning for affected rooms
    - For Island Health facilities, ICP will send requisition during regular weekday office hours
    - For Affiliate sites, refer to housekeeping guidelines for recommended practices
  - Dining/Social Isolation: Meals should be provided to resident within room
- Notify Charge Nurse (or CNL/Associate Director of Care) of PUI.
- Obtain Nasopharyngeal (NP) Swab from resident (s) (***Appendix 4***)
  - **Ensure labels and requisition indicate “LTCF”** for prioritized testing
  - Follow lab collection protocol for specimen pick up and delivery, send without delay (***see section 2.0 if difficulty with obtaining swabs***)
- Consult with Most Responsible Provider (MRP)
  - Using SBAR (***see Appendix 6***), share clinical status of resident and determine whether further clinical monitoring and/or intervention needed.
  - Review the need to modify or stop aerosolizing generating medical procedures (AGMP) if applicable (i.e BiPAP, CPAP, nebulizers, suctioning). Consider alternate treatment where possible, otherwise airborne precautions indicated
  - Fax SBAR to MRP once conversation complete
  - Discuss notification to family or temporary substitute decision maker (TSDM)
- Be alert to staff who develop illness
  - 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**

#### **D. COVID-19 CONFIRMED POSITIVE**

- a. If Resident **NP swab is confirmed as Positive**, the MRN should ensure following steps are completed:
  1. **Urgently Consult with ICP/CD** to ensure all outbreak restrictions are identified and implemented in facility (***see Appendix 2***)
    - a. Keep Resident in Isolation (on their own with private toilet) or as directed by ICP/CD
    - b. Consult with ICP/CD about wide-spread testing of other residents/staff with NP swab

- c. Determine if unit or building needs to be on lock down & appropriate containment strategies
  - d. Ensure all affected residents are under droplet/contact precautions with staff adhering to PPE & hand hygiene recommendations.
  - e. With support from ICP/CD, notify all support services of positive case:
    - i. Food Services → Tray service indicated for all affected residents  
Housekeeping → Enhanced Cleaning and as directed by ICP/CD
    - ii. Pharmacy → Will need to develop one way medication delivery
    - iii. Admitting → Bed closures required & will be facilitated with direction from ICP/CD with notification to access team
2. **Urgently Consult with MRP** regarding clinical status of resident
- a. Using SBAR (*see Appendix 6*) Review clinical status of resident
  - b. Discuss whether urgent transfer required, otherwise this will be deferred to Emergency Outbreak Management Teleconference [*see Appendix 3*])
  - c. *Fax SBAR to MRP once conversation complete*
  - d. Ensure MRP is aware of emergency outbreak management teleconference **(250.519.7700 local 26834)**. Ensure MRP is aware this teleconference will occur 90-120 minutes from the time CD notified you/unit of positive case, provide them with exact time
  - e. Disclosure of COVID-19 positive status to family/TSDM for impacted resident will occur after the emergency outbreak management teleconference (likely by MRP). Communication to all impacted residents will also need to occur following emergency outbreak management teleconference. Discuss with SW, CD/ICD and site leadership team.
3. **Urgently Notify Manager/Director of Care or on-call delegate of positive swab**
- a. Manager to escalate communication (*see Appendix 3*)
  - b. Provide information to manager/DOC (*see Appendix 7 for details*):
    - i. Extent of outbreak
    - ii. Supplies: Swabs & PPE
    - iii. Any staffing related matters
    - iv. Time of initial notification of positive result so teleconference time can be appropriately reported out
4. **Participate in Emergency Outbreak Management Teleconference (site leadership required including charge nurse)**
- a. To occur 90-120 minutes from time site is notified of initial positive result by CD
  - b. To participate in teleconference, **dial 250.519.7700 local 26834**

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

- a. Take all vital signs and assess clinical status
- b. Ensure Resident is dressed in full droplet and contact PPE for transfer as tolerated, surgical mask & hand hygiene at minimum
- c. MRN to call appropriate transfer vehicle (*see Appendix 5*)
  - i. Emergency Health Services (i.e. ambulance) @ 911 or Medivan based and report:
    1. COVID-19 status and need to transfer to COVID -19 Cohort unit
    2. Clinical Status (including vitals & MOST)

6. **Document** any COVID-19 positive related clinical assessments, interventions and actions taken in resident's chart

**E. ESCALATING COMMUNICATION: COVID-19 POSITIVE**

**a. Review *Appendix 3* Escalating Communication COVID-19 CONFIRMED POSITIVE**

- Charge Nurse to notify Manager/DOC
- Manager/DOC will escalate communication to LTC Director & site executive leadership AND medical coordinator
  - LTC Director on call is contacted via **RJH Switchboard 250.370.8000**. ENSURE Switchboard is aware you are calling regarding a COVID-19 issue
- LTC Director to notify 1) Executive Director Mark Blandford; 2) LTC COVID-19 Response Team; 3) MHO; 4) Admin Assistant; 5) Licensing & Communications

**b. The following **meeting structure** will be implemented**

- i. Emergency Outbreak Management Teleconference (EOM) (90-120 minutes from initial site notification by CD/IPAC)
- ii. Incident Management Teleconference led by ED (Immediately after EOM)
- iii. Outbreak Management Follow Up (2-3 hours following EOM)

**F. DISCLOSURE & COMMUNICATION FOR COVID-19 OUTBREAK**

- a. **For COVID-19 Positive Resident (s):** MRN will work with MRP +/- Medical Coordinator to determine who will disclose diagnosis following Emergency Outbreak Management Meeting
- b. **General Family, Media, Ministry of Health (MOH):**
  - Site Leadership will work with Island Health Communications lead & LTC Response Team member, Dominic Abassi, to develop an information bulletin.
  - Input and approval will be request by site leadership. Subsequently, approval from MOH & Island Health Executive leadership will be required prior to release to family, media.

- For any Media inquires, site leadership should re-direct and consult with Island Health communications at **250.740.6951**

#### **G. COVID-19 NEGATIVE**

- a. If Resident NP swab results are negative:
  - Continue isolation until symptoms have resolved. If another infectious cause is identified, consult with CD/ICP & follow appropriate infection control precautions for that pathogen.
  - If symptoms continue, progress, or worsen, retesting after several days may be considered. Consult with the CD or ICP practitioner and the MRP.
    - MRN to take NP swab if determined clinically warranted & follow steps outlined in 1.2 as appropriate.

#### **2.0 SUPPLIES/SWABS**

- a. All sites are to keep supply of 5 NP swabs at all time and are expected to routinely monitor supply level
- b. Please place any supply requests for the weekend prior to 1500 the proceeding Thursday
- c. Should you require additional swabs, contact Island Health Lab Team Lead [Michelle.Singleton@viha.ca](mailto:Michelle.Singleton@viha.ca) or @ 250.737.2000 ext 45673 who will arrange delivery
- d. In event of outbreak and after hours, call 250.370.8720

#### **3.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- a. During Business hours (M-F 0800-1600): Site to contact LTC PPE Lead via [ltcresponseteam@viha.ca](mailto:ltcresponseteam@viha.ca)
- b. After hours, contact LTC Director/Operations Director will notify Logistics Corporate director at 250.370.8116 ext. 18116

#### **4.0 INFECTION CONTROL PRACTITIONER & COMMUNICABLE DISEASE CONTACTS**

##### **ICP Contact Numbers (Island Health Owned & Operated)**

- a. Directly contact your Site Specific IPC or find their contact in hyperlink: [IPC Contact](#)
- b. After Hours: Medical Microbiologist via Royal Jubilee Hospital Switchboard x 250.370.8000

##### **CD Contact Numbers (Affiliates)**

- c. South CD Office (Victoria): 1.866.665.6626
- d. Central CD Office (Nanaimo): 1.866.770.7798
- e. North CD Office (Courtenay): 1.877.887.8835
- f. After Hours CD (Affiliates): Medical Health Officer on call: **1.800.204.6166** (can also reach this number via RJH switchboard **250.370.8000**)

#### **5.0 TEMPORARY STAFFING ACCOMMODATION (TSA)**

- Island Health will pay for TSA costs for employees for accommodation not including ancillary costs as per the [Island Health TSA policy](#)

- In the first 72 hours during an outbreak, site leadership should identify and bring forward any staff requiring TSA to the incident management meeting to relay to Director of Logistics. Logistics Director will support TSA process up to securing and booking accommodation.
- After the initial 72 hours, employees will need to apply for TSA via the policy by submitting the [TSA application form](#) to: [COVID19TemporaryStaffAccommodations@viha.ca](mailto:COVID19TemporaryStaffAccommodations@viha.ca).
- [Ministry Provided Accommodation List](#)

**6.0 COVID-19 RESPONSE TEAM:** The COVID-19 LTC Response team will engage with site as determined by LTC Director & be available to support and provide consultation to impacted site as appropriate. Response team member(s) may perform site visits as indicated

### Persons/Groups Consulted:

Medical Health Officer, Communicable Disease Nurse, Infection Control and Prevention, Long-term Care Executive Leadership, Long-term Care Clinical Experts, LTC COVID-19 Practice Council

### 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.
- **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

### Resources

(e.g., Definitions, Related Island Health Standards, References)

- [BC Center for Disease Control \(BCCDC\) Long-term Care Facilities & Assisted Living](#)
- [BCCDC: COVID-19: Testing Guidelines for British Columbia](#)
- [Regional Geriatric Program of Toronto \(2020\). COVID-19 in Older Adults](#)
- World Health Organization: [Operational Considerations for case management of COVID-19 in health facility and community](#)

### Appendix

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

Owner: Long-term Care COVID-19 Practice Council

Date/Time Issued: 2020-MARCH-23 LAST UPDATED: July 24, 2020

Page 7 of  
14

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## Appendix 1: COVID-19 Protocol LTCF

### ROUTINE SCREENING & MONITORING

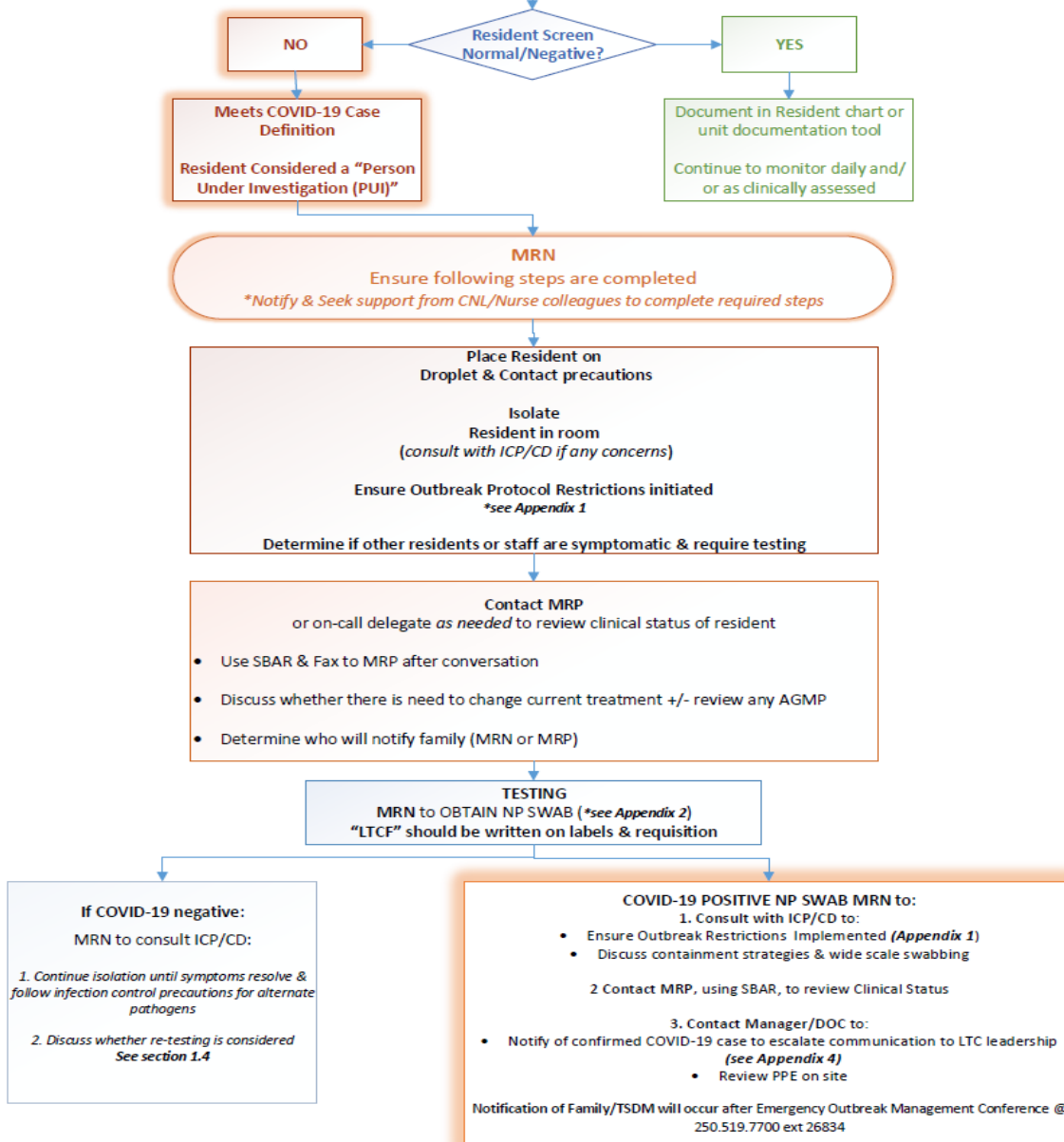
MRN to Assess EVERY resident for COVID-19:

1. Respiratory/Influenza like symptoms: fever, chills, cough, shortness of breath, sore throat, painful swallowing, runny nose, nasal congestion, loss of sense of smell or taste, headache, muscle aches, fatigue

2. Atypical Symptoms : Nausea, vomiting, diarrhea, conjunctivitis, dizziness, abdominal pain, skin rashes or discoloration of fingers or toes, loss of appetite, acute cognitive changes, functional decline, extreme fatigue or malaise

3. Temperature

On Admission, Discharge AND ONCE Daily





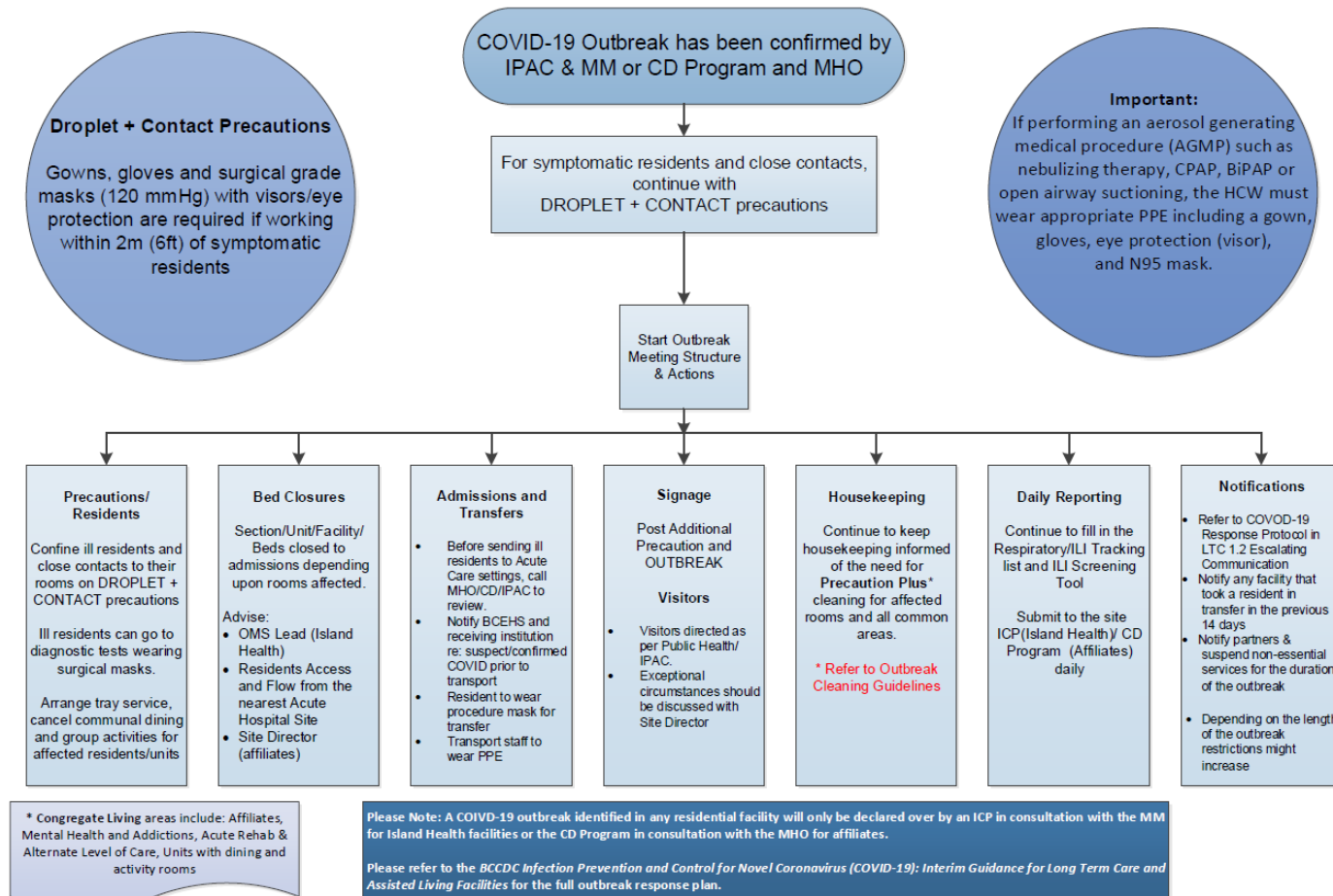


## Appendix 2: COVID-19 LTC Outbreak Restrictions Protocol



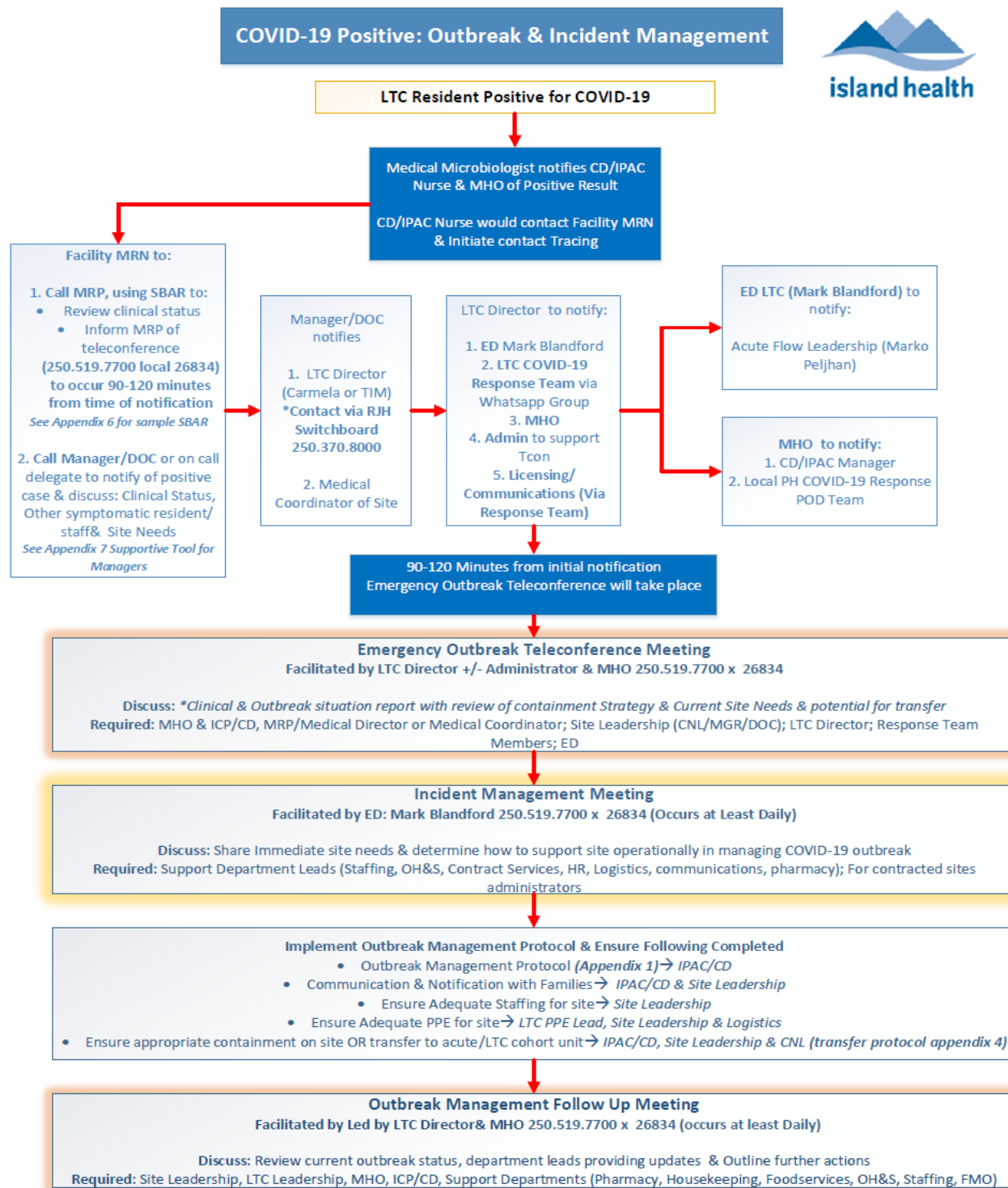
### COVID-19 Outbreak Restrictions Imposed: Long-Term Care/Congregate Living\*

COVID-19  
Revised: 23-Mar-2020






### Appendix 3: Escalating Communication COVID-19 CONFIRMED POSITIVE



Appendix 4: [How to collect a NP Swab \(preferred specimen\)](#)**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.

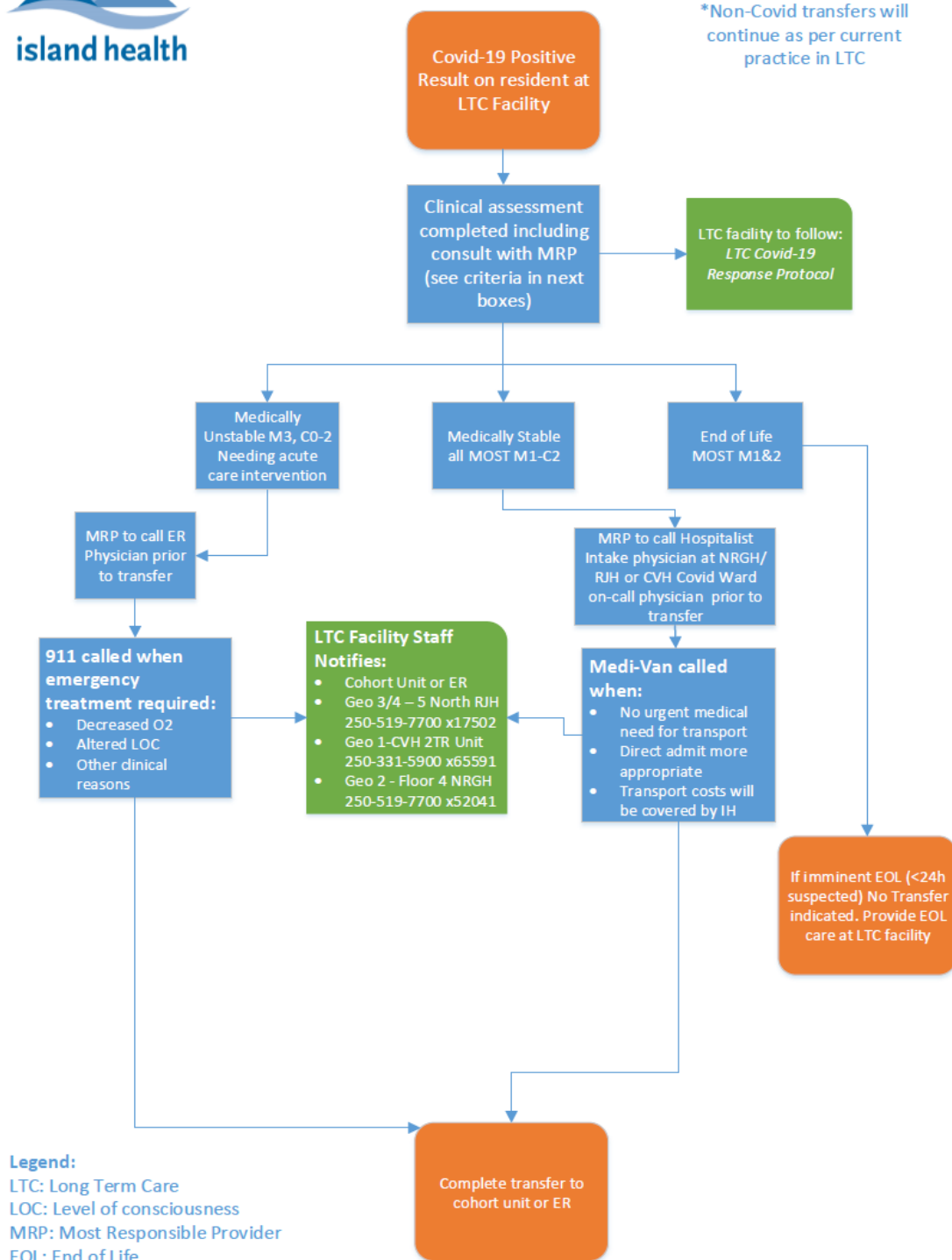


Appendix 5: COVID-19 Confirmed Positive Transfer Protocol



Long Term Care Covid-19 Positive Transport Algorithm\*

\*Non-Covid transfers will continue as per current practice in LTC



### Appendix 6: SBAR Sample

After-Hours Communication SBAR Form				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					
<b>HAVE READY</b> <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:				Resident Primary Contact (Name & Phone)	
Call Time:					
Phone:				Local:	
SITUATION	<b>Reason for Call</b> <input type="checkbox"/> Chest pain <input type="checkbox"/> Diabetes <input type="checkbox"/> Lab values (critical) <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Confusion <input type="checkbox"/> Fall with injury <input type="checkbox"/> Medication error <input type="checkbox"/> Skin problem <input type="checkbox"/> Agitation <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> Pain management <input type="checkbox"/> Urinary concern <input type="checkbox"/> Cardiac <input type="checkbox"/> Death (unnatural) <input type="checkbox"/> Gastrointestinal concerns <input type="checkbox"/> Palliative orders <input type="checkbox"/> Other (inform dispatch) <input type="checkbox"/> Change in LOC <input type="checkbox"/> Delirium <input type="checkbox"/> Influenza symptoms <input type="checkbox"/> Query fracture				
	Notes: _____				
FURTHER COVID-19 SCREENING	<b>** Common COVID-19 symptoms highlighted in red **</b> Other S&S's of the resident: <input type="checkbox"/> Change in LOC; <input type="checkbox"/> Cough or 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 _____ <b>MOST: M_____ or C_____</b>				
ASSESSMENT	BP	SpO <sub>2</sub>	RR	Temp	<b>Assessment ** Ensure all vital signs &amp; a respiratory assessment are recorded PRIOR to calling **</b>
	HR	eGFR	<input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen @ _____ L/min		
	If Available/Relevant				
	INR	BG	Pain		
RECOMMEND	Nursing Recommendations				
RESPONSE	<b>On-Call Physician Response ** ORDERS MUST be transcribed in the chart – this section is to note response only **</b>				
	<b>IF RESIDENT COVID-19 + :</b> Physician (MRP during weekday, LTCI On-Call, or MC) is to attend an <b>Emergency Outbreak Management Teleconference, 90-120 min after Communicable Health Nurse notifies the facility nurse, by calling 250.519.7700 ext. 26834.</b> <b>→ Refer to the Island Health COVID-19 Response Protocol: Long-term Care Facility for further steps.</b>				
FOLLOW-UP	<b>Nurse or Designate to FAX completed SBAR &amp; Additional Documentation to:</b> <b>FAXED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>1. On-Call Physician (fax #s on second page):</b> <input type="checkbox"/> SBAR <b>2. MRP:</b> <input type="checkbox"/> SBAR & <input type="checkbox"/> Additional Documentation - <input type="checkbox"/> Follow-up required <input type="checkbox"/> For your info only				
	<b>Place completed SBAR in the Physician Notes section of resident chart:</b> <input type="checkbox"/> Date: _____ Time: _____				

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### Appendix 7: LTC Site Leadership Checklist

Owner: Long-term Care COVID-19 Practice Council

Date/Time Issued: 2020-MARCH-23 LAST UPDATED: July 24, 2020

Page 13 of

14

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

Last Updated: May 5, 2020