

COVID-19 Outbreak Investigation LTC Checklist



Items denoted by this symbol are control measures which should be implemented immediately.

Restrict Visitation and New Admissions

- Post signage at the front entrance restricting visitors and non-essential staff.
- Do not admit new residents to the facility until further notice.

Isolation Precautions and Practice Social Distancing

- When there are cases of COVID-19 in your facility, staff should follow standard, contact and droplet precautions with the addition of eye protection for the care of all residents, regardless of symptoms whenever possible.

Information

In times of shortages of Personal Protective Equipment (PPE), the following would be permitted:

- Gowns only used during aerosol generating procedures; care activities where splashes and sprays are anticipated; during high-contact resident care activities. The same gown may not be used for more than one resident.
- Extend the use of respirators, facemasks, and eye protection. The same respirator, facemask, and eye protection may be used during the care of more than one resident. The respirator or facemask should be discarded when: damp, damaged or hard to breathe through, if used during aerosol-generating procedure, if contaminated with blood or other body fluids.
- Eye protection must be replaced (can be reused after cleaning and disinfection) when damaged or hard to see through, if used during aerosol generating procedure, if contaminated with blood or other body fluid.



- Implement universal use of facemasks for all healthcare personnel while in the facility when an outbreak within the facility has been identified.



- Restrict staff movement between areas of the facility with and without ill residents.

- If EMS is activated, notify them that the facility is currently experiencing an outbreak of COVID-19 prior to their arrival so they may don appropriate PPE prior to resident contact.



- Do not transfer residents to other wards or facilities unless medically indicated. If transfer is medically indicated, inform the receiving facility verbally in addition to written documentation prior to the arrival of the resident.



- Restrict all residents to their rooms with the door closed to the extent possible.



- Use private rooms for ill residents whenever possible. If private rooms are not available, consider other placement options, such as cohorting ill residents with dedicated health care providers and ensuring at least 6 feet of separation and a physical barrier (e.g., curtain) between ill and well residents.



- If residents must leave their room, residents should wear a facemask or use tissues for source control, perform hand hygiene, limit their movement within the facility, and perform social distancing (stay at least 6 feet from others).

All group activities should be cancelled.

Communal dining should be cancelled unless assistance is required as part of the Resident care plan. Residents requiring assistance with feeding should maintain a 6 foot distance from other residents during supervised meals and staff should perform hand hygiene when moving from one resident to another).

Visitors

Restrict all visitation except for certain compassionate care situations, such as end of life situations. (see Public Health order 20-20)

All visitors that must enter the facility (e.g. compassionate care) should sign-in, including: name of visitor, resident that was visited, date of visit and time. Visitors should be limited to 2 persons, and must wear appropriate PPE (e.g. gloves, gown and facemask unless times of PPE shortages, then prioritize a facemask).

Restrict all volunteers and non-essential healthcare personnel (HCP), (e.g., barbers, podiatry, wound care) from entering the facility until further notice.

Testing

Collect nasopharyngeal specimens on symptomatic residents as early as possible in the course of illness. *Residents with respiratory illness should be tested for COVID-19, influenza, RSV and other respiratory viruses according to clinical suspicion. COVID-19 testing should not wait for results of other viral testing.

Monitor HCP and residents for fever and symptoms of respiratory infection

Active monitoring of all residents should occur twice daily “COVID -19 Surveillance Form for Residents” (included) to include heart rate, blood pressure, temperature, respiratory rate, pulse ox, changes in mental status, shortness or breath and cough.

Send updated line listings of residents and staff to your public health contact listed on this form no later than 10:00 a.m. daily.

All staff should be screened for fever, respiratory illness and/or recent exposures to sick individuals prior to entering the facility.

• Document findings using the included “COVID-19 Surveillance Form for Staff” (included), keep the completed form until further notice.

• Any staff member with a positive screen using criteria above, should immediately put on a facemask and leave the facility, they should be excluded from work until cleared by public health.

Return to Work Test Criteria

Health care professionals confirmed or suspected COVID-19 may return to work based on the guidance below.

| | Test-based Criteria | Non-test-based Criteria |
|--|---|--|
| HCWs with confirmed or suspected COVID-19* | <ul style="list-style-type: none"> Resolution of fever without the use of fever-reducing medications and Improvement in respiratory symptoms (e.g., cough, shortness of breath) and Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) | <ul style="list-style-type: none"> At least 3 days (72 hours) after recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) AND At least 10** days have passed since symptoms first appeared. |

Communicate with Residents and Family

- Reinforce sick leave policies. Remind HCP not to report to work when ill.

- Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have HCP demonstrated competency with putting on and removing PPE.

- Educate residents and families, including
 - Information about COVID-19
 - Actions the facility is taking to protect them and their loved ones, including visitor restrictions and how they can protect themselves.

Hand Hygiene & Personal Protective Equipment

- Ensure adequate hand hygiene supplies:
 - Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., in-dining room at front entrance), Make sure that sinks are well-stocked with soap and paper towels for handwashing.

- Ensure adequate supplies for respiratory hygiene and cough etiquette
 - Make tissues and facemasks available for coughing people.
 - Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors and staff.

- Assess current facility inventory of PPE
Facilities should have supplies of:
 - facemasks
 - respiratory (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP)
 - gowns
 - gloves
 - eye protection (i.e., face shield or goggles)

- Make a necessary PPE available in areas where resident care is provided.
 - Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room.

Environmental Cleaning and Disinfection

- Use an EPA-registered, hospital-grade disinfectant to frequently clean high-touch surfaces and shared resident care equipment in addition to routine environmental cleaning.
 - Refer to the EPA website for a complete list of approved disinfectants with an emerging viral pathogen claim:
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> .

- Validate environmental services staff members processes:
 - Follow label instructions on the hospital grade disinfectant
 - Validate disinfection policies and procedures (e.g. cleaning from clean to dirty, changing gloves and performing hand hygiene between rooms and between resident surfaces within the same room).

- Ensure that all non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use (e.g. pulse ox, blood pressure cuffs, patient lifts) prior to use on additional residents.
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The name of your public health contact is:

You can reach me at the following email:

or contact my phone at: