# LTC COVID-19 Outbreak Operations Checklist

## Vancouver Coastal Health

- **VCH Operations Director** schedules an internal SWAT meeting with Communications, Logistics, Risk Management/Client Relations, Medical Health Officer, CLEAR Team
- **VCH Operations Leader** contacts care home leadership to review immediate requirements, and schedule daily teleconferences.
- Medical Health Officer mobilizes the CLEAR Team on Day 1 to support care home staff, leadership and assess infection control needs
- **MHO** provides letters to residents, family and staff to notify of an outbreak
- Contact information for the VCH Family Support Line is included in the resident and family letter
- MHO advises Communicable Disease Control to add care home to the VCH Facility Outbreak Bulletin
- Public Health assesses staff risk of exposure, and provides direction for testing and/or 14-day isolation, and return to work
- Schedule daily t-cons: Site Leadership, Medical Health Officer, CLEAR Team, Public Health and care home Medical Coordinator

## Care Home

- Distribute MHO letters to residents, families and staff
- Identify a single contact person to work with VCH Operations Lead
- Set up an operations centre with WiFi and cellular service. Large white board and care home floor plans are required for operations centre
- Post outbreak notices on care home website and main entrance
- In consultation with the CLEAR team, establish one directional entry and exit for staff
- Place red dots outside of COVID+ resident room for cleaning and care staff
- Cohort staff to work in outbreak area/unit only. Ensure staff do not work in outbreak and non-outbreak areas
- Establish space for staff to change clothing/uniforms, and dedicate space for staff personal belongings
- Monitor PPE supply and calculate daily usage to sustain contact and droplet precautions for residents
- Beginning with the outbreak area/unit, set-up PPE carts and garbage disposal outside each resident room
- Schedule routine care huddles: Who are you worried about?
  - COVID + residents
  - Anxious/worried residents
- Under direction of the MHO, move COVID +ve residents in shared rooms to a private room
### LTC COVID-19 Outbreak Operations Checklist

**Completed**

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<thead>
<tr>
<th>Care Home</th>
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<tbody>
<tr>
<td>Email the following information to the VCH Operations Lead:</td>
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<tr>
<td>o Site Floor Plans</td>
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<td>o Confirmation of the number of residents occupying the different floors/neighbourhoods</td>
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<td>o Visitor Log</td>
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<td>o Staff List (names, occupation, DOB, PHN, phone numbers)</td>
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<tr>
<td>o Contractor lists, including housekeeping, food services, maintenance, admin, etc.</td>
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<tr>
<td>o Baseline staffing schedule for care and non-care staff</td>
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<tr>
<td>o List of Resident with room numbers and PHNs</td>
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<td>o Dates initial case(s) were outside of care home for medical and/or social visits for the 14 days prior to symptom onset</td>
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<tr>
<td>Assign tasks/roles for allied and support staff (see below)</td>
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<td>Establish a staff communication board with key messages and regular updates</td>
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<td>Review business continuity plan for anticipating a drop in staffing levels to 75% for the first few days of the outbreak</td>
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<td>Develop a plan to support families with PPE education, donning/doffing for their EOL visits</td>
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<td>Develop a process to manage personal belongings after COVID +ve residents pass away; such as plastic storage totes</td>
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<td>Request staff training and fitting for N95 masks if residents require AGMPs</td>
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<td>Review companion education and requirements</td>
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#### Tasks/roles for allied and support staff

**RD**: review diets, meal delivery processes and transition to single serve items
- identify residents at risk of decreased intake with isolation who will need support for meals
- develop a hydration plan for residents at risk of dehydration

**OT**: identify COVID+ve residents at risk of skin breakdown while restricted to room, and ensure appropriate seating and surfaces in bed
- Identify residents who need support with meals, and assign competent staff to assist

**PT**: identify residents at risk of significant mobility/contracture risk – develop a plan for RA and/or nursing/Rec staff to mobilize/walk/reposition as appropriate

**Rehab**: to follow OT / PT direction to support residents with mobility, meals, positioning, pressure injury prevention etc.

**Recreation**: identify residents at risk of mood and behaviour changes with isolation and routine
changes. Schedule appointments with residents and family for virtual visits and with residents for recreation therapy to address mood/behaviour risk

Social Work: support for family communications → send/receive emails, phone calls, virtual visits

Maintenance: extra spot cleaning, garbage removal, ABHR placement, and general duties such as wrapping furniture, setting up commands centres, etc.

Administrative: assistance to create contact lists, photocopying, setting up the command centre

Human Resources: staff scheduling, managing sick calls, provide emotional support of staff

Office of the VCH Medical Health Officer:
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