

Table top exercise Facilitator Guide

Resources required for table top exercises:

1. LTC algorithm
2. LTC guidelines
3. Scenarios

Facilitators may find beneficial to have additional material available to reference:

- 1) Donning/doffing poster
 - Video: Donning PPE <https://youtu.be/B5ew8020fwc>
 - Video: Doffing PPE <https://youtu.be/Lly8DjGcvDM>
- 2) How to obtain NP swab poster or video link
 - Standard Operating Procedure: <https://sharedhealthmb.ca/files/covid-19-sop-swab.pdf>
 - Video: <https://vimeo.com/398627117/e35232c036>
- 3) General Principles of Outbreak Management Resource Guide: <https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/ltc/OBMgmt.pdf>
- 4) Seasonal Influenza Management Resource Guide: <https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/ltc/seasonal-influenza-management-1920.pdf>
- 5) Seasonal Influenza Management Quick Reference Guide: <https://professionals.wrha.mb.ca/old/extranet/ipc/files/AppendixG-InfluenzaOutbreakManagementQuickReferenceGuide.pdf>

Purpose of the exercise:

- Provide team with same consistent information and ensure common understanding of the process for managing COVID-19 probable and confirmed cases in LTC
- Identify and implement infection control measures to reduce spread of transmission
- Introduce the COVID-19 Management LTC Guideline including algorithms as a resource for PCHs
- Clarify roles and responsibilities for team members

The three scenarios are meant to facilitate conversation and walk through a practical situation. It should generate conversation, prompt questions, and identify potential gaps. These are meant to be interactive discussions. Throughout the conversation, participants should be thinking about what part they play and who is responsible for each step.

Scenario 1

Mary is an 87 year old resident who has a new cough, runny nose, and a fever.

She is very friendly and likes to wander down the hall visiting with the other residents on her floor. She requires frequent redirection.

You call a huddle to talk about next steps.

- Identify a leader for the team huddle
 - Use the algorithm/guideline provided to guide the conversation
- 1) As a group talk about what measures are currently in place to reduce the risk of spreading any type of virus (e.g. visitor restrictions, more cleaning of frequently touched surfaces, reducing large group activities, increasing physical distance, limiting the movement of staff from unit to unit, etc.)
 - 2) As a team, as you discuss the next steps, ensure you discuss what needs to be done next, how it will occur, and who within the team is responsible to do each item.
 - a) **What needs to occur first?**

Discuss what are some concerns specific to Mary? (i.e. wanders the hall and socializes with many other residents and visitors) Keep these in mind as part of Mary's care plan.
 - i) **Implementing droplet/contact precautions:**

Consider the following:

 - ✓ Signage: Post signage on the door
 - Where is this signage located?
 - Who will post the sign?
 - Who will explain the precautions to the resident?
 - ✓ Equipment: Dedicated resident equipment (gloves, gown, procedure mask, face/eye protection, N95 masks for aerosol generating medical procedures [AGMP's])
 - Where is this equipment located?
 - Who will gather this equipment?
 - How will it be stored outside the resident's room?
 - What is an aerosol generating medical procedure [AGMP's] - are N95 masks needed?
 - ii) Are there any additional infection control measures that need to be put in place?
 - Due to the COVID-19 pandemic, there may be extra precautions that are to be implemented, if possible. What do you think that might be?
 - Single room (who will coordinate and organize this)
 - Limiting the number of staff in and out of the room
 - iii) When you think of the outbreak measures, do you foresee any challenges related to Mary's habits?
 - ✓ Consider:
 - What infection control measures should we take if Mary does come out of her room?
 - Teams will need to brainstorm strategies, other team members who may help, etc.

b) **What test needs to be performed to identify the possible cause of the symptoms as per usual practice?**

- ✓ Collect 1 nasopharyngeal swab (NP) swab and place in viral transport medium.
 - Lab requisition forms should include: travel history, relevant symptoms, and request for COVID-19 testing on the Cadham Provincial
 - ****Do not** wait for ICP or outbreak code to send the swab

- ✓ In regards obtaining a sample, consider the following:
 - Where are the swabs located?
 - Where is the procedure for collecting the swab?
 - Who will complete the collection?
 - Where does the swab go after it is collected?
 - How is the swab transported to the lab for testing?
 - Do I know the correct procedure for obtaining the specimen swab?

c) **Who needs to be notified of this situation?**

- ✓ Site ICP/delegate (who is this, who is notifying them)
- ✓ Site leadership and medical director (who will notify them)
- ✓ Resident's family (who will notify them, what kind of information do we want to provide them)
- ✓ Contact LTC Program ICP Coordinator (who will do this)

d) **Do we need to be concerned about other residents?**

- ✓ Actively looking for other cases where have new symptoms been identified (who does this and what does this look like)
- ✓ What do you do if you find other residents with symptoms?

e) **If there more than 1 one resident with symptoms, what do I need to do?**

- ✓ Consider:
 - Is this different than the normal outbreak procedure? **No, it is not.**
- ✓ Declare an outbreak, and then:
 - Implement outbreak measures
 - Contact CDC (ICP/designate role)
 - Initiate the outbreak investigation form (ICP/designate role)

We are now waiting for the swab results to help us determine next steps...

Scenario 2

Mary is an 87 year old resident who has been on droplet/contact precautions since developing a new cough, runny nose, and fever 2 days ago. She is already in a single room.

The Communicable Diseases Coordinator (CDC) calls with the results of Mary's nasopharyngeal swab and the results are **probable positive for COVID-19**.

- a) **Does anything need to change or be added for precautions? Any challenges with managing current precautions that are in place?**
- b) **What should be done from a clinical perspective?**
 - ✓ Ongoing assessment and monitoring of resident should already be occurring, and managing of symptoms continue as needed
- c) **Who needs to know this information? Consider what kind of info do they need, who will contact the person, and how will they be contacted.**
 - ✓ Prescriber (who does this)
 - Needs to know the result, along with current update of the resident's health status
 - Consider/discuss whether current symptoms can be managed (is this any different than symptom management for other viruses?)
 - ✓ ICP/designate
 - ✓ Site leadership
 - ✓ Medical director of results
 - ✓ Affected or resident's family
 - ✓ Notify the WRHA LTC Program IP&C Coordinator and LTC Program Executive Director
- d) **Does the facility accept new residents at this time?**
 - ✓ Admissions will be suspended with the probable positive COVID-19 confirmation
- e) **Do you think investigation of who came in contact with Mary needs to be done?**
 - ✓ Yes, contact tracing will need to occur
 - Need to identify any staff, other residents, and visitors who have been in contact with her within 14 days of her symptoms starting
 - The names and contact information (excluding other residents) will be shared with Occupational Health and Safety (OESH) and Public Health
 - ✓ Once Occupational health and safety and public health are notified, they will assist with education and monitoring once these individuals are identified by the site.

Scenario 3

Mary is an 87 year old resident who has a presumptive positive diagnosis of COVID -19. She has been on droplet/contact precautions.

Mary condition is declining and her medical needs can no longer be met at the PCH. Her goals of care include transfer to hospital for treatment.

- a) **What are the normal transfer procedures and information needed when transferring someone to hospital?**
 - ✓ Call EMS
 - ✓ Notify ED of transfer
 - ✓ Complete the Manitoba Information Transfer Referral Form transfer paperwork as per usual process

- b) **How do you communicate the COVID-19 diagnosis in each of these steps? If still awaiting result, inform that swab sent but still awaiting result.**
 - ✓ When calling 911, notify of positive COVID-19 (or awaiting result)
 - ✓ Notify ED of positive COVID-19 (or awaiting result)
 - ✓ Transfer paperwork (document positive COVID-19 or awaiting result)

- c) **What kind of infection control measures are needed at time of transfer:**
 - ✓ For resident – apply mask, hand hygiene when leaving room
 - ✓ For EMS – discard PPE when leaving room, and apply new PPE/routine practices