



## Coronavirus (COVID-19) Management LTC Guideline (as of March 27, 2020)

**Preamble:** Specific actions taken now will also assist with decreasing potential spread throughout the facility. Actions such as visitor restrictions, active screening, decreasing staff movement across units, limiting recreation activities to the unit and enhanced cleaning will assist in appropriate preparation should a case or outbreak of COVID-19 occur in your facility.

### Cause/Epidemiology

The causative organism is a coronavirus. Transmission is described as occurring from animal host to human and later from human to human host. The initial animal host is not yet confirmed. *This guidance is informed by currently available scientific evidence and expert opinion, and is subject to change as new information on transmissibility and epidemiology becomes available.*

### Infection Prevention and Control Practices

Follow Routine Practices in addition to the following:

1. If a resident develops respiratory symptoms of any severity, consider if their signs and symptoms are consistent with COVID-19 (see box below). At this time, there is no clearly defined case definition for COVID-19. Refer to the [Respiratory Illness Suspected to be COVID-19 Algorithm](#) in Appendix 1.

#### Signs & symptoms of COVID-19:

- Cough
- Fever\*
- Difficulty breathing
- Sore throat
- Runny nose
- Malaise
- Headache

\*Fever may not be present in the elderly (65 years of age or older).

In the elderly, fever is defined as:

- A single oral temperature greater than 37.8°C OR;
- Repeated oral temperatures greater than 37.2°C or rectal temperatures greater than 37.5°C OR;
- A single temperature greater than 1.1°C above baseline from any site (oral, tympanic, auxiliary)

2. Implement [Droplet/Contact Precautions](#) and the following additional precautions:
  - Post appropriate precautions signage on the room door, indicating necessary precautions required for staff
  - Use gloves, gown, procedure or surgical mask, face/eye protection
    - Video: Donning PPE <https://youtu.be/B5ew8020fwc>
    - Video: Doffing PPE <https://youtu.be/Lly8DjGcvDM>
  - Minimize staff movement between units
  - Dedicate equipment to the resident
  - Placing the resident in a single room with a private bathroom is preferable; if not possible, draw the privacy



curtain and maintain a 2 metre separation between residents

- Airborne Precautions for aerosol generating medical procedures (AGMPs) using a single room with door closed. Staff must wear a N95 respirator. After treatment, door must remain closed for 60 minutes. Refer to the Clinical Recommendations for PPE (mask vs respirator)

3. Collect 1 nasopharyngeal (NP) swab placed in viral transport medium in addition to routine investigations. **Do NOT wait for a prescriber order, ICP direction, or outbreak code to send swabs.**

- On the Cadham Lab (CPL) requisition, clearly identify that the resident lives in long term care, relevant symptoms, and request for COVID-19 test.
- Collection of NP swab instructions can be found online at:
  - Written instructions: Collection of Nasopharyngeal Specimens
  - Standard Operating Procedure: <https://sharedhealthmb.ca/files/covid-19-sop-swab.pdf>
  - Video: <https://vimeo.com/398627117/e35232c036>
  - Site specific instructions for transporting swabs: \_\_\_\_\_
  - To order VTM (viral transport medium) and/or flocked swabs: complete the Cadham Lab Supply Request Form available at: <https://www.gov.mb.ca/health/publichealth/cpl/general.html> and fax to (204) 786-4770.
- Positive results will be reported to the CD Coordinator, Medical Officer of Health and the site Infection Control Professional (ICP) or designate.

4. Notify:

- Site Infection Control Professional (ICP) or designate
- Site Leadership and Medical Director
- Affected resident's family of respiratory symptoms
- WRHA LTC Infection Prevention & Control Coordinator at (204) 940-8554 or [mparadisjuba@wrha.mb.ca](mailto:mparadisjuba@wrha.mb.ca)  
 After hours, please leave a message for follow-up.

5. Conduct active case finding for other symptomatic residents. If other symptomatic residents are identified, repeat steps 2-4.

6. Declare an outbreak if 2 or more residents in a facility meet the signs & symptoms of a respiratory illness suspected to be COVID-19 (see step 1 above) within the same 7 day period and there is evidence of spread. If only 1 resident is affected, proceed to step 10.

7. During regular working hours, contact your **Communicable Diseases Coordinator for an outbreak code** (as per the table below).

- Affix the outbreak code onto the specimen requisitions in order to have them sent for rapid testing.
- Notify the LTC Infection Prevention & Control Coordinator or copy them on the email to the CD Coordinator.

<p><b>Tanya Horton</b>  <a href="mailto:thorton2@wrha.mb.ca">thorton2@wrha.mb.ca</a></p>	<p>Actionmarguerite - St. Boniface, Actionmarguerite - St. Vital, Bethania PCH, Concordia Place, Donwood Manor, Golden Links Lodge, Kildonan Place, Meadowood Manor, Park Manor, River East PCH, River Park Gardens, Health &amp; Transition Services - St. Amant, Vista Park Lodge, Luther Home, Maples PCH, Middlechurch Home of Winnipeg, Actionmarguerite - St. Joseph's</p>	<p>Tel: 204-940-2326          Fax: 204-940-2690</p>
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<p><b>Lynn Klassen Semeniuk</b> <a href="mailto:lklassensemeniuk@wrha.mb.ca">lklassensemeniuk@wrha.mb.ca</a></p>	<p>Charleswood Care Centre, The Convalescent Home of Winnipeg, Deer Lodge Centre, Golden Door, Golden West, Heritage Lodge, Holy Family Home, Oakview Place, Pembina Place, Poseidon Care Centre, Riverview Health Centre, Simkin Centre, Southeast Personal Care Home, St. Norbert, Tuxedo Villa, West Park Manor</p>	<p>Tel: 204-940-3641 Fax: 204- 940-2690</p>
<p><b>Jennifer Omega</b> <a href="mailto:JOmega@wrha.mb.ca">JOmega@wrha.mb.ca</a></p>	<p>Beacon Hill Lodge, Calvary Place, Fred Douglas Lodge, Lions Housing Centres, Misericordia Health Centre, Parkview Place</p>	<p>Tel: 204-940-8280 Fax: 204-940-2690</p>

- After hours or on weekends/holidays there is no access to outbreak codes. In the event that an outbreak code was not obtained, you can contact your CD Coordinator and leave them a voicemail or try calling them again the following day, during regular working hours with the names and PHINs of the residents whose swabs were sent to have them pulled for rapid testing. Do not email resident personal health information.

8. Initiate the **Outbreak Investigation Form** (line list) for affected residents and staff
9. Implement the following **outbreak management measures** until outbreak resolution:
  - Droplet/Contact precautions for affected residents
  - Active case finding for newly symptomatic residents
  - Add newly symptomatic residents to the Outbreak Investigation Form (line list)
  - Collect NP swabs for all newly symptomatic residents with signs & symptoms of a respiratory illness suspected to be COVID-19
  - Increased environmental cleaning at *least twice daily and when soiled* with a facility-approved disinfectant to all surface areas, paying attention to common areas and high touch surface areas such as keypads, door knobs, elevator buttons, counter/desk tops, chairs, light switches, hand railings etc., and completing enhanced cleaning of affected resident rooms last. Ensure manufacturer's wet contact time is maintained on surfaces.
  - Restrict resident movement on the affected unit(s). Residents on precautions are to remain in their room as much as possible; if unable to remain in room, staff to ensure residents hands are cleaned frequently with assistance as required
  - Post additional signage regarding the outbreak at the facility and affected unit(s) entries and exits
  - Dedicate all reusable/shared equipment and supplies; if unable to dedicate use, clean and disinfect equipment and supplies between use with another resident using a facility-approved disinfectant
  - Minimize equipment and supplies in the resident rooms as much as possible
  - Discard items that cannot be appropriately cleaned and disinfected
  - No special care is required for handling linen, cutlery or dishes. Routine Practices are sufficient.
  - No special care is required for handling resident waste. Routine Practices are sufficient.
  - Cease group activities; complete 1-on-1 activities with residents who are well and not symptomatic
  - Notify visitors of outbreak

Staff

- Reinforce staff education on hand hygiene, PPE use, nature of outbreak/illness, outbreak measures, cough etiquette
- Remind ill staff to stay home until no longer symptomatic and seek medical attention as required
- Restrict staff movement on the affected unit(s)
- Daily huddle with staff to reinforce IP&C activities
- Recommend increased observation/feedback on affected unit(s) of appropriate hand hygiene and PPE use

10. Follow-up on NP swab results from Cadham Provincial Lab:
  - Negative for all viruses – discontinue precautions and continue to monitor the resident(s)
  - Respiratory virus (NOT COVID-19) – follow regular processes for other respiratory viruses



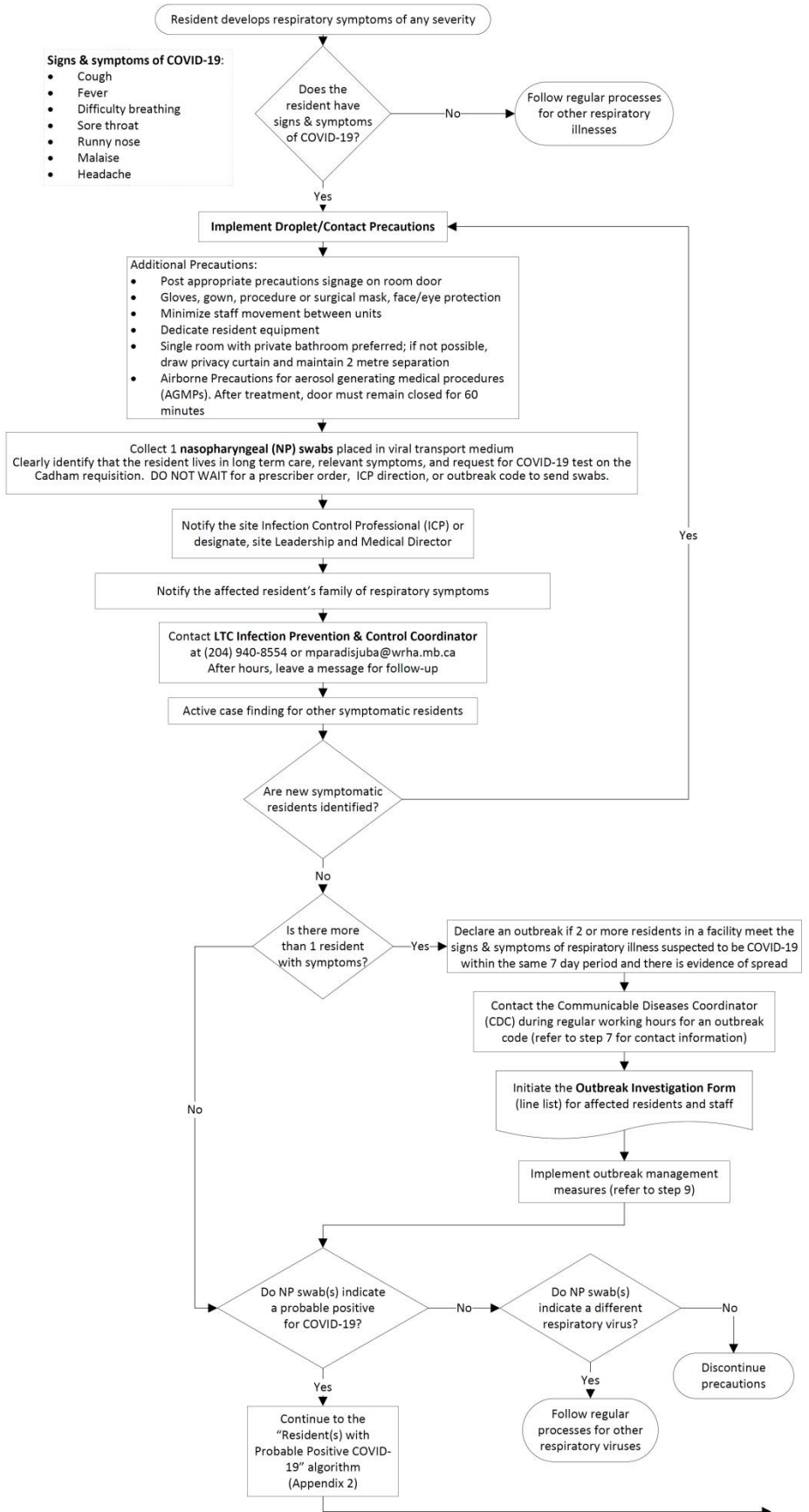
- Probable positive result for COVID-19, continue to step 11 below and refer to the [Resident\(s\) with Probable Positive COVID-19 Result Algorithm](#) in Appendix 2  
Note: CPL will inform the Medical Officer of Health (MOH) of the result
11. Continue Droplet/Contact Precautions. If not in place, implement resident accommodations measures:
- Single room preferred, door may remain open
  - If cohorting required, consult site IP&C or designate
  - For [aerosol-generating medical procedures](#), close door and follow [Airborne Precautions](#). Staff must wear a N95 respirator. After treatment, door must remain closed for 60 minutes. Refer to the [Clinical Recommendations for PPE \(mask vs respirator\)](#)
12. Notify:
- Resident's prescriber or on-call prescriber of probable positive COVID-19 result and current resident condition. Prescriber may consult with the MOH regarding treatment and symptom management.
  - Site Infection Control Professional (ICP) or designate
  - Site Leadership and Medical Director
  - Affected resident or resident's family of probable positive COVID-19 result
  - WRHA LTC Infection Prevention & Control Coordinator [mparadisjuba@wrha.mb.ca](mailto:mparadisjuba@wrha.mb.ca) and WRHA LTC Program Executive Director [hforbes@wrha.mb.ca](mailto:hforbes@wrha.mb.ca). After hours, also include WRHA Admin on-call (204-926-7048).  
Note: the LTC Program will notify WRHA Occupational Health (OESH), WRHA Communications and the LTC Program Medical Director.
13. Suspend all admissions to the PCH.
14. Continue to assess the affected residents' symptoms. If at any point they are not able to be managed in the PCH, consider transfer to acute care if consistent with the resident's goals of care. Refer to the [Transfer to Acute Care for Residents with COVID-19 Algorithm](#) in Appendix 3.
- If transferring to acute care:
- Call 911 regarding the requirement to transfer a resident to acute care and inform them of the resident's probable positive COVID-19 status
  - Call the Emergency Department at the receiving site and inform them of resident's probable positive COVID-19 status
  - Complete the Manitoba Information Transfer Referral Form indicating the resident's probable positive COVID-19 status and include with the other transfer information
  - Assist resident to apply a procedure or surgical mask and to perform hand hygiene
  - Staff involved in the transport must discard PPE upon leaving the room, and apply new PPE prior to transport (perform hand hygiene, apply procedure or surgical mask, isolation gown and gloves)
  - Complete all other regular transfer processes
15. Contact identification:
- Staff contacts:
    - Identify staff in close contact with the resident(s) with the probable positive result(s) in the 14 days prior to onset of signs & symptoms
    - Contact affected staff and direct them to contact Occupational Health (OESH) for direction at 1-888-203-4066
  - Visitor contacts:
    - Identify visitor and external provider contact(s) of the resident(s) with the probable positive result(s) in the 14 days prior to onset of signs & symptoms



- Provide this information to the CD Coordinator as per the contact information in step 7
  - Public Health will take the lead on the contact education & monitoring
  - Resident contacts:
    - Identify residents in contact with the resident(s) with the probable positive result(s) in the 14 days prior to onset of signs & symptoms
    - Assess residents for respiratory signs & symptoms. If a resident has respiratory signs & symptoms, return to step 1
    - Monitor the resident contacts for respiratory signs and symptoms for 14 days from last contact
16. Continue to monitor resident(s) with probable positive COVID-19 results. Result will be confirmed by the National Microbiology Lab. The decision to discontinue precautions requires collaboration between the site Medical Director and Medical Officer of Health, considering both the clinical and laboratory findings and 2 consecutive negative NP swab results, at least 24 hours apart.

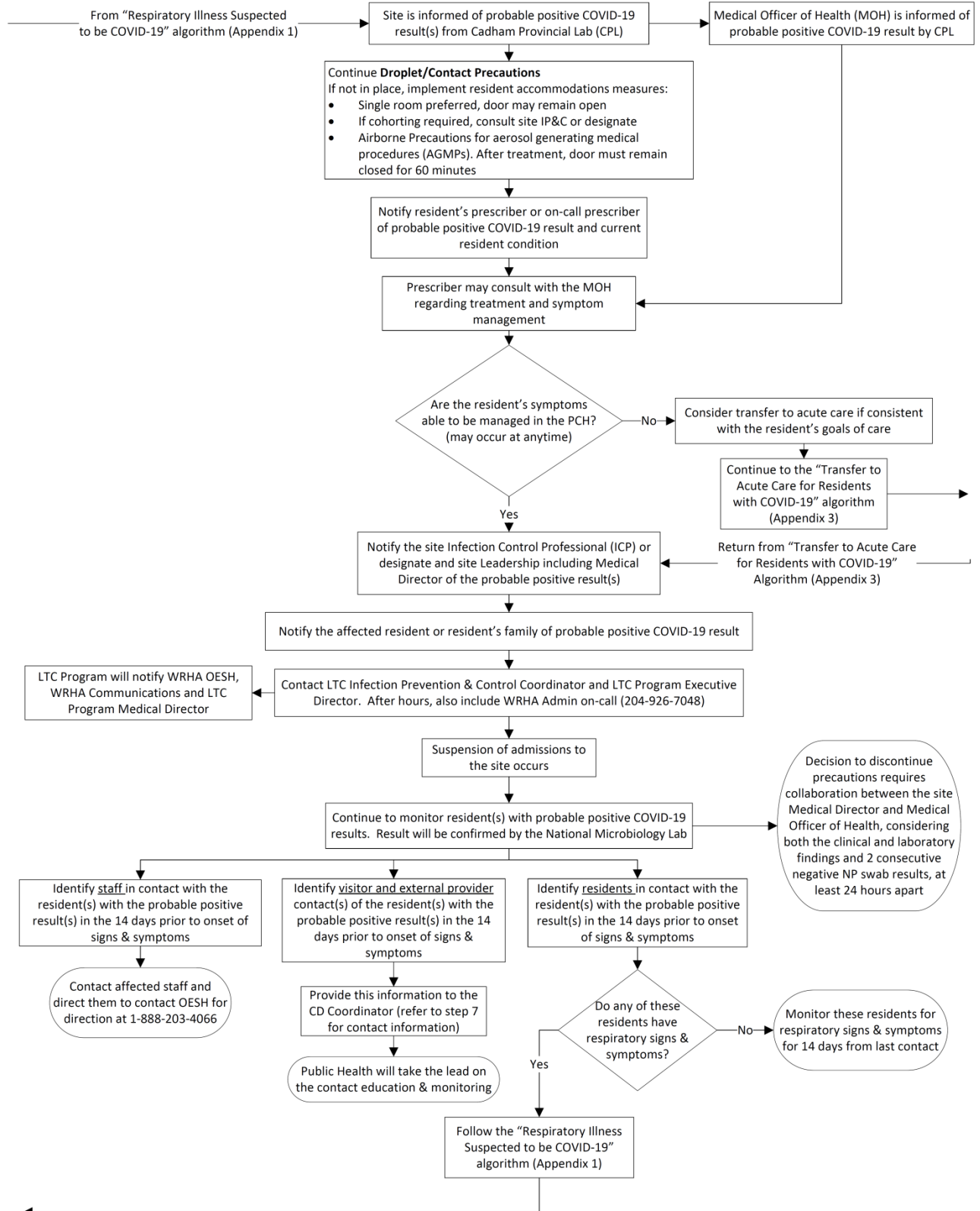


# Appendix 1: Respiratory Illness Suspected to be COVID-19 Algorithm





## Appendix 2: Resident(s) with Probable Positive COVID-19 Result Algorithm





### Appendix 3: Transfer to Acute Care for Residents with COVID-19 Algorithm

