

| COVID-19 Highlights – LONG TERM CARE | |
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| Contact Site ICP/Designate | For ALL suspected or confirmed cases report to site Infection Control Professional or designate. After hours, ensure contact information is available specific to your site/region/SDO. |
| GENERAL INFORMATION | |
| Screening | <ul style="list-style-type: none"> PCHs shall minimize access points and ensure screening of all staff, residents, and visitors/volunteers and contractors or outside care providers is conducted, with signage, and assessment for symptoms or known exposure to COVID-19 prior to entry Residents: <ul style="list-style-type: none"> Screen residents daily for symptoms of COVID-19 Asymptomatic Surveillance is required for residents newly admitted to LTC or returning after greater than 24 hours away from the LTC site <ul style="list-style-type: none"> The nasopharyngeal (NP) swab will be taken at the LTC facility on admission Collect 1 NP swab placed in viral transport medium and indicate “Asymptomatic Surveillance” on the Cadham Lab requisition Staff: <ul style="list-style-type: none"> Refer to the Guiding Principles for Sustainable Staff Screening Visitors (see Visitor Management section below) <p><i>Screening criteria are intended to supplement clinical judgement, not supersede it</i></p> |
| Exposure Criteria | <p>Staff asks in the past 14 days have you:</p> <ul style="list-style-type: none"> Returned from travel, including outside Manitoba (not including Western Canada, the Territories or Ontario west of Terrace Bay); OR Had exposure* to a confirmed (presumptive positive) case of COVID-19; OR Had a lab exposure working directly with biological specimens that contain COVID-19 <p>*includes attendance at large group settings where someone confirmed as COVID-19 positive</p> |
| Signs & Symptoms Criteria | <p>ONE symptom in Category A OR TWO or more symptoms in Category B should be considered symptomatic:</p> <p>A: Fever greater than 38°C or subjective fever/chills; cough; sore throat/hoarse voice; shortness of breath/breathing difficulty; loss of smell or taste; vomiting or diarrhea for more than 24 hours; clinical features of multisystem inflammatory syndrome (MIS-C) or features of Kawasaki Disease</p> <p>B: Runny nose, muscle aches, fatigue, conjunctivitis, headache, skin rash of unknown cause, nausea or loss of appetite; poor feeding (in an infant)</p> |
| INFECTION PREVENTION & CONTROL MEASURES | |
| Refer to: COVID-19 Infection Prevention and Control Guidance for Personal Care Homes | |
| Residents with signs/symptoms (Source Control) | <ul style="list-style-type: none"> Signage at entrances Hand hygiene (HH) and respiratory etiquette Separate residents with potential infection if unable to immediately isolate |
| Additional Precautions & Personal Protective Equipment (PPE) | <ul style="list-style-type: none"> Droplet/Contact Precautions with Airborne Precautions for aerosol-generating medical procedures (AGMPs) for COVID suspect and positive residents Post appropriate precautions signage on room door Follow the Provincial PPE requirements for Long-Term Care Dedicate resident equipment |
| Resident Accommodation | <ul style="list-style-type: none"> Single room, preferred. If cohorting necessary, consult IP&C; only possible for confirmed infection For AGMPs, single room with closed door |
| Testing | <ul style="list-style-type: none"> Collect 1 nasopharyngeal (NP) swab placed in viral transport medium in addition to routine investigations; Video: https://vimeo.com/398627117/e35232c036 On the Cadham Lab requisition, clearly identify that the resident lives in long term care, relevant symptoms, and request for COVID-19 test More severely ill residents may also require deep lung specimens be submitted, such as sputum, ETT secretions or broncho-alveolar lavage specimens |
| Resident Transport | <ul style="list-style-type: none"> Transport out of the isolation room for medically essential purposes only Notify Patient Transport Services and receiving department regarding Additional Precautions required in advance of transport Assist resident to apply a mask and to perform hand hygiene |
| Resident Items | <ul style="list-style-type: none"> Appropriately clean and disinfect essential personal use items (e.g., dentures, hearing aids), with care, upon arrival Newspapers, cards and books are allowed if dedicated to one resident (i.e., single resident use). All items delivered, such as food, toys, electronic games, plants, and flowers, must be dedicated to the intended resident only, and not shared amongst residents Ensure hand hygiene before and after interaction with items. Maintain physical distancing at the hand off |
| Discontinuation of Precautions | <ul style="list-style-type: none"> To discontinue precautions for an asymptomatic COVID-19 suspect resident with known exposure history, consult IP&C/designate. <ul style="list-style-type: none"> Precautions may be discontinued 14 days from last exposure |

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| | <ul style="list-style-type: none"> ○ If symptoms develop, collect specimen. In this situation, precautions may be discontinued 14 days from symptom onset and 72 hours while asymptomatic must have passed, whichever is longer • To discontinue precautions for a COVID-19 positive resident, consult IP&C/designate. <ul style="list-style-type: none"> ○ Precautions may be discontinued 14 days from symptom onset and 72 hours while asymptomatic must have passed, whichever is longer • Where there are negative COVID-19 test results in residents with respiratory symptoms in a long term care or residential facility: <ul style="list-style-type: none"> ○ Consult IP&C. Resident management maybe adjusted to follow seasonal viral respiratory management protocols (i.e., Droplet/Contact Precautions and discontinuation of precautions when symptoms resolve) ○ Decisions are based on relevant epidemiological data (i.e., known COVID-19 case(s) in the facility, community or congregated/work setting, or outbreaks). Those with known exposure history (contact, travel, or lab exposure) would not change additional precautions, regardless of swab results. |
| Visitor Management | <ul style="list-style-type: none"> • Follow the COVID-19 Personal Care Homes Resident Visitation Principles <ul style="list-style-type: none"> ○ PCHs are encouraged to identify and implement creative solutions to facilitate and actively support virtual visits (e.g. video call on cell phones or tablets, window visits) ○ Visitor restrictions are directly related to the presence/transmission of COVID-19 in the province as determined by Chief Public Health Officer. Restrictions are separated into three distinct levels as outlined in the COVID-19 Personal Care Homes Resident Visitation Principles • All visitors must be screened, including assessment for symptoms or known exposure to COVID-19 prior to each entry. Refer to the COVID-19 Process for Managing Visitors to Long Term Care • Visitors must follow hand hygiene, physical distancing, respiratory hygiene, and PPE recommendations as outlined; visitors should not be present during AGMPs • End of life care visits: the decision related to when an individual is reaching their end of life will be informed by the care team and is unique to the circumstances of each individual. |
| Physical Distancing | <p>To try to stop progression of virus transmission:</p> <ul style="list-style-type: none"> • Limit close contact (within six feet/two metres) • Avoid greetings that involve touching, including handshakes and hugs • Frequent cleaning and disinfection of regularly used surfaces, recreation equipment, electronics and other personal belongings with a facility-approved disinfectant • Cease large group activities, instead offer smaller recreation activities with residents who are well and not symptomatic, avoiding close contact (less than 2 metres or 6 feet) |