



COVID-19 Highlights – WRHA Community Palliative Care	
Contact Site ICP/Designate	ALL suspected or confirmed cases to be reported to Site Manager and WRHA Palliative Care Case Coordinator. Ensure After Hours contact information available to the team.
GENERAL INFORMATION	
Screening	Screen individuals by asking if, within the past 14 days, had any of the following: <ul style="list-style-type: none"> Returned from travel, including outside Manitoba; OR Exposure to a confirmed (probable positive) case of COVID-19; OR Laboratory exposure in a person who works directly with biological specimens known to contain COVID-19
Signs & Symptoms	<ul style="list-style-type: none"> Any of: Cough, fever, difficulty breathing, sore throat, runny nose, malaise, headache
INFECTION PREVENTION & CONTROL MEASURES	
Clients with signs/symptoms (Source Control)	<ul style="list-style-type: none"> Status entered in EMR palliative care bands (under client services) and in Safe Visit Plan Hand hygiene (HH) and respiratory etiquette. Telephone triage to screen risk factors and assess need for visit prior to each scheduled home visit
Additional Precautions & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Droplet/Contact Precautions Always use routine universal infection control practices Routine home visits if no identified risk factors Gloves, gown, procedure or surgical mask, face/eye protection if positive risk factors. Limit visits to < 10 minutes as able if positive risk factors. For aerosol-generating medical procedures (AGMPs), Face shield AND N95 respirator instead of procedure or surgical. See Clinical Recommendations for Use of Masks
Client Accommodation	<ul style="list-style-type: none"> If household members screen positive for risk factors, they should keep distance of > 2 meters from client and be out of the room during the home visit. Staff should wear appropriate PPE.
Testing	<ul style="list-style-type: none"> Testing only being done in Emergency and Urgent Care or designated COVID-19 clinics If it is determined that testing is required, the palliative care coordinator will speak with the Program and Medical Director about the best process for this to be done.
Client Transport	<ul style="list-style-type: none"> Transport out of the home for medically essential purposes only Notify Patient Transport Services and receiving department regarding Droplet/Contact Precautions and any known COVID-19 exposure in advance of transport Assist client to apply a procedure or surgical mask and to perform hand hygiene if they have been identified as having exposure to COVID-19. Staff involved in transport must discard PPE as leaving the room, and apply new PPE prior to transport (perform HH, apply procedure or surgical mask, isolation gown and gloves)
Discontinuation of Precautions	<ul style="list-style-type: none"> Decided in collaboration between the Attending Physician and WRHA Palliative Care Program Leadership. Cases to be reviewed with Public Health.
Visit Management (if positive COVID-19 exposure)	<ul style="list-style-type: none"> As we cannot control visitors in individual homes, it is essential to include questions about exposure of visitors in screening questions. Would provide education to clients and families to encourage limiting visitors, and more definitively instruct them to not allow friends and family to visit who have been exposed to COVID-19 either through travel outside of Manitoba, personal contact or exposure to biological lab specimens. Screen client and household for signs and symptoms including fever, new cough, runny nose, sore throat Follow regularly updated practice guidelines for recommended screening protocols prior to each visit. Health care providers should follow provincial screening protocols prior to each visit: <ul style="list-style-type: none"> Persons who've returned from travel outside of Manitoba, in the last 14 days Persons with diagnosis or exposure to a confirmed case of COVID-19? Persons who had laboratory exposure to biological specimens known to contain COVID-19 If a household member is present during a home visit who is identified as having risk factors for COVID-19, they should live as socially distant, as is possible, away from the client and can be asked to be out of the room during a home visit. Explore alternate mechanisms for assessment (telephone triage). Home visit with PPE if essential for client safety and care. Limit visit to < 10 minutes if possible. Ensure rigid use of appropriate PPE (if indicated) and good hand hygiene before and after visit. Provide client and household members with instructions on limiting close contact (< 2 meters), hand washing and appropriate use of PPE for Droplet/Contact precautions (see Social Distancing)
Social Distancing	<ul style="list-style-type: none"> Reduce close contact between people to try to stop the progression of virus transmission Minimize prolonged (more than 10 minutes), close contact (less than 2 meters or 6 feet) with others 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 meters or 6 feet)